Government of India
Ministry of Health and Family Welfare
National AIDS Control Organisation

SCHEME FOR CENTRES OF EXCELLENCE IN HIV CARE

WE CARE FOR YOU
A.R.T. centre

January 2012

SCHEME FOR
CENTRES OF EXCELLENCE
IN HIV CARE

NATIONAL AIDS CONTROL ORGANISATION

January 2012

Foreword

The adult HIV prevalence in the country has been declining from an estimated 0.41% in 2000 to 0.31% in 2009. All high prevalence states have shown a clear declining trend in adult HIV prevalence. India is one of the countries which has made significant (50%) reduction in new HIV infections over the last ten years. India's AIDS Control Programme has been acknowledged as one of the best performing public health programme globally. This has lead to increasing need of consolidating the gains from response and accelerating the reversal of the epidemic in the country.

The impetus to come and get tested for HIV has come with wide availability of CST services. ART programme started on 1st April 2004 at 8 institutions and subsequently expanded to 324 ART centres and 4,48,860 PLHIV are currently on treatment. Additionally, 678 Link ART centres have been established in district and sub-district level hospitals for easy access to ART.

However, HIV/AIDS epidemic has, over the past decade, evolved into a more complex one necessitating effective health delivery systems. Increasingly complex treatment schedules, issues related to drug resistance, treatment failure, pharmacovigilance etc require constant training and upgrading of skills among providers as well as planned operational and clinical research to guide programme planning & policy making.

Hence, Centres of Excellence (CoE) in HIV care, were established in 2008, to serve as model in HIV/AIDS care to provide high quality comprehensive care for persons affected by HIV, impart high quality training and undertake operational and clinical research. These are also being developed as repository of information for NACO as well as service delivery sites.

These guidelines are essentially a revision of the earlier CoE guidelines based von comments of CoE. These guidelines provide additional information about objectives & revised functions of CoE particularly clinical and programmatic mentoring, telemedicine, establishment of e-library and other components to strengthen the CoE scheme.

It is hoped that CoE will emerge as a role model for other centres as well as provide strong support to other service delivery points like ICTC, ART, ART plus, LAC & LAC plus centres.

Acknowledgement

The National AIDS Control Organisation wishes to acknowledge the contributions made by Dr. S. Rajasekaran, Dr. Reshu Agarwal, Dr. Rich Dewan, Dr. S. Anuradha, Dr. S. K. Guha, Dr. Manoharan, Dr. Sudhakar, Dr. Geeta Joseph, Mr. Jacob Verghese and Mr. Vipin Joseph in preparing the guidelines for CoE and its revised scheme under the overall supervision of Dr. B. B. Rewari, NPO (ART) and Dr. Mohammed Shaukat, ADG (CST).

The support from various agencies like WHO, CDC and ITECH is also acknowledged.

We are also thankful to Nodal officers of all CoE, regional coordinators, other staff in CST division and field staff for their inputs.

List of Acronym/Abbreviation

Acronym/ Abbreviation	Meaning
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Care
ART	Anti-Retroviral Therapy
ART Centre	Anti-Retroviral Treatment Centre
ART Plus	Anti-Retroviral Treatment Plus Centre
ARV	Anti-Retroviral
CCC	Community Care Centre
CD4	Cluster of Differentiation 4
CHC	Community Health Center
CoE	Centres of Excellence
CST	Care Support & Treatment
DAPCU	District AIDS Prevention & Control Unit
DLN	District Level Network of Positive People
DLS	Distance Learning Seminar
EPAN	Expert panel Access Number
HIV	Human Immunodeficiency Virus
HRG	High Risk Group
IATN	India AIDS Training Network
ICTC	Integrated Counseling & Testing Center
IEC	Information Education and Communication
LAC	Link ART Centre
LAC Plus	Link ART Centre plus
NACEP	National AIDS Clinical Expert Panel
NACO	National AIDS Control Organization
NACP	National AIDS Control Program
NGO	Non-governmental Organization
NRHM	National Rural Health Mission
OI	Opportunistic Infection
pCoE	Paediatric Centres of Excellence
PLHIV	People Living with HIV/AIDS
PPTCT	Prevention of Parent To Child Transmission
RNTCP	Revised National Tuberculosis Control Program
SACEP	State AIDS Clinical Expert Panel
SACS	State AIDS Control Societies
TB	Tuberculosis

Contents

Chapters		Page Nos.
1.	Background	1
2.	Program Description	1
3.	Objectives of CoE Scheme	2
4.	Functions of CoE	2
5.	Setting up of CoE	4
6.	General guidelines for CoE functioning	5
7.	Human resources at CoE and their roles & responsibilities	6
	7.1 CoE team	6
	7.2 Steering Committee	6
	7.3 CoE staff	6
8.	Infrastructure at CoE	12
9.	Services at CoE	14
	9.1 comprehensive Care	16
	9.2 Clinical expert Panel	17
	9.3 Training & Mentoring	19
	9.4 Research	24
10.	Monitoring and Evaluation of CoEs	25
11.	Referral & linkages	26
12.	Support to CoE	27
13.	Pattern of assistance to CoEs	28
14.	List of Annexure	
	ANNEXURE 1… Format for sending queries to NACEP	31
	ANNEXURE 2…Quality indicators to be monitored by CoE	33
	ANNEXURE 3 …Distance mentoring mechanism	34
	ANNEXURE 4 …Quarterly reporting format for COE	36o
	ANNEXURE 5….Pattern of assistance for conducting training	39

1. Background

India has third highest burden of HIV in the world with an estimated 2.39 million PLHIV with a prevalence of 0.31%. The HIV/AIDS epidemic has, over the past decade, evolved into a more complex one necessitating effective health delivery systems, trained and motivated workforce and operational research. There is need for medical institutions to deliver high quality of care, treatment and support to People Living with HIV/AIDS. Increasingly complex treatment schedules and patient management protocols require constant training and upgrading of skills among providers. At the same time, being a lifelong therapy, ART requires a comprehensive care approach that meets the range of needs of PLHIV as well as high levels of drug adherence. It is essential that there be institutions of repute and standard, motivated and encouraged to accord comprehensive quality efficient HIV care services. Hence, Centres of Excellence (CoE) in HIV care were established with an objective that these centres that shall be model treatment centres, impart high quality training and would be primary sites for undertaking operational and clinical research on a larger scale.

2. Program Description

In 2008, ten Centres of Excellence (CoE) were identified to serve as models in HIV/AIDS care and to provide high quality comprehensive care for persons infected by HIV. Identifying the need for a multi-factorial approach to the care of patients infected and affected by HIV and issues surrounding long term adherence, there was a need to shift care for persons with HIV to a comprehensive patient management approach.

The National AIDS Control Program provides quality HIV testing services through the network of ICTCs; and care, support and treatment services through a net work of ART centers. Community Care Centers (CCC) and Link ART Centres (LAC). Constant changes in patient management and treatment and the occurrence of treatment failure requires ongoing training and up-gradation of knowledge and skills of health care providers. There is a growing need to build the capacity of health care providers and carry out operational research that contributes to mid course corrections of treatment policies and program implementation.

Institutions selected as Centres of Excellence are medical colleges or tertiary centres of high technical repute and willing to provide dedicated staff, infrastructure and technical support towards the program. The centres have been providing comprehensive HIV care over the years including ART, support and treatment and have been involved in training and research.

The Centre of Excellence ideally should have an environment that is comfortable for the care provider as well as the beneficiary, for obtaining optimal results. The Center of Excellence should have effective linkages with relevant departments and organizations in order to provide all services that are essential for the comprehensive care of PLHIV.

