



सत्यमेव जयते

**Standard Operating Procedure  
for  
Management of Integrated Interventions for  
STI, HIV, TB & Hepatitis  
in  
Prisons and Other Closed Settings**

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## A. Background

The NACP Phase-V Goal 1 envisages reducing annual new HIV infection by 80%. Under this goal and as envisioned in the National Strategic document for NACP-V, one of the major prevention strategic focus is to universalize NACP interventions in Prisons and Other Closed Settings through a mix of service delivery models<sup>1</sup>. Evidences suggest that People living in Prisons and Other closed settings (P&OCS) are often at higher risk of acquiring and transmitting infectious diseases, such as STI, HIV, TB, and Hepatitis etc. Factors such as poor living conditions, limited access to healthcare, stigma and discrimination leads to acquiring infections among the inmates in P&OCS<sup>2</sup>. High turnover of prison inmates also attributed to the increase in STIs, HIV and other infections such as TB, Hepatitis etc. After release, infected prisoners return to their social network within the general community, facilitating the spread of STIs, HIV, TB and Hepatitis infection in the non-incarcerated population.

The HIV prevalence among inmates (1.93%) is much higher than the prevalence among Ante-natal Clinic (0.22%), Migrants (0.89%), Truckers (1.0%) and Female Sex Workers (1.85%)<sup>3</sup>. Similarly, Hepatitis C prevalence among the same population is very high (4.75%)<sup>3</sup>. It is imperative to note that all the inmates as a part of community, are expected to go back to the same community at some point in time, and hence providing a comprehensive integrated intervention for people living in prisons and other closed settings becomes a prerequisite to effectively address HIV, TB and Hepatitis issues in the larger community.

The HIV and AIDS (Prevention and Control) Act, 2017 states that (1) every person who is in the care or custody of the State shall have the right to HIV prevention, counselling, testing and treatment services in accordance with the guidelines issued in this regard; (2) persons in the care or custody of the State include persons convicted of a crime and serving a sentence, persons awaiting trial, person detained under preventive detention laws, persons under the care or custody of the State under the Juvenile Justice (Care and Protection of Children) Act, 2000, the Immoral Traffic (Prevention) Act, 1956 or any other law and persons in the care or custody of State run homes and shelters. As of March 2024, NACO through its State AIDS Control Societies and in close collaboration with other key stakeholders is covering more than 1200 prisons and 800 other closed settings including Swadhar Greh, Ujjawala, Mahila Ashram, Nari

<sup>1</sup> NACP Phase V Strategy Document, 2021

<sup>2</sup> Operational Guidelines on HIV, STI, TB and Hepatitis Interventions in Prison and Other Closed Settings, NACO, MoHFW, 2023

<sup>3</sup> HSS 2021

Niketan, state-run homes etc. In order to standardised interventions and improve the quality, Operational Guidelines (OG) on HIV/STI/TB and Hepatitis Interventions in Prison and Other Closed Settings, Differentiated Strategy Document for Convicts and Under-trials, and Training Module for Health Care Providers in P&OCS have been developed under NACP. These guidelines are currently under implantation at National, State and District level.

During FY 2023-24, the Integrated STI, HIV, TB and Hepatitis (ISHTH) campaign was conducted to saturate the coverage of inmates with testing and treatment services in POCS across the country. After completion of the ISHTH campaign, a national dissemination of ISHTH campaign and review of interventions among Prison and Other Closed Setting was held in Delhi from 21 to 22 March 2024.

Based on the learnings of the campaigns and the ongoing interventions, it was recommended to develop Standard Operating Procedure (SOP) for Management of Integrated Interventions for STIs, HIV, TB and Hepatitis in prisons and other closed settings in the country. This SOP is aimed to strengthen steering mechanism, monitoring and reporting of P& OCS interventions. The SoP highlights specific steps to be taken to establish steering mechanisms, strategies to monitor the field activities and reporting processes of NACP, NTEP and NVHCP to be followed at all levels including the person responsible. These measures eventually will accelerate the field implementation, identify the barriers and bottlenecks and help to take course correction from time-to-time. Although the onus lies with the multiple stakeholders engaged in the implementation, SACS will remain as the key nodal agency responsible at the state level to ensure the implementation of this SOP to achieve the desired outcomes.