Currently, 10 CoEs have been established in the following medical institutions:

1. Sir J.J. Hospital, Mumbai, Maharashtra
2. Government Hospital of Thoracic Medicine (GHTM), Tambaram, Chennai, Tamil Nadu
3. Maulana Azad Medical College (MAMC), New Delhi
4. School of Tropical Medicine (STM), Kolkata, West Bengal
5. Government Gandhi General Hospital , Secunderabad, Andhra Pradesh
6. Post Graduate Institute of Medical Education & Research (PGIMER) , Chandigarh
7. Bairamji Jijibhai Medical College (BJMC), Ahmadabad, Gujarat
8. Bowring and Lady Curzon Hospital, Bangalore, Karnataka
9. Institute of Medical Sciences**,** Banaras Hindu University, Varanasi, Uttar Pradesh
10. Regional Institute of Medical Sciences (RIMS), Imphal, Manipur

3. Objectives of CoE Scheme

1. To develop as model centres in HIV care, support and treatment
2. To strengthen the capacity of other institutions/health facilities to provide high quality HIV care
3. To build capacity of health system / HIV facilities to carry out operational research in HIV care, support and treatment programme
4. To develop institutions which will serve as centres for training in HIV care, support and treatment and will further provide necessary technical support for strengthening of health system by addressing the need for capacity building of good quality, skilled and knowledgeable health care providers

4. Functions of CoE

4.1 Medical functions:

In addition to the existing functions of ART centres, CoEs will also perform the following functions:

- Provide comprehensive care to PLHIV
- Diagnose and manage complex OIs, HIV associated illness and ART related side effects/complications from their ART centre or referred from other linked ART centres etc.
- Conduct SACEP meetings to review the patients referred with suspected treatment failure and drug toxicities
- Provision of alternative first line and second line ART to eligible patients
- Counseling, monitoring and follow up of PLHIV on alternative first line and second line ART
- Feedback/follow up with referring ART centres on patients as per SACEP recommendations / mentoring of attached ART plus centres
- Referral to other specialty departments as per requirement

4.2 Training and mentoring functions

- Training of different categories of health care providers as per prescribed NACO curriculum through designated faculty / national trainers.
- Mentoring of attached/linked ART centers/ART plus centres through telemedicine / e-discussions / distance learning / sharing of good practices / CMEs / feed backs / onsite visits etc.
- Conduct Post Graduate Diploma Programme in HIV Medicine (PGDHIVM) started by NACO in collaboration with IGNOU.

4.3 Research

- In depth analysis of data of various services including ART centers linked to them.
- Conduct operational research for National AIDS Control Programme (NACP).
- Serve as repository of information related to HIV/AIDS.
- Plan research activities for the CoEs and attached ART centres in consultation with NACO.
- Build partnerships with organisations like CDC, NIH etc. for multi site, multi country partnership with prior approval of NACO for research studies planned.

4.4 Best Practices

CoEs should serve as model centres in HIV care and should demonstrate best practices and function as a site of learning for the attached centres. Some of the best practices to be followed by the CoEs are the following:

- Strict adherence to technical and operational guidelines for ART
- Adequate and appropriate Pre ART care of PLHIV
- Established mechanisms and systems to follow-up and trace defaulters (MIS/LFU), patient-friendly environment, patient hotline to call for problems / advice
- Availability of accessible Post Exposure Prophylaxis (PEP) services for the health care providers as per national guidelines
- Linkage with other departments in the hospital
- Infection control practices
- Biomedical waste management
- Maintenance of M & E tools, in depth data analysis, including cohort analysis etc.
- No stigma/discrimination/denial of services by any health provider of any department in the institution where CoE is located.

5. Setting up of CoE

5.1 Criteria for Selection as a Centre of Excellence

The institution should fulfill following minimum criteria to be considered for CoE:

- It should be located in a state/region with high HIV prevalence/geographic consideration and should be easily accessible and have good connectivity by road/rail.
- The institution should understand the necessity for having essential package of comprehensive services involving all concerned departments and should be willing to provide it without any stigma and discrimination.
- It should have an ART centre that extends quality care and support to a large number of PLHIV and can be showcased as an example during the training services.
- If should have adequate infrastructure and should have identified needs to upgrade as a Center of Excellence (need for support logistically/manpower/infrastructure etc). Hence, the institutes are envisaged to be upgraded, rather than created as Centers of Excellence in the first instance.

- It should have laboratory facilities that offer routine and advanced investigations and are willing to undertake diagnosis of opportunistic infections. Alternatively, the institution should have linkages with a well functioning laboratory in the region.
- It should be willing to take up the responsibility to offer comprehensive services, training, and mentorship and to undertake research projects. It should have the potential for capacity building and training of health care workers, including doctors, nurses, counselors and pharmacists
- It should have a dedicated and committed multi disciplinary team to roll out services that are system-centered rather than person-centered, for sustainability. The team should include staff from the departments of General Medicine, Surgery, Paediatrics, Obstetrics & Gynaecology, Community Medicine, Dermatology & Venereology, TB & Chest Medicine, Psychiatry and Microbiology.
- It should have strong academic background and be willing to undertake original and operational research related to HIV, ART and PLHIV
- It is planned that each CoE will have a defined geographic area and the care and treatment service delivery points in that geographic area will be linked to the respective CoE for technical assistance, trainings, mentoring and supervision of ART centres through email/ visits/ helpline etc. New CoE will be approved by NACO based on need and after appraisal of site by an independent team.

  A Memorandum of Understanding / tripartite agreement will be signed between NACO, SACS and the institution where the CoE is located.

6. General Guidelines for CoE Functioning

The ownership of CoE will lie with the institution. The head of the institution (Dean/Principal/Medical Superintendent) will be the overall in charge of the CoE. However day to day functioning of the CoE will be supervised by Programme Director. The institution should provide necessary infrastructure and other resources for the smooth functioning of the CoE.

The ART centre should be an integral part of the CoE as the key centre for providing clinical HIV care for persons infected/affected by HIV. There should be a functional integration of ART centre with CoE including interchangeability of staff (particularly SMO/MO/ Research Fellow - Clinical) periodically and depending on the need. In addition, Paediatric Centre of Excellence (pCoE) and/or Department of Pediatrics, PPTCT services, laboratory services and inpatient care in the institution should be linked to the CoE to ensure comprehensive HIV care. The CoE

should ensure optimal utilization of these services and facilities and coordinate with Community Care Centres (CCC), Link ART Centres (LAC), ART plus centres etc. and outreach services to make the care provided more holistic.

7. Human resources at CoEs and their roles and responsibilities

Faculty members and residents of the institution should support the functioning of the CoE. Efforts should be made to involve as many faculty members in the functioning of CoE so that there is greater ownership of the centre by the institution. ART centre staff will also be part of CoE. Additional staff for the functioning of the CoE will be provided by NACO as per approved scheme.

Staff of the institution should be sensitized and trained in HIV service delivery as well as to reduce stigma and discrimination. Training in HIV should be provided to mainstream HIV knowledge and skills to all medical and paramedical staff in the institution. This will ensure that all departments deliver HIV services in a comprehensive and integrated manner.

7.1 CoE Team

The “CoE Team” in the institution is a multidisciplinary team headed by the Head of the institution (Dean/Principal/Medical Superintendent/CMO). It should consist of trained faculty from the departments of Medicine, Microbiology, Obstetrics & Gynaecology, Paediatrics, Community Medicine, Dermatology and Venereology. This team should meet quarterly to review the functioning of the CoE. Members of this team will also be engaged as resource persons in various training programmes organized by NACO/SACS after their certification as National trainers.

7.2 Steering Committee

It should be constituted at CoE and headed by the head of the institution. Members of this Committee should include the Programme Director, Deputy Programme Director, APD of concerned SACS and a NACO representative /RC (CST). This committee should meet once in 3 months for review of functioning of CoE and to sort out any issues related to its functioning.

7.3 CoE Staff

Each CoE will have one Programme Director and one Deputy Programme Director will be identified from the institution. In the existing CoEs, the Nodal Officer will be re-designated

as Program Director, CoE. The Deputy Programme Director will be selected by the Programme Director in consultation with the head of the Institution and NACO. In newly designated CoEs, preference for the position of Programme Director will be given to faculty already associated with the HIV program and in consultation with the Head of the Institution and NACO.

Programme Director CoE

The roles and responsibilities of Programme Director are the following:

- be the person in-charge of the CoE and all activities related to the CoE and the ART centre including comprehensive HIV care, SACEP, training, Post Graduate Diploma in HIV Medicine (PGDHIVM), mentoring and research;
- be responsible for all administrative issues related to the CoE .
- provide strategic direction to the plans and activities of the CoE;
- devise work-plans and timelines for moving activities forward;
- ensure timely implementation of all activities related to CoE and ART centre including:
- comprehensive HIV care;
- training, mentoring, and research;
- other capacity building activities.
- make periodical visits to the linked ART centres and provide feedback to the CoE members based on the observations during the visits so that corrective measures can be planned;
- ensure concrete results for the successful implementation of the CoE activities;
- ensure contacts with ART centre personnel to elicit their cooperation and convergence with the CoE activities;
- be the focal person for all communication and correspondence related to functioning and activities of CoE with NACO/SACS/other linked facilities etc.;
- oversee reports on CoE activities, training and other critical issues; and
- maintain financial control and monitors CoE budgets on a periodic basis to make sure that budgets are spent according to approved allocation.

Deputy Programme Director CoE

Deputy Programme Director will coordinate and facilitate the functioning of CoE along with Programme Director CoE. S/he will deputize the Programme Director in his/her absence.