## **B. Key Features of Prisons and Other Closed Settings Interventions**

The key features of interventions are listed below;

- Comprehensive HIV intervention in line with the international standards and practices
- Saturate coverage of all people living in prisons and other closed settings like Swadhar Greh, Ujjawala, state-run homes, children living in childcare institutions, Juvenile Homes including Drug Rehabilitation Centres.
- Creation of enabling environment to increase access of services during stay and post-release at par with the services available in the general community.
- Enhanced partnerships with key stakeholders for collective responsibility and long-term sustainability, as interpreted in Operational Guideline

- Mainstreaming the STI, TB and Viral Hepatitis interventions inside P&OCS
- IT enabled platform for real-time monitoring and reporting
- Build the capacity of staff engaged in the implementation of P&OCS Interventions and the enhanced collaboration with police training academies and jail training schools to sensitize and train the key functionaries of government agencies
- Coverage of prison sites under the HIV Sentinel Surveillance (HSS) to make the intervention more systematic and evidence-based

### **C. Core eligible services provided to inmates in P & OCS**

- Information, Education and Communication
- HIV Counselling, Screening/ Testing
- HIV Care, Support and Treatment
- Elimination of Vertical Transmission of HIV and Syphilis
- Prevention and Treatment of Reproductive Tract Infections/ Sexually Transmitted Infections
- Drug Dependence Treatment
  - Opioid Substitution Therapy
  - Drug De-Addiction services
- Prevention, Diagnosis and Treatment of Tuberculosis, Viral Hepatitis and Mental Health Services through line departments
- Post release linkages to enable continuity of access to services

The list of services mentioned above does not limit the scope of services that are to be provided to inmates. Stakeholders are encouraged to identify the health need of the inmates and suggest bringing in new service providers to address their needs adequately. It is also important to link the eligible inmates for social protection services that are made available by central and state governments besides providing health services.

### **D. Steering Mechanisms**

The Operational Guidelines for P & OCS gave the guidance for establishment of a State Oversight Committee (SOC) at the State level to strengthen the interventions and optimise services uptake among the inmates in P&OCS. The SOC would include representatives from the key Stakeholders like Prison, Police, DoSW, DoWCD, SALSA, NGOs/ CBOs and officers including State TB Officer, State Nodal Officer – NVHCP, I/C –SACS.

## 1. State Oversight Committee (SOC)

The SOC will be formed at State level by the respective SACS to guide implementation of the P&OCS interventions in the State. The Project Director of SACS will be the Chairperson of the SOC. The Nodal Officer nominated by PD, SACS would coordinate the SOC meeting as Convenor. SOC meeting will be held at least once in a quarter or more frequently if required, to review the intervention and propose the mid -course correction to enhance the efficiency of the intervention.

## 2. Major functions of State Oversight Committee

- Review activities under P& OCS interventions and field visits of the previous quarter by SACS/ Implementing agencies, identify gaps and challenges and provide strategic direction to enhance the effectiveness of interventions.
- Review the quarterly implementation plan of SACS / Implementing agencies.
- Finalize the field visit plan to assess the field level implementation.
- Facilitate and support advocacy activities to strengthen the partnerships between various stakeholders including Department of Correctional Services, Department of Women & Child, Department of Social Welfare etc.
- Engagement of Community Volunteers at all levels to mobilise support and create enabling environment for responding to the programmatic challenges including post-release linkages
- Plan for seminar / workshops/ trainings to disseminate best practices and share learnings.