Additional Staff at CoE

In addition to the staff available with ART centre, the CoE would be provided additional human resource on contractual basis. Contractual appointments for the CoE will be carried out by the Steering Committee. The procedure for the selection of contractual staff for CoE shall be similar as is done for the ART centres. There shall be periodic performance assessment for CoE staff. Extension of the contract of the staff will be purely on the basis of this assessment (PMDS form). Following are the contractual positions provided for CoEs and their duties and responsibilities:

a. Research Fellow (Clinical) - 1:

S/he will:

- be involved in all research activities of the CoE: facilitate and monitor progress of the operational research projects, institutional research projects, multicentre studies, collaborative projects undertaken with the CoE; PhD thesis, PG dissertations, etc;
- be involved in planning, data compilation, analysis and preparation of presentations / publications under the supervision and guidance of the Programme Director / Deputy Programme Director;
- actively participate in training, mentoring and other capacity building programs of the CoE;
- be involved in screening of referrals to SACEP from linked ART Centres, ART plus centers and will work closely with the Programme Director of CoE and SACEP Coordinator in following the stipulated protocol for smooth functioning of SACEP and in providing appropriate alternative first line ART / second line ART as per NACO guidelines; be responsible to follow-up, compile and provide feedback on SACEP attendees to the referring centers;
- function as the medical officer of ART Centre by rotation;
- be responsible to compile CoE reports for SACS and NACO;
- site visit to ART Plus/ CCC/ LAC as directed by the Programme Director / NACO; and
- perform any other job as assigned by the Programme Director/ Deputy Programme Director CoE.

b. Research Fellow (Non-Clinical) – 1:

S/he will:

- participate in research projects conducted through CoE: operational research projects, institutional research projects, multicentre studies, collaborative projects;
- facilitate planning, data compilation and analysis of research studies and assist in the preparation of presentations and publications under guidance and supervision of Programme Director and Deputy Programme Director CoE;
- actively participate in the training, mentoring and other capacity building programs of the CoE;
- facilitate and coordinate telemedicine/ teleconferencing;
- be responsible for the library and e-library;
- be involved in screening of referrals to SACEP from linked ART Centres and will work closely with the Programme Director, Research Fellow (Clinical) and SACEP Coordinator in following the stipulated protocol for smooth functioning of SACEP and in providing appropriate alternative first line ART / second line ART as per NACO guidelines
- be involved in maintaining data related to SACEP, 2ndline and alternate first line ART
- assist in the compilation of CoE reports for SACS and NACO;
- Perform any other job as assigned by the Programme Director/ Programme Deputy Director.

c. SACEP Coordinator -1:

S/he will (in coordination with the Programme Director and Deputy Programme Director of CoE):

- screen and review all records and communications regarding referrals made to the SACEP;
- maintain SACEP schedule diary, schedule and communicate appointment dates of patients to the referring centers;
- organize SACEP meetings and coordinate with members of the SACEP;
- ensure laboratory test results of patients attending are available for SACEP meetings;
- coordinate with pharmacist for patient drug transfers;
- ensure follow-up of patients attending SACEP;

- be responsible for registration of patients, maintenance of all forms and registers related to SACEP;
- prepare and send SACEP reports to SACS and NACO;
- coordinate activities of DACEP at ART Plus Centres in the region linked to the CoE;
- be responsible for receiving and sending communications from and to the attached ART Centres;
- be responsible for all data entries, maintaining and updating all records, registers and files pertaining to the CoE;
- assist the Programme Director and the Deputy Programme Director in receiving and sending all communications related to the CoE;
- work in the ART centre and perform the duties of Data Manager, whenever required;
- assist in procurements, maintaining accounts, audits, handling contingency petty cash of the CoE;
- assist the training and mentoring coordinator in communications and maintaining records; and
- perform any other job as assigned by the Programme Director / Deputy Programme Director.

d. Data Analyst – 1: (Previously designated as Bio-statistician)

S/he will:

- be involved in data analysis of research projects of CoE, collaborative projects and projects associated with the CoE and ART center;
- be involved in planning and preparing research protocols;
- a assist in manuscript writing and preparation of publications and presentations;
- assist in dissemination of the research outcomes;
- analyse monthly reports and other data of the ART centre / attached ART centres;
- be involved in the maintenance of quality data at CoE and attached ART centres; and
- perform any other job as assigned by the Programme Director / Deputy Programme Director.

e. Training and Mentoring Coordinator – 1: (previously designated Training Logistic Coordinator)

S/he will:

- coordinate all training activities, pre training preparations and logistics for trainings at the CoE;

- analyze pre test and post test questionnaires;
- coordinate logistics of mentoring / supportive supervision activities;
- follow up of mentoring / supportive supervision activities;
- prepare and submit training and mentoring reports;
- be involved in the management of the CoE network website;
- coordinate and facilitate contact classes related to the PGDHIVM program; and
- perform any other job as assigned by the Programme Director / Deputy Programme Director.

f. Laboratory Technician – 1:

S/he will:

- perform all the laboratory tests related to ART treatment and specifically tests related to alternative first line and second line ART;
- be responsible for collection and transport of blood sample for viral load estimation;
- be responsible for ensuring all test results are available for patients attending SACEP meetings;
- assist in CD4 testing and baseline investigations at ART centre as per requirement;
- be responsible to maintain the line list including the due lists for CD4 testing and viral load estimation;
- perform any other job as assigned by the Programme Director/ Deputy Programme Director.

g. Nutritionist – 1:

S/he will:

- provide nutritional counseling to all patients at ART centre and CoE;
- conduct assessment of dietary habits, nutritional status and nutritional needs of the patients; and advise nutritional interventions accordingly;
- facilitate linkages with nutritional supplementation schemes of government departments and NGOs;
- analyze the effect of nutritional interventions in patients;
- participate in training and research activities at the CoE; and
- perform any other job as assigned by the Programme Director / Deputy Programme Director of CoE.

h. Outreach Workers /Social Workers(2)

S/he will:

- perform outreach within 30 Km / follow up of patients referred to SACEP in coordination with the referring centres;
- perform outreach / follow up of patients in the ART centre;
- assist in data collection for research studies being conducted by CoEs.
- assist in referrals to other departments and linking PLHIV to existing government social protection schemes; and
- perform any other CoE related job as assigned by the Programme Director / Deputy Programme Director.

8. Infrastructure at CoE

The institution must provide adequate infrastructure for the CoE, ART centre, ICTC, paediatric care, PPTCT services, laboratory services and in-patient services. The institute should provide adequate space, and preferably a basic structure that could be developed into a proper center with assistance from NACO to have provision for the following:

- Office space
- Facilities for SACEP review
- Facilities and equipment for training, telemedicine / teleconference and research
- Facilities for laboratory
- Library with internet
- Other facilities as per requirement/scheme.

8.1 Office Space for CoE

It is expected that there should be at least 6 rooms /work stations in order to accommodate the staff, furniture and equipments mentioned for each room. These rooms are in addition to a proper patient waiting area/reception and laboratory and ART infrastructure.

8.1.1 Furniture and general equipment

The CoE should be furnished adequately and must have the following:

a. Tables, chairs and other seating facilities for staff and patients

b. Examination Table with curtains
c. Office shelves for supplies, records and stationery etc
d. Secure cupboards for storing patient records, drugs, consumables and other equipment

These cupboards should have locks to prevent theft of material and data.

8.1.2 Computers and accessories

CoE should have adequate number of computers for each staff except outreach workers with UPS, printers, internet facility, photocopying machine, scanner, digital camera, weighing machine etc.

8.2 SACEP facilities

One room should be available for conducting SACEP meeting with adequate patient waiting area and secure cabinets for storing documents and files.

8.3 Facilities and equipments for training, telemedicine/ teleconference and research

- Auditorium with seating facility for 50-100 participants with AV facilities (Institutional facility should be made available to the CoE)
- Seminar/training Room (preferably 2, each with capacity for 30 participants) with AV facilities
- Teleconferencing / telemedicine facility – if available at institution, CoE should get access to it.
- Projectors and audio visual aids as required
- At least 2 laptops and projectors should be available for use by the CoE to enable two simultaneous training sessions

8.4 Laboratory

The laboratory should be equipped to perform all diagnostics for HIV, OIs, CD4 and viral load testing. If the center does not have the facility to perform viral load testing, then **it should have linkage** with the nearest NACO approved viral load testing facility. If the center is provided with the diagnostic equipments, it should allocate adequate space for the same as per the requirements.

8.5 Library

The CoE should have a physical library that has facilities for e-library. Computers should be in the library / conference hall to facilitate use of the e-library. The e- library may be linked to National Medical Library (NML) of Government of India to facilitate access to the leading indexed medical journals and articles. The CoEs should have access to existing e-library facility of the institution.

E-library and subscription of e-journals will provide easy access to information and technical updates to ART staff. There should be provision to make e-library accessible to attached ART centres. The e-library may start features such as e-groups, e-discussions and other web-based forums for facilitating discussions on recent advances in HIV medicine and for requesting for academic articles etc. The e-Library should facilitate research and improve the quality of manuscripts, presentations and publications.