## 3. Composition of State Oversight Committee

SN	Name of the agency	Position	Remarks
1.	Project Director -SACS	Chairperson	
2.	Nodal Officer – P&OCS, SACS	Convenor	Nominated by PD - SACS
3.	Programme I/Cs and DISHA Nodal Person – SACS	Member	
4.	Dept. of Prisons/ Correctional Services (State)	Member	Representative from Dept. of Prisons/ Correctional Services
5.	Dept. of Police (State)	Member	Representative at appropriate level
6.	TB Cell (State)	Member	State TB Officer or representative

7.	State VHCP	Member	State Nodal person or representative
8.	NHM (State Health Mission/ State Health Society)	Member	Representative from NHM (State Health Mission/ State Health Society)
9.	Dept. of Social Welfare	Member	Representative at appropriate level
10.	Dept. of Women & Child Development	Member	Representative at appropriate level
11.	P&OCS Interventions Implementing Partner	Invitee	
12.	Any other Stakeholder, with approval of chair	Invitee	

The chairperson can decide on additional members based on the circumstances and the needs of the interventions.

#### 4. Key points for conducting the SOC meeting

- Convenor to finalize a date and time in consultation with the Chair and other members for the SOC meeting. Accordingly, the meeting notice mentioning venue, date, time, the agenda items and the quarterly progress report (QPR) to be issued to all the members two weeks prior to the meeting (preferably fourth week of April, July, October and January are suggested).
- Convenor to ensure participation of all the SOC members through regular follow up with the committee members
- The representations from the Prisons, Police, Social Welfare, and Women and Child Development Department to be ensured in every SOC meeting.
- The proceedings of the SOC and the Record of Discussion to be shared with the members after obtaining necessary approvals from the Chair (within a week). The proceedings and RoDs to contain clear actionable points, responsibilities and timelines.
- After issuance of the Proceedings of the meeting and RoD, the Convenor will follow up with all the concerned divisions of SACS and other line departments on action taken of the points emanated during the meeting.
- The Action Taken Report with the programmatic performance under the P & OCS interventions has to be reviewed for the reporting period.

- The visit report containing key observations and recommendations to be shared with SACS, State Health Society, STC, State Prison Department and State WCD / SJE / SW Department by the Chairperson of the SOC.
- Prior to the SOC meeting, SACS to conduct review meeting with the implementing partners in the State in consultation with NACO.
- All unresolved issues at District level to be taken up with concerned officials during the meeting

#### **5. Steering Mechanism by District AIDS Prevention and Control Committee (DAPCC) / District Health Society**

- Every district has a District Health Society (DHS) to support the District Health Mission. All the existing societies as vertical support structures for different national and state health programmes are being merged in the DHS. The DHS is responsible for planning and managing all health and family welfare programmes in the district, both in the rural as well as urban areas. The District Collector review the district health programme on regular basis.
- The District AIDS Prevention Control Committee (DAPCC), chaired by the District Collector / Deputy Commissioner, review the implementation of NACP activities at the district level. This district platform to be used for review of the P&OCs intervention and suggest necessary interventions to optimize access to the services programme. The action points that requires attention of other stakeholders who are not part of the DAPCC may be placed during the DHS meetings or brought to the knowledge of District Collector to address the response. The details on constitution and functions of DAPCC may be referred from DISHA Guideline, NACO 2023(available at <https://naco.gov.in/sites/default/files/DISHA%20-%20OG-Final-For%20Upload.pdf>.)

#### **E. Monitoring Mechanism**

To ensure the successful implementation of interventions for people living in prisons and other closed settings, it is crucial to monitor the progress of interventions involving all stake holders. This involves clear delineation of responsibilities among various stakeholders, as outlined in the operational guidelines OG for P&OCS. The nodal officer at the State AIDS Control Society (SACS) plays a pivotal role in this process, which includes planning, implementation and monitoring of the interventions. Few of the general guidance for strategic monitoring are:

##### **1. Review by NACO**

NACO will conduct half-yearly review meeting with all the SACS including the implementing agencies and representatives from the key departments at regional or national level based on the programmatic requirements. Nodal officers traveling to States / UTs to conduct 360<sup>0</sup> assessments will review the performance of prison and other closed settings interventions at State level and visit to the institutions implementing the programme. Prevention Division, NACO will prioritize States for field visit to review the progress based on the monthly reports received from the States.