8.6 ART centre

The infrastructure for ART centre should be made available as per NACO Guidelines and it would be model centre to be shown to participants in terms of patient flow, patient treatment protocols, maintenance of M&E tools, data computerization etc. in a stigma free environment.

9. Services at CoE

Following Services should be made available at the CoE:

- Comprehensive HIV care services
- Training and Mentoring
- Research
- Clinical Expert Panel

CENTRE OF EXCELLENCE

COMPREHENSIVE HIV CARE

ICTC services
PPTCT services
ART services
Paediatric HIV services
Laboratory services
Referrals and Linkages
Helpline

TRAINING AND MENTORING

Programmatic mentoring
Clinical mentoring
HIV / Clinical trainings
Post training follow-up
PGDHIVM
Tele medicine/conferencing
E-PAN / Distance Learning
e-library/ CME activities

MODEL HIV CARE CENTRE

Good clinical practice
Good pharmacy practice
Good hospital infection control
PEP / Helpline on PEP
Good hospital waste management

RESEARCH

Operational research
Clinical scientific research
Bio-medical and behavioral research
Multi-centric studies
Research repository
Publication and Dissemination

CLINICAL EXPERT PANEL

State AIDS Clinical Expert Panel (SACEP)
District AIDS Clinical Expert Panel (DACEP)

9.1 Comprehensive Care

Comprehensive care includes ICTC, Pre-ART and ART care, PPTCT, Paediatric care, In-patient management, Laboratory services and Referrals & Linkages

(a) **ICTC services:** Pretest and post-test counseling must be available for all clients visiting the ICTC. Counseling should be effective and provided by trained competent counselors. It would be preferable to have both male and female counselors. To ensure privacy and confidentiality during counseling, individual counseling rooms should be available

(b) **PPTCT services:** Refer NACO Guidelines on PPTCT

(c) **Paediatric HIV care:** Children requiring second line ART and alternate first line ART will be referred to the SACEP. pCoE / paediatric department of the CoE should be involved in paediatric HIV care at the CoE. The Programme Director of pCoE/ pediatrician from CoE multi-disciplinary team should be a member of the SACEP.

(d) **ART services**: Refer NACO ART Guidelines. All staff of CoE should be involved in the routine activities of the ART centre apart from their assigned job responsibilities. For example, the CoE Medical Research fellow may function as ART medical Officer. The SMO/MO (by rotation), Nurse and Pharmacist of the ART centre should be available for SACEP related activities. The SMO/MOs should also be involved in care of patients on second line and alternative first line ART. CoEs are also required to provide feedback to referring ART centres on SACEP recommendations and follow up the patients accordingly.

(e) **In-patient care**: Patients referred from attached ART centres to the SACEP may need in-patient care and management, for initiating PLHIV on alternative first line and second line ART and also for managing toxicities, complications and severe OIs. The CoE should function as the tertiary referral centre taking care of the complicated cases referred to the CoE from the linked ART centres. Care, surgery, in-patient admission, obstetric services, etc to HIV positive persons should not be denied at any stage.

(f) **Referrals & Linkages**: Integration of all HIV services: ICTC, PPTCT, Pre-ART care, and ART for both adults and children are absolutely necessary within the hospital and outside. There should be appropriate linkages and referrals with all other specialty departments within the institution, such as DOTS clinic/ RNTCP, TB & Chest department, STI department, Dermatology, Paediatrics, Obstetrics & Gynaecology,

Neurology, Surgery, Microbiology, Pathology, and Department of Preventive and Social Medicine. Effective linkages should be developed with Positive Network groups, NGOs and private sector to provide psychosocial and nutritional support to the PLHIV. There should be established standardized two-way referral systems with neighboring district and sub district level hospitals to enable continuum of care in HIV. Appropriate service-linkages with ART Plus Centres, ART centres, LAC, LAC Plus and CCC will enable PLHIV to avail the care and support of the national program nearer to their residence. This will facilitate the system to follow up PLHIV, track the treatment defaulters and those lost to follow-up (LFU) to ART and pre-ART care. CoE should also offer consultations to PLHIV on patient helpline, as and when required. CoE should also have well established linkages with the State AIDS Control Society (SACS).

(g) **Laboratory services:** Facilities to diagnose and manage HIV, OIs and ART related side effects / complications should be made available. Lab should have linkage facility for HIV viral load testing. As the programme evolves, depending on requirement and feasibility, provision for resistance testing may be made in select CoEs as part of the national HIV drug resistance testing network.

(h) **Other diagnostic facilities**: The centre should also have access to quality X-ray machine, preferably digital X-ray, ultra sound, CT scan; Magnetic Resonance Imaging (MRI) within the institution or linked to it with trained manpower to provide these services.

(i) There should be an effective **Infection control policy** and processes including universal work precautions and biomedical waste management within the institution.

9.2 Clinical Expert Panel

The Clinical Expert Panel has three layers of functioning: the National AIDS Clinical Expert Panel (NACEP) at national level (NACO); State AIDS Clinical Expert Panel (SACEP), which is attached to each CoE; and District AIDS Clinical Expert Panel (DACEP), attached to designated ART Plus Centers.

9.2.1 National AIDS Clinical Expert Panel (NACEP):

The functioning of NACEP will be coordinated by NPO (ART). This panel will have representatives from TRG, institutions or independent experts deemed most appropriate

for the query under consideration. Hence, the composition of the NACEP will be dynamic and its composition will vary depending on the type of technical query. This will ensure that most appropriate response and guidance is provided for the query by the variety of experts and expertise on various areas under treatment and care for HIV. Most of NACEP work will be on e-consultations. The format to send queries to NACEP is given at NACEP is given at Annexure 1.

9.2.2 State AIDS Clinical Expert Panel (SACEP):

Patients experiencing treatment failure with first line ART are referred to the Centers of Excellence for further evaluation and second line treatment, if required. To minimize travel needs, travel time and costs, it has been decided to expand the network of facilities providing second line ART. Some of the well functioning ART centres are being upgraded as ART Plus Centers in a phased manner for this purpose. Such centres will follow the same referral procedure as adopted by the Centers of Excellence

These CoEs/ ART plus centres have a panel of experts referred to as **State AIDS Clinical Expert Panel (SACEP).**

The SACEP consists of

- Programme Director of CoE/ Deputy Programme Director / Nodal Officer of ART centre
- External ART expert (panel to be formed by NACO, preferably not from the same ART centre)
- Regional Coordinator/Joint Director (CST) / Consultant (CST) at SACS. In case of ART plus centres, DAPCU Officers may attend SACEP meeting in place of SACS officials)
- One pediatrician from the institution shall attend if there are children among the list of referrals

The functions of SACEP will include:

- Reviewing and deciding on all cases referred by the referring ART centres for second-line ART provision – both for eligibility for viral load testing and initiation of second line ART
- Reviewing referred cases for alternative first line ART

- Reviewing cases every fixed weekday (for e.g. Tuesday) or next working day (in case the fixed day being a holiday). This is to ensure that there is no delay in review /and processing of the case referred for review of suspected treatment failure. A maximum of 15-20 patients shall be reviewed at each meeting (old and new). However, if there are very few patients, the meeting may be deferred to the next week.
- Mentoring and ensuring high quality case management of the PLHIV on second-line ART by the referring ART centre
- Documenting the registration and monitoring progress of all patients sent for SACEP review
- Identify operational issues of the linked ART Centres and give appropriate feedback to the referring ART Centres (responsibility will primarily be on the Regional Coordinator / CST officials of SACS and DAPCU (incase of ART plus centres)

Jurisdiction of CoE / ART Plus Centre: The SACEP / DACEP review will be done at CoE or ART plus Centre based on the referrals from the linked ART centres providing first line ART. Each CoE or ART Plus Centre will have defined ART centres linked to it and patients from these centres only will be reviewed by the particular CoE or ART Plus Centre.

9.3 Training and Mentoring

The institute should have the capacity to undertake training and mentoring activities. CoE should also have facilities for teleconference / telemedicine and distance education programs to complement its training and mentoring activities. CoEs should serve as model centres in HIV care and should demonstrate best practices and function as a site of learning for the attached centres and lead the attached ART centres by example and provide every assistance and support to them so as to improve the quality of care rendered at these centers.

9.3.1 Training

The CoE shall conduct regular training programme for different categories of health care providers engaged in HIV care, support and treatment services. The CoE will be a member of India AIDS Training Network (IATN) website. Training and M&E activities should be captured in the website.