## **2. Review by SACS**

- Nodal Officer – P&OCS will review the progress of the institutions in terms of coverage against the target given and share feedback to the implementing agencies/ DISHA at district level for improvement.
- Identify gaps, especially linkage to Sampurna Suraksha Kendra, ICTC, ART, DSRC, RNTCP, NVHCP etc., and ensure seamless support from SACS to all the implementing partners
- Develop Quarterly Progress Report (QPR) for the reporting period and share it with the SOC members and NACO prior to conducting the SACS review and SOC meetings to get necessary feedback and suggestions
- Nodal Officer to conduct the review meeting with the implementing partners and with representations from the other divisions within SACS
- Nodal officer to ensure effective coordination with prisons and other closed settings to leverage resources and uninterrupted service delivery including commodity distribution
- Nodal officer to prepare updates highlighting the achievements, challenges and the capacity building initiatives undertaken during the reporting period
- Plan for on-site sensitization meetings with authorities of prisons and other closed settings or liaison with police training academies /jail training schools to sensitize them based on the need and requirements of the programme
- Establish systems to validate the datasets submitted by implementing partners to SACS

## **3. Field visit to intervention sites by State/District Officials**

To strengthen better coordination, convergence and effective implementation of P&OCS intervention in the state, field visit to the intervention sites by State and district officials is suggested. Prison and OCS visits are to be made by officials from SACS (Nodal Officer, State Prevention Officer, HoD of SACS etc.) as part of their routine periodic field visits. All visit

reports to critically define the achievements, issues, support provided and suggestions given with specific timelines, as per the **Annexure V**.

At the district level, Cluster or District programme officer, who is the Nodal Officer from DISHA/ DAPCU will prioritise the facilities to be visited based on data and performance. During the visit of the state officials to the concerned facilities, DISHA/ DAPCU Nodal Officer is also expected to accompany the team and provide support to the visiting team. The roles and responsibilities of State Prevention Officer (SPO) and Cluster Program Manager (CPM) /Cluster Prevention Officer (CPO) from DISHA with respect to strengthening the prevention activities are placed in the **Annexure-I**.

#### **F. Reporting Mechanism**

NACO has established IT enabled reporting platform called SOCH (Strengthening Overall Care for HIV). This web-based platform captures inventory and service delivery information pertaining to individual beneficiaries throughout the HIV continuum and create a centralized repository of EHR (Electronic-Health Record). It also facilitates forecasting, inventory planning and clinical decision support. It forms part of the overall IT landscape of MoHFW, and has API (Application Programming Interface) based linkages with other independent MoHFW IT systems that intersect with the HIV continuum.

#### **Data Sharing Mechanism under the P & OCS Interventions:**

The P & OCS intervention is the joint collaboration between different line departments of health, principally at four levels viz National, State, District and facility level. This involves provision of services in a coordinated manner to the Prison and OCS inmates including the inmates in Juvenile Homes and Drug Rehabilitation Centre.

Thus there also exist the mechanism for data generation, principally from SOCH at District, State and National level which is crucial for program monitoring and review in all these levels of implementation. The data generated through SOCH captures all the variable of service provisioning; be it STI, HIV, TB. Hepatitis data is captured through an independent mechanism. Thus the coordinated data sharing mechanism between the program division at all levels become imperative for effective coordination and implementation.

#### **Data Monitoring and sharing Mechanism:**

Thus, to monitor the progress of the P & OCS Interventions at National and State level, the SOCH login credentials will be available for the respective program divisions for monitoring the various services provided through the national and state level program.

At the District level the login credentials will be available with DISHA/DAPCU which will be primarily used for data entry in SOCH (Annexure II or III) on monthly basis and monitoring the progress at District level. The copy of the monthly report will be submitted by DISHA/DAPCU to the District Nodal Officer on monthly basis for further review and dissemination to the other line departments at District level.

Under P & OCS interventions the data is generated in the records at the facility level. This facility level data will be used by DISHA/ DACPU for compilation and submission on the monthly basis. The data generated at facility level will also be used for establishment of effective referral and linkage mechanism within the health programs and between the health programs.