9.3.1.1 NACO trainings:

Training programs should be in place for the Medical officers (ART MOs; Specialists; LAC MOs; CCC MOs) and for other health workers in HIV care. Trainings curriculum should be as per norms and guidelines of NACO.

Training should be undertaken by core faculty team trained by NACO and designated as 'National Trainers'. The CoE should have a list of trained and experienced faculty, who will be available for trainings conducted at the CoE and also be available for national training programs or trainings conducted at other CoEs. Only those trainers identified, trained and certified by NACO as 'Master Trainers' will be engaged as resource persons in trainings conducted at the CoEs. The core faculty shall also be part of the national training network and should contribute regularly to development, revision and updating curricula, training and mentoring and participate in programme management and policy decisions as and when required in close coordination with NACO.

The CoE should conduct orientation / refresher trainings for Regional Coordinators, officials of CST of the SACS and other stakeholders as and when required. CoE should organize CME programs, conferences, courses on research methodology, scientific writing and scientific workshops. The CoE should be able to perform training evaluations, do post training follow-up activities and provide technical updates to trainees. The training reports are to be submitted to NACO in prescribed format.

9.3.1.2 PG Diploma in HIV Medicine (PGDHIVM):

NACO, in collaboration with IGNOU, rolled out a one-year PG Diploma programme in HIV Medicine. This programme is expected to bridge the gap in trained manpower for ART centre.

The objectives of PG Diploma in HIV Medicine (PGDHIVM) programme are as follows:

- To imbibe comprehensive knowledge on basics of HIV as related to details of management of HIV/AIDS in tertiary care set up;
- To manage all complications as well as opportunistic infections due to HIV/AIDS at the time of need; and

- To recognize and handle emergencies related to HIV/AIDS and its complication and take bedside decision for management whenever required.

The programme is being implemented through CoEs / NACO designated training Centres.

9.3.2 Mentoring

Mentoring can be defined as "*a sustained, collaborative relationship in which a highly experienced health care provider guides improvement in the quality of care delivered by other providers and the health care systems in which they work*."

The mentor's role is to guide the mentee through five stages: a) Relationship building; b) Identifying areas for improvement; c) Responsive coaching and modeling best practices; d) Advocating for environments conducive to good patient care and provider development; e) Data collection and reporting.

Mentoring will be both **programmatic and clinical**. The CoE should be able to plan, organize and carry out all mentoring activities, both programmatic and clinical mentoring. A core group of mentors will be identified and trained as mentors. This team of mentors will comprise of Programme Director, Deputy Programme Director, faculty, ART SMO/MO, Research Fellow - Clinical, Data Analyst. Mentoring will be for ART Plus centres, ART centres, LAC, LAC plus, CCC linked to the CoE and also for the trainees from the same institute and other facilities.

9.3.2.1 Programmatic mentoring /Supportive Supervision

The expanded role of the CoE and the Clinical Expert Panel will include supporting and strengthening the monitoring and evaluation of program activities. Performance of the attached ART centres and other facilities will be monitored by CoEs and supportive measures taken to strengthen the program. ART program indicators will be used to determine and monitor the ART centre performance. Some of the suggested quality indicators are given at Annexure 2.

Programmatic mentoring / supportive supervision will be done by a team which would include staff from the institution, CoE, NACO, SACS. Mentors will make onsite visits to the ART centres and provide supportive supervision and programmatic support.

Mentors will also take the responsibility of updating / reiterating the revisions in the guidelines to the facility level staff during their visits.

Planning of mentoring visits should be made in consultation with officials of NACO, SACS and the CoE to ensure supportive supervision provided during routine program monitoring visits by RCs and SACS officials is not duplicated. Mentoring visits should be viewed as an opportunity to provide technical assistance and guidance. The CST review meetings conducted by SACS shall also be attended by CoE representatives.

Mentors and mentees identified should be individualized to the institution and based on the needs on the institution / CoE. Frequency, timing and duration of mentoring visits will be defined by the CoE. However, a minimum number of onsite visits needs to be determined but may be modified according to the needs identified.

The Programme Director CoE should also serve as a regional mentor which would add to the quality of mentoring provided within the program

9.3.2.2 Clinical mentoring

Clinical mentoring is a training and consultation model that fosters ongoing professional development and expertise to yield sustainable high quality clinical care outcomes. Clinical mentoring provides on-going support to trainees, based on their individual needs. Since the decentralization of HIV care, support and treatment services requires transferring knowledge and skills to Medical Officers at ART centres and other centres offering HIV care, there is need for continuous clinical mentoring.

The objectives of clinical mentoring are to:

- support decentralized delivery of high-quality HIV prevention and care, support and treatment services at all levels;
- support the application of classroom learning to clinical care;
- maintain and progressively improve the quality of clinical care using measurable objective clinical indicators such as adherence rates and measures of clinical improvement (CD4);
- build the capacity of providers to manage complicated cases (e.g., antiretroviral therapy toxicity, immune reconstitution inflammatory syndrome, complicated

HIV/tuberculosis cases, treatment of children or pregnant women) or referring them when appropriate; and

- improve the motivation of health care workers

Under 'clinical mentoring' program, highly-experienced clinicians will provide training and consultation on complex cases; supports and enhances high level problem solving, diagnostic, and decision-making skills; leads case discussions; and addresses issues of quality assurance and continuing education.

9.3.2.3 Modes of Mentoring: Mentoring support can be provided through on-site visits or distance mentoring.

On-site mentoring will be done through site visits by the mentor. During these visits, mentors may:

- provide direct one-on-one mentoring of health care workers during patient consultations;
- conduct short training sessions for staff on various HIV topics;
- lead case discussion training sessions highlighting management of complex cases;
- accompany ward staff on rounds to provide bedside teaching to staff on management of HIV and related diseases; and
- identify and address system challenges that affect the provision of quality care, such as patient flow, tracking defaulters, referral and record-keeping systems.
- supervise, completeness and correctness of data entry and other M&E tools in all registers /software etc.

Distance Mentoring is done through a variety of methods, such as phone call, e-mail consultations, **Warmline, telemedicine/teleconference** in which mentee's cases are discussed over telephone, or through select sessions in **Distance Learning Seminar (DLS)** series. The CoE may choose one or more of these techniques or may devise any other modalities of their own so as to achieve the goal of distance mentoring. The details about warmline and DLS are given at *Annexure 3.*

9.3.3 NACO CoE Network Website (India AIDS Training Network):

With the rapid growth in the number of medical institutions and health care providers

being processed through the system, there is a need to coordinate, share and update the information across the CoE. In addition, there is a need for doctors and other health care providers trained from these institutions to network and share sources of information on HIV/AIDS. The CoE network website will be a web portal that links all NACO designated CoE and training centres to provide information about HIV expertise, ART services, lab services, CME programs, research publications, etc. This site (IATN) will be linked to NACO website also.

This site will be a resource for physicians, program managers, ART medical officers, policy makers, researchers and other health care providers in the country for accessing updated information of national and international guidelines, data on HIV/AIDS prevention, care, support and treatment, research, ART training, advocacy and policy making and will facilitate high quality clinical care and management. It will also serve as a portal for sharing best practices observed.

The website will be populated with information specific to each CoE and will be updated by the CoE / NACO with required information from the respective CoE. Programme Director, COE should ensure that information provided through DLS/Website is in line with national guidelines.

Specifically, the proposed site will have information on: Background of the centre, News and events, Resources at each centre, Training data; Treatment Guidelines, List of Mentors, Warmline contacts, Distance Learning Seminars, Human Resources & Key contact and personnel, Photo Gallery.

9.4. Research

The CoE should function as a primary center for HIV related research activities in the institution. It should be a member of a network of Research Institutions in HIV/AIDS (NIHAAR) and a repository of information related to HIV/AIDS.

CoE should function as primary sites for undertaking operational research for the National AIDS Control Program. Research prioritized by NACO should be undertaken by CoEs. Each CoE should ideally participate in at least one major operational research every year that addresses the impending needs of the national program, and should maintain high quality and standards so as to be helpful in formulating / modifying national policies.

The CoE should participate in pilot research projects and multi-centric studies as identified by the program. The CoE should assist NACO in reviewing projects / proposals received from SACS, HMSC, ICMR and other collaborative agencies. Staff of the CoE should form a peer group to provide technical assistance to the research activities at NACO. Multi-centric studies to address research needs identified by staff at any CoE can be done by other CoEs after scrutiny by NACO. CoE should have the capacity to prepare proposals and grants and seek funding from National and International funding agencies; try to be part of reputed trials like ACTG, HPTN etc. However, these activities should have prior approval from NACO as a policy. The CoE should have the capacity to undertake analysis of data of various services specially ART centres under their mentoring. The expertise at the CoE should be available for the CST division at NACO to contribute to the analysis of national data.

The CoE should have the capacity to identify research needs, prepare proposals, plan and execute research and prepare reports, manuscripts and presentations. The CoE should also encourage clinical and operational research among staff of the institution and dissertations in HIV for fellows and postgraduate students. CoE staff should assist staff within the institution in HIV research, data analysis and preparation of manuscripts and publications. The CoE should also facilitate researches done by other attached centres. Any publication from CoE that utilize the ART centre data/ CoE facility needs to be approved by NACO in view of implications it might have on the programme. This approval shall be granted by NACO within 3 months of receipt of the draft publication.

Research related trainings: The CoE should conduct trainings that help improve the capacity for doing research. These trainings will focus on research methods, data analysis and technical writing. The target audience for such trainings will be Programme Directors, Deputy Programme Directors, clinical and non clinical research fellows and data analysts from the other CoE. These trainings could be offered to other staff within the institution and can be facilitated by staff of the CoE.

10. Monitoring and Evaluation of CoEs:

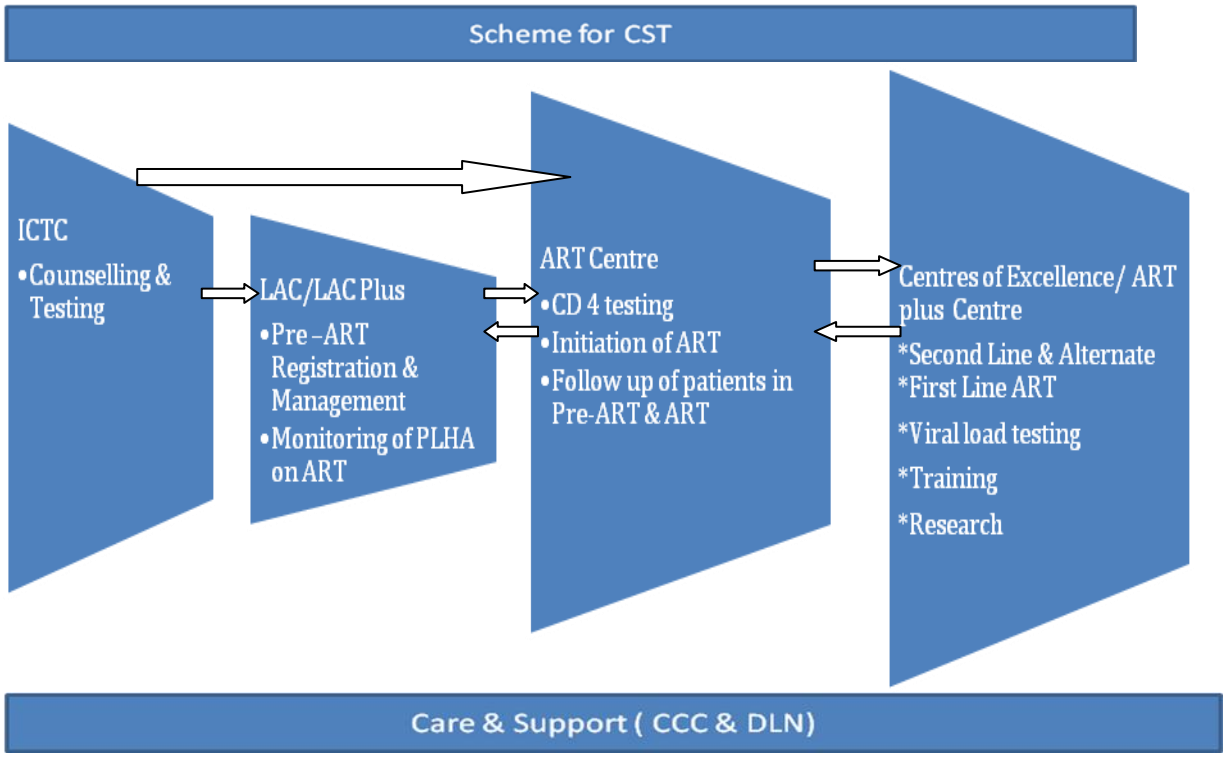
Following mechanisms will be in place to supervise and monitor the functioning of the CoE:

- All CoEs will submit their annual activity plan along with timelines and person responsible at the beginning of the financial year

- Quarterly performance reports will be prepared and submitted to the SACS and NACO (format given at Annexure 4)
- SACEP / DACEP reports will be prepared and submitted as per guidelines for second line ART and alternative first line
- Routine web reporting will be done by each CoE on the web network
- Regular meetings will be conducted by NACO/SACS to review the functioning of the CoE and take corrective action wherever required

Periodical assessment of the CoEs will be carried out by a panel of experts using standardized formats. Strengthening of Centers of Excellence will be an ongoing process where needs and gaps identified during an assessment will be addressed.

11. Referral & Linkages



In addition, CoE should have information about/ linkages with various welfare and social protection schemes implemented by the governmental and non-governmental agencies.

12. Support to CoE

12.1 NACO support to CoE

NACO would extend financial support to the CoE for infrastructure development, human resource strengthening, and capacity building of staff.

- A nonrecurring grant will be available for newly identified CoE which can be used for infrastructure development and procurement of equipments
- A recurring grant will be available for routine functioning of the CoE which includes staff salary, training, mentoring, research and other operational and contingency expenses
- National trainers identified and trained by NACO will be facilitators for trainings held at the CoE
- Operational Research and multi-centric studies identified by NACO will be carried out through the CoEs
- NACO will facilitate evaluations and support strengthening of all the CoEs
- Financial guidelines for CoE will be provided by NACO
- To assist and improve the quality of programs and to implement best practices at the CoE, NACO will ensure some kind of extra budgetary support. This will include books and journals, mentoring visits, CME, sensitization workshops, review and monitoring meetings and website development and management.

12.2 SACS support

- Finances for the functioning of the CoE will be routed through the SACS
- APD of SACS will be part of CoE steering committee
- Joint Director (CST)/RC will be member of the SACEP
- Joint Director (CST)/RC will participate in monitoring and evaluation activities and provide supportive supervision to the CoE.
- The CoE should keep SACS/RC in the loop in its communication with NACO and vice- versa.

12.3 Institutional support

- The institution will designate two faculty members (the Programme Director and the Deputy Programme Director) for the Centre of Excellence.

- The Programme Director/ Deputy Programme Director will participate in CoE related meetings and programs organized by NACO .
- Day to day maintenance of CoE infrastructure and other facilities at CoE will be the responsibly of the institution
- Any visit by CoE faculty/staff for mentoring, on site visit, review meeting etc. shall be considered as being on official duty and TA/DA shall be paid as per Government/SACS guidelines in this regard.
- Office space and facilities, laboratory space and basic equipments will be provided by the institution
- The Institution will identify faculty to be national trainers who will be available for training within the institution and at other CoE
- Regional review meetings for the ART centres, ART plus centres and other stakeholders will be organized by NACO/SACS and CoE will also participate in such meetings. A CME program will be part of such review meetings for technical mentoring of the ART medical officers and other staff on different issues.
- Mentors will be identified by the institution for clinical mentoring.
- All CoE activities will be monitored and supervised by the Programme Director CoE, who will keep SACS / NACO updated regularly on various activities / developments.

13. Pattern of Assistance to Centres of Excellence

No	Budget Head	Amount	Details
1	Physical Infrastructure	Rs 30,00,000 (Thirty Lakhs)	Includes refurbishment / new construction; proper furniture; adequate sitting arrangements at the seminar halls, refurbishment for lab etc.
2	Equipment	Rs 40,00,000 (Forty Lakhs)	• Two computers with UPS – one each for library and conference room • Desk top Computers & Printers – 7 +1 staff • Two laptops • Two projectors • Photocopier & Scanner • Refrigerator (capacity 300 litres) • Lab equipment as per requirement (after NACO approval)
	SUB TOTAL- 1	**Rs 70,00,000 (Seventy Lakhs)**	