Activity	Timeline	Responsibility	Data flow
Data entry at the SOCH portal	By 5 <sup>th</sup> of every month	DISHA Coordinator/ DPM ; DAPCU	Facility - DISHA/ DAPCU - SOCH
Submission of monthly progress report (MPR)	10th of every month	Nodal Officer - P&OCS	SACS - NACO
Data validation	Weekly basis (ongoing)	Nodal Officer - P&OCS	


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## Roles and responsibilities of SPO and CPO under DISHA/DAPCU

State Prevention Officer (SPO)	Cluster/ District Programme manager (CPM/DPM)/ Cluster Prevention Officer(CPO)
<ul style="list-style-type: none"> <li>• Provide technical support to SACS and ensure realignment of Prevention program as based on the latest mapping data, ensure that the program is implemented based on evidence and functions as per the national guidelines.</li> <li>• Support SACS in continuous assessment of prevention facilities on the fiscal and programmatic achievements for and suggest action plans for increasing expenditure and improving performance.</li> <li>• Undertake regular field visits to assess quality of work of CSOs and prevention facilities under NACP and to provide onsite technical support (physically, online or hybrid) and managerial guidance for conducting their work efficiently under stipulated timeline.</li> <li>• Support in developing the mechanisms with Prevention Division SACS to establish better linkages between linkages within NACP program and other Health Services and assist to ensure 100% SOCH reporting by State Prevention units.</li> </ul>	<ul style="list-style-type: none"> <li>• To provide Supportive supervision and technical assistance to the assigned facilities as per the priorities and to ensure implementation of revamped and newer activities intervention quality improvement and increase service.</li> <li>• To facilitate induction training of newly recruited or transitioned staffs of prevention facilities and to ensure that all the facilities function as per guidelines and linkages has been developed with referral network for ICTC, Care &amp; Support, Viral load, STI complications, HIV co-morbidities (TB, Viral Hepatitis etc.), Health medical care, social and legal support, PWID services, all stakeholders, other government agencies for program support and other newer interventions.</li> <li>• To ensure the identification (by TI/other facilities), shortlisting (mapping), training and establishing linkage with the preferred providers for STI services as per NACO Syndromic Case Management guidelines and to setup of free condom outlets at hotspots to meet the condom demand of HRGs/vulnerable population.</li> <li>• To assess if the TI/other facilities are well versed with the MITR/ SOCH indicators and doing timely reporting to SACS and have the stock of typology specific IEC materials and the Outreach team uses the materials. To ensure monthly review of all the Project staffs performance is done by the Chief Functionary/ Project Director of NGOs/ CBOs TI/</li> </ul>


<ul style="list-style-type: none"> <li>• SPOs will submit monthly report of all activities (number of field visits, major observation, technical support provided etc.) with Nodal Prevention Officer – SACS and PMR NACO.</li> </ul>	<p>LWS partners and participate in the district level meeting under the Chairmanship of respective DTO or Nodal Officer.</p> <ul style="list-style-type: none"> <li>• Ensure that gaps/challenges/successes and best practices from the field are shared and discussed during the review meeting.</li> <li>• CPOs will to ensure a minimum of 18 days in the field, will submit monthly/quarterly monitoring/ field visit plan and actual travel details based on the identifies priority areas for the TI/ prevention facilities to the assigned supervisors by first week of every month.</li> </ul>
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### Monthly Progress Report (On web) REPORTING FORMAT IN SOCH



**SOCH - Strengthening Overall Care for HIV beneficiaries**

NACO Test (Cluster Program Manager)  
NACO DISHA Test,  
Last Login - Jun 27, 2024, 10:22:05 AM



Routine Reporting
🔔 🏠 ⚙️ 🚪 Logout

**Prison Routine Reporting**

State:

District:

Type of PPOCS Report:

Number of PPOCS in the district:

Number of PPOCS covered during the month:

District Nodal Office Name:

Contact Number:

Month of Reporting:

Date of Reporting:

No. of Camp during the Month:

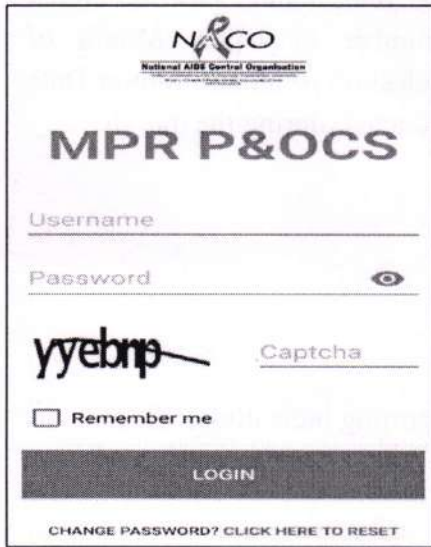
#	INDICATORS FOR REPORTING	MALE	FEMALE	TG	Total
1	No. of inmates Covered	0	0	0	0
2	STI Checkup	0	0	0	0
3	STI Diagnosed	0	0	0	0
4	STI Treated	0	0	0	0
5	HIV Screened	0	0	0	0
6	HIV Reactive	0	0	0	0
7	HIV Confirmed Positive	0	0	0	0
8	HIV Positive Linked to ART	0	0	0	0
9	Syphilis Screened	0	0	0	0
10	Syphilis Reactive	0	0	0	0
11	Syphilis Treated	0	0	0	0
12	TB Screened	0	0	0	0
13	TB Suspected	0	0	0	0
14	TB Tested	0	0	0	0
15	TB Positive	0	0	0	0
16	TB Positive Put on Treatment	0	0	0	0
17	OAT Initiated	0	0	0	0
18	Total Individuals on OAT	0	0	0	0



The reporting tool has been revised based on the feedback received from the stakeholders and the field experiences.

### Annexure III

#### Monthly Progress Report (On mobile app)



1. MPR P&OCS is android supported application, would be available in Google Play Store, download

2. Username and Password will be generated at the State level, and will be provided to each district in the state



3. Once logged in, the page will take to next page with four options: Prison form – The reporting format, Sync Data – Submitted report, will synchronize once the mobile is in network, Edit Form – to edit the errors or to update the status of treatment/ linkages and Profile – Username, State/ UT and District name, with an option of changing the password.





5. Profile section shows the name of User, State and District, and an option to re-set password by the user.

#### Annexure IV

#### Data Definition

**(Separate reports for each type of institution (Prison/ OCS/ JH/ DRC need to be uploaded every month)**

#### Basic Details

Sr No	Data entry Indicators/ Variables in SOCH	Description
1	<b>Name of the State</b>	Name of the State/ UT submitting report
2	<b>Name of the District</b>	Name of the district submitting report
3	<b>Type of P/ OCS</b>	Type of Institution – Prison/ Other Closed Settings/ Juvenile Home/ Drug Rehab Centre
4	<b>Number of P/ OCS in the district</b>	As per the type of institute; a. Prison - please select Central/ District/ Sub-Jail/ Special/ Women/ Open/ Borstal School/ Other b. Other Closed Settings – please select Swadhar/ Ujjwala/ Mahila Ashram/ Nari Niketan/ State run Home/ Other c. Juvenile Home – please select Boys/ Girls/ Co-ed d. Drug Rehab Centre – MoHFW/ MSJE/ Other
5	<b>Number of P/OCS covered during the month</b>	Number of the Prison/ OCS/ JH/ DRC
6	<b>District Nodal Officer Name</b>	Self-explanatory
7	<b>Contact Number</b>	Contact number of the District Nodal Officer
8	<b>Month of Reporting</b>	Self-explanatory
9	<b>Date of reporting</b>	Date on which the report is uploaded

10	<b>Number of Camps during the month</b>	Separate number of camps held in particular Prisons/ OCS/ JH/ DRCs
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**Indicators for Reporting/ Service Uptake**