1	Human Resource	Range of Salary per month	Per Annum	Essential Qualifications
HIV Research Fellow (Clinical) - 1		Rs.32000-40000	Rs 3,84,000	Preferred Qualification: MD Medicine or any other clinical discipline/ Community Medicine/Microbiology/ Ph.D after M.B.B.S.
				Alternatively: MBBS with Diploma in Medical Specialties, Public Health or Fellowship program in HIV with 3 year experience.
		Rs.25000-30000	Rs 3,00,000	M.B.B.S.
HIV Research Fellow (Non clinical) - 1		Rs.23000-28000 Rs.25000-28000*	Rs 2,76,000 Rs 3,00,000*	M.Sc. (any one of the Life Science Branches) *Candidate with Ph D qualification gets higher salary
Data Analyst- 1		Rs 17250–20750	Rs 2,07,000	M.A./M.Sc. in Statistics/ Mathematics
		Rs.10000-13750	Rs 1,20,000	B.A/B.Sc in Statistics/Mathematics with minimum 3 years experience
SACEP Coordinator - 1		Rs 11500–15250	Rs 1,38,000	Post graduate / Graduate, preferably B Com. with training in data management and accounting with minimum 2 years experience in ART center
Training & Mentoring Coordinator – 1		Rs 11500 – 15250	Rs 1,38,000	Graduate in any discipline, preferably in social sciences with three years relevant experience
Nutritionist - 1		Rs 11500-15250	Rs 1,38,000	M.Sc. with Food Science & Nutrition/Biochemistry
Lab Technician - 1		Rs. 8000 – 11750	Rs 96,000	B. Sc (Micro) with DMLT/DLT from an institute recognised by AICTE or State/Central Government
ORWs (Social Worker)-2		Rs. 6900 – 9000	Rs 165,600 (82,800*2)	Bachelor in Social Work /Psychology/Sociology (preferably one from PLHA community)
Total - Salaries (min) Subtotal - 2		**Rs. 1,28,550 Per month**	**Rs.15,42,600 per annum**	

C. Infrastructure maintenance, Research and Travel

No	Budget Head	Annual Allocation per CoE
1	Maintainence of equipment	Rs 100,000
2	Consumables, including Universal Work Precautions	Rs 100,000
3	Research	Rs. 5,00,000
4	Contingency/ drug transfer	Rs 1,00,000
	Sub total	**Rs. 8,00,000**

D. Extra budgetary funding

No	Budget Head	Per CoE	Per Annum
1	Books and Journals	1,00,000	Rs 10,00,000
2	Mentoring visits	3,00,000	Rs 30,00,000
3	CME/ Sensitization / Workshops/ review meetings	200,000	Rs 20,00,000
4	Distance Learning Seminars	100,000	Rs. 10,00,000
5	Review and Monitoring Meeting (NACO)		Rs 20,00,000
6	Website (NACO)		Rs 10,00,000
	Total	**Approx Rs 10 lakhs per COE**	**Rs 1,00,00,000 per annum**

Summary:

Non- recurring Grant: **Rs 70,00,000**

Recurring Grant:

Salaries (Minimum)	Rs 15,42,600
Maintenance, Research Travel	Rs 8,00,000
Total recurring (NACO)	Rs 23,42,600
Extra budgetary funding (annual) per COE	Rs 10,00,000

The following year's grant will be released subject to the utilisation and performance of the CoE.

Annexure-1

Format for sendiing queries to NACEP

CoE/ART plus Centre: _____ Query No. _____

Brief Summary of Patient Referred for NACEP Review

Date of NACEP Referral:
Name:
Age/Sex :
ART No :
SACEP No:
City: _____ District: _____ State : _____

Summary of Antiretroviral Therapy (ART) history of patient:

Date of confirmed HIV positive test:
Baseline CD4 (with date):
WHO staging of HIV (Baseline Stage) :
Date of starting ART (From private sector, if applicable):
(From Government Program)
Initial ART regimen ART regimen:
Current CD4 count:
current WHO Stage:
Current ART Regimen:

Antiretroviral treatment summary:

Treatment started	Substitution within 1st line, Switch to 2nd line, Stop, Restart				
Name of starting ART Regimen	Date	Substitution/ switch/stop	Reason code	Date restart	New regimen

Case History:

A brief case history of patient.

Summary of adherence history:
(Adherence of patient particularly of last 6 months)

Any current OI

CPT reinitiated

List of serial CD4 counts done till date:

Date of CD4 testing	**CD4 Count (cells/µL)**

Investigation summary

Investigations					
Hb					
TLC					
DLC					
ESR					
MCV					
Platelet					
Blood Urea					
S. Creatinine					
S. Bilirubin					
SGPT					
$AlkPO_4$					
S. Amylase					
Random Blood Sugar					
S. Cholesterol					
S . Triglyceride					
HDL					
LDL					
S. VDRL					
HBsAg					
Anti-HCV					

Recommendations:

As per NACO recommendations we had called the patient on date …….. for Viral load testing her PVL reports are as under

Reports of Plasma Viral Load (PVL) testing :

Name of the test kit : **Manufacturer :**

Date of Sample testing	**Date**
HIV-1 RNA Copies/mL	**No of PVL copies**
Log_{10} transformation	

Query to be responded by NACEP_____

Annexure- 2

Quality Indicators to be monitored by CoE

Some of the suggested quality indicators to be monitored by CoE for their attached ART centres are as follows:

1. Percentage of PLHIV registered in HIV Care have undergone baseline CD4 count
2. Percentage of patients eligible for ART who have been initiated on ART
3. Percentage of Pre ART patients who have undergone at least 2 CD4 counts in a 12 months period
4. LFU rate in Pre-ART patients
5. Percentage of Pre-ART LFU tracked back
6. Percentage of pregnant women registered in HIV care have undergone CD4 count
7. Percentage of pregnant women initiated on ART/PPTCT
8. Percentage of exposed DBS positive children undergone WBS
9. Percentage of WBS positive children initiated on ART
10. Percentage of spouse of the patients registered in HIV care know there status
11. Percentage of patients on ART who have undergone 2 CD4 counts in a 12 months period
12. Percentage HIV-TB coinfected patients initiated on ART
13. LFU rate in on ART Patients
14. Percentage of ART LFU tracked back
15. Percentage of patients alive and on ART after 12, 24 ,36 ,60 months
16. Are the patients being initiated and followed up on ART as per national protocols (this has to be observed during visits to attached ART centre)
17. Timely identification of treatment failure suspects (this has to be observed during vists as well as SACEP referrals)
18. Are the entries in M & E tools completed and up to date.
19. % of white cards computerized in NACO software
20. Airborne infection control practices, UWP, general hygiene measures in place

Annexure-3

Distance Mentoring Mechanisms

1. Warmline

The Warmline provides easy, timely and low-cost access to HIV clinical information and individualized case consultation to clinicians practicing HIV medicine (prevention, care, and treatment services) in India. The team for the warmline includes expert clinicians supported by staff for documentation. The expert physician attends the warmline call, provides answers to a variety of questions regarding the prevention, care, and treatment of HIV/AIDS. All calls may be recorded for educational purposes and quality check. The warmline should be active during regular working hours. Calls should be documented using a standard format and entered into a database which can be analysed later using appropriate methods**.** The hardware required is a single mobile phone with a dedicated number.

2. Distance Learning Seminar (DLS)

DLS can be used to increase health care workers' knowledge and skills related to care, treatment, diagnosis, and comprehensive management of HIV and AIDS patients in resource limited settings. It also increases collaboration and communication across the NACO's ART Medical Officers, with an emphasis on sharing best practices and lessons learned from HIV and AIDS-related clinical issues. It can also share information on cutting edge HIV and AIDS research and evidence-based case-management approaches and identify complex issues related to managing HIV through case-specific clinical consultations. It also helps in gaining skill and experience in the use of the interactive webcasting distance learning technology in order to broaden its application for new audiences and purposes.

The intended audience includes doctors, nurses and para-medical staff, who are involved in medical management of HIV and AIDS in resource-limited settings, particularly in ART Centres, Link ART Centres and Community Care Centres in the country.

The CoE should take the opportunity of using the telemedicine facilities if available at the Institution. There is an existing facility for DLS whereby interactive training sessions are conducted over the internet to HIV/AIDS clinicians with limited opportunities for continuing education. CoEs may avail existing modalities for DLS. Presenters can be chosen from different

fields both clinical and programmatic mentoring and should be experts who have vast experience in the field of HIV/AIDS. The CoE staff may use the above modality of distance mentoring.

The presentation under DLS programme must comply with the national guidelines and it should get prior approval from the Programme Director, COE. For photos and copyrighted materials, permission must be obtained from the author.

Annexure- 4

Quarterly Reporting format for CoEs

Name of the CoE:

Reporting Quarter:

<table>
<tr><td>1. Number of CoE team meetings conducted during the quarter.(Also indicate the major issues discussed during the meeting)</td><td></td></tr>
<tr><td>2. HR status in CoE</td><td>
<table>
<tr><th>Post Sanctioned</th><th>Filled (Yes/No)</th><th>Training status</th></tr>
<tr><td>HIV Research Fellow Medical</td><td></td><td></td></tr>
<tr><td>HIV Research Fellow -Non Medical</td><td></td><td></td></tr>
<tr><td>Data analyst / Bio-Statistician</td><td></td><td></td></tr>
<tr><td>Outreach Worker/ Social Worker (2)</td><td></td><td></td></tr>
<tr><td>SACEP Coordinator</td><td></td><td></td></tr>
<tr><td>Training Logistic Coordinator (1)</td><td></td><td></td></tr>
<tr><td>Lab Technician (1)</td><td></td><td></td></tr>
<tr><td>Nutritionist (1)</td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>3. Number and type of training programmes conducted in the quarter</td><td>
<table>
<tr><th>Name of the training programme</th><th>Target audience</th><th>Dates</th><th>No of participants</th><th>Analysis of pre-test & post test score</th><th>Post training follow up</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>4. Number of ART Plus / ART /LAC visited by the CoE team / staff for supportive supervsion/ mentoring</td><td>
<table>
<tr><th>Name of the Centre visited</th><th>Dates of visit</th><th>Members of the visiting team</th><th>Issues identified</th><th>Remedial Action taken/ recommended</th><th>Post visit follow up</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>5. Distance</td><td></td></tr>
</table>

learning programmes conducted during the quarter.