<b>Sr No</b>	<b>Data entry Indicators/ Variables in SOCH</b>	<b>Description</b>
1.	Number of inmates covered	Number of Inmates covered in the particular type of institution (Prison/OCS/JH/DRC) during the reporting month (This includes IPC/ Health Services provided).
2.	STI Check-up:	Number of inmates availed STIs/ RTIs services during the reporting month in the district.
3.	STI Diagnosed:	Number of inmates were diagnosed with any STIs/ RTIs during the month.
4.	STI Treated:	Number of inmates diagnosed with STIs/ RTIs were treated during the month. The number of STI/RTI Cases Diagnosed in the previous but treated in the reporting month to be included in the reporting month.
5.	HIV Screen:	Number of inmates provided HIV Test (through ICTC/ CBS) services during the reporting month.
6.	HIV Reactive:	Number of inmates provided HIV screening test were found to be HIV reactive during the month
7.	HIV Confirmed Positive:	Number of inmates tested Confirmed HIV Positive during the reporting month.
8.	HIV Positive linked to ART:	Number of confirmed HIV positive inmates linked to ART during the reporting month.
9.	Syphilis Screened:	Number of inmates screened for Syphilis using any of the test (RPR/VDRL/PoC test) during the reporting month.
10.	Syphilis Reactive:	Number of inmates found Syphilis reactive using any of the test (RPR/VDRL/PoC test) during the reporting month.
11.	Syphilis Treated:	Number of Syphilis reactive inmates provided treatment during the reporting month.
12.	TB Screened:	Number of inmates screened for TB through 4S during the reporting month. All inmates screened/ tested for HIV are to be screened for TB through 4S screening.
13.	TB Suspected:	Number of inmates presents with symptoms or signs suggestive of TB during the reporting month.
14.	TB Tested:	Number of suspected TB inmates are tested for TB during the reporting month.

15.	TB Positive:	The total number of definite case of TB in inmates during the reporting month in which the health worker (clinician or other medical practitioner) has diagnosed TB and has decided to treat the patient with a full course of TB treatment.
16.	TB Positives put on Treatment:	The total number of definite case of TB in inmates put on treatment during the reporting month.
17.	OST Initiated:	Number of inmates initiated on OST during the reporting month.
18.	Total Individuals on OST:	Total cumulative number of inmates on OST, during the reporting month.

Indicators	Target (%)
% of inmates reached through IPC	100
% of inmates covered through HIV Test services	100
% of HIV reactive inmates got confirmatory test	100
% of HIV positive inmates linked to ART	100
% of inmates screened/ tested for Syphilis	100
% of Syphilis reactive inmates treated	100
% of inmates screened through 4S for TB	100
% of inmates suspected for TB tested	100
% of TB positive inmates put on DOTS	100

## Visit Report

(Supervisory Check-list for DAPCU/ DISHA/ SACS/ Other Line Departments)

Name of the Institution:

Date of visit:

Type of the Institution:

Address of the Institution:

## 1. Brief of the visit

Name	Designation
<b>Visiting Officer/s</b>	
<b>Staff met during the visit</b>	
<b>Follow-up on previous visit (For action points, refer to the previous visit reports)</b>	
<b>Date of the last visit</b>	<b>Name of the officer visited last time</b>
<b>Action points of the last visit</b>	<b>Action taken/ status</b>

## 2. Infrastructure

Infrastructure	Observation	Remarks
Clinical infrastructure		
Space for counselling		

## 3. Key Indicators

Key Indicators	Observation	Remarks
Status of report sharing		
Estimated population in an year		

Number of inmates during the time of visit		
Number of inmates provided STI services last month		Number of STI Check-up, diagnosed with STI/ RTI and treated
Number of inmates provided Syphilis services last month		Number of Syphilis screen/ test, found reactive and treated
Number of inmates provided HIV services last month		Number screen, found reactive, confirmed positive and put on ART
Cumulative number of PLHIVs in the institute		
Number of inmates provided TB services last month		Number screen, suspect, tested, positive and put on DOTS
Cumulative number of inmates on DOTS		
Availability of registers (referral slips, treatment records etc.)		

**4. Support extended by the visiting officer**

**5. Observations/ Suggestions (for facility, if any)**

Sr.	Observation	Suggestion	Responsible person	Timeline

**Signature of the visiting officer:**