Name of the programme	Dates	Topic covered	No of particiapants

6. CMEs conducted during the reporting quarter

Name of the programme	Dates	Topic covered	No of particiapants

7. SACEP meetings held during the reporting quarter

Dates of meeting	No of SACEP members who attended the meeting	No of patients refred after last SACEP	No of patients reviewed for immunological failure				No of patients reviewed for Alternative First Line				No. of viral load samples taken
			Adult		Paediatric		Adult		Paediatric		
			Old	New	Old	New	Old	New	Old	New	

8. Research studies

Research Projects	Title of the study	Objectives of the study	Period of study	Members of the study team
Research Projects completed during the quarter				
Research Projects initiated during the quarter				
Research projects ongoing				
HIV related OR projects ongoing				
PG thesis on HIV initiated during the reporting quarter in the				

	department /institution				

**The reports for the studies completed during the quarter should be annexed with the report*

9. Data anaysis : For how many attached centres data analysis was done by CoE. Pl give details of key findings	
10. How has the interventions from CoE have led to improvement in quality of Care at attached ART Centres	
11. Major achievements	
12. Major issues where NACO/SACS intervention is required	

Annexure-5

Pattern of assistance for conducting trainings

File No. T. 11025/28/2009 – NACO
Government of India
Ministry of Health & Family Welfare
(Department of AIDS Control)

6th Floor, Chandralok Building
36 Janpath, New Delhi - 110001
Dated 3rd May, 2010

Subject: Pattern of Assistance for Conducting Training

Dear Project Directors,

Reference is invited to NACO letter of even no. dated 26th August 2009 prescribing expenditure guidelines for conducting training. These are revised in the manner detailed below. The revised scheme will be applicable for training conducted after date of issue of this letter.

1. SACS must organize training programmes with government institutions to the maximum extent possible. In such cases rates charged by the government institution would be acceptable. Efforts must be made to ensure that all expenditure is settled directly with the government institution, without the necessity of the institution individually billing the trainees, who in turn claim reimbursement.

2. However, in case government institutes are not available for conducting required training courses, SACS may identify other agencies on lowest competitive basis. In such cases also, SACS should contract and pay the institute directly for all expenses rather than adopting the tedious method of billing individual trainees and then reimbursing their expenses. Training organized with non-government agencies can be budgeted subject to expenditure ceilings prescribed below:

Sl. No	Expenditure Type	State Level Training			District Level Training		
		Contract employees of SACS	NGO	Non-Officials	Contract employees of SACS	NGO	Non-Officials
			(Travel Allowance in case of all trainings for non-officials may be regulated as given below)			*(Travel Allowance in case of all trainings for non-officials may be regulated as given below)*	
1.	Travel Allowance	As per the guidelines issued wide No. T. 11025/ 28/2009 – NACO dated 26th August 2009 on TA/DA as amended vide letter of even no dated 29-1-10.	Second AC or AC Chair Car as the case may be in respect of Directors of NGOs. In case of Project Managers, Counselors Third AC or AC Chair Car. In case of ORWs, Peer	Second AC or AC Chair Car as the case may be on production of tickets	As per the guidelines issued wide No. T. 11025/ 28/2009 – NACO dated 26th August 2009 on TA/DA as amended vide letter of even no dated 29-1-10.	Second AC or AC Chair Car as the case may be in respect of Directors of NGOs. In case of Project Managers, Counselors Third AC or AC Chair Car. In case of ORWs, Peer Educators	Second AC or AC Chair Car as the case may be on production of tickets

Sl. No	Expenditure Type	State Level Training			District Level Training		
		Contract employees of SACS	NGO	Non-Officials	Contract employees of SACS	NGO	Non-Officials
		In case of employees who are below the range of Rs. 10000, they will be entitled for 3rd AC if available subject to production of tickets	Educators second class sleeper. All these cases should be paid on production of tickets		In case of employees who are below the range of Rs. 10000, they will be entitled for 3rd AC if available subject to production of tickets	second class sleeper. All these cases should be paid on production of tickets	
2.	TA for resource person a. In house b. External	If part of the faculty of institution-NIL ,otherwise as per rates above					
3.	Accommodation Charges	a. If residential training is arranged in non government institutions, accommodation charges up to Rs. 1200/- per participant may be allowed while working out the package rates and paid directly to the agency.			a. If residential training is arranged in non government institutions, accommodation charges up to @ Rs. 750/- per participant may be allowed while working out the package rates and paid directly to the agency.		
		b. If no accommodation is arranged, the rate should be regulated as per the entitlement of the officer vide letter No. T. 11025/ 28/2009 – NACO dated 26th August 2009 on TA/DA depending on the type of city subject to production of actual	b. If no accommodation is arranged Rs. 1500/- in case of metro cities Rs. 1200 in case of state capital and Rs. 750 in case of other cities subject to production of actual bills.		b. If no accommodation is arranged as per the entitlement of the officer vide letter No. T. 11025/ 28/2009 – NACO dated 26th August 2009 on TA/DA depending on the type of city subject to production of actual bills.	b. If no accommodation is arranged Rs. 750 subject to production of actual bills.	

Sl. No	Expenditure Type	State Level Training			District Level Training		
		Contract employees of SACS	NGO	Non-Officials	Contract employees of SACS	NGO	Non-Officials
		bills.					
4.	DA	a. Where the package includes food expenses NIL in all cases dated 26-8-09.					
		b. Package rates may be worked out with the non government institute at rates not exceeding those specified in the letter dated 26.8.2009.			Package rates may be worked out with the non government institute at rates not exceeding those specified in the letter dated 26-8-09.		
		c. Where the package is exclusive of food expenses reimbursement may be allowed as per the rates specified in letter dates 26th August 2009 subject to production of bills	Where the training is exclusive of food expenses reimbursement may be allowed as per the rates noted below:- Metro cities-Rs 500 Other state capitals- Rs 300 Other towns –Rs 200 Subject to the production of Bills		Where the training is exclusive of food expenses reimbursement may be allowed as per the rates specified in letter dates 26th August subject to production of bills	Where the training is exclusive of food expenses reimbursement may be allowed as per the rates noted below:- Metro cities-*Rs 400* *Other state capitals-Rs 300* *Other towns –Rs 200* Subject to the production of Bills	
5.	Honorarium	Outside faculty Rs. 1000/- per day subject to condition that two sessions are handled and each session will be of two hours duration. No honorarium to be paid for in-house faculty (officers of SACS and officials paid from NACO fund in districts, peripheral units and NGOs, faculty from institutions entrusted for the training) as this is part of their duty			Outside faculty Rs. 500/- per day subject to condition that two sessions are handled and each session will be of two hour duration. No honorarium to be paid for in-house faculty (officers of SACS and officials paid from NACO fund in districts, peripheral units and NGOs, faculty from institutions entrusted for the training) as this is part of their duty		
6.	Working Lunch & Tea	This can be included as part of the package at a ceiling @ Rs. 150/- per day. Reimbursement to individuals can be made as per the rates at serial no 4 subject to the production of bills if it is not part of the package.					
7	Stationery and training material	May be budgeted upto a maximum of Rs. 100/- per participant					
8	Hiring of venue and audio visual equipments etc.	May be budgeted upto a maximum of Rs. 2000 per day					

National Level Training

Sl. No.	Expenditure Type	Contractual Employees of SACS	NGO Representatives	Non Officials
1.	Travel Allowance	As per the guidelines issued wide No. T. 11025/28/2009 – NACO dated 26th August 2009 on TA/DA as amended vide letter of even no dated 29-1-10. In case of employees who are below the range of Rs. 10000, they will be entitled for 3rd AC subject to production of tickets	Second AC or AC Chair Car as the case may be in respect of Project Managers, Counselors and Directors and second class sleeper for ORWs, Peer Educators on production of tickets	Second AC or AC Chair Car as the case may be on production of tickets
2.	TA for resource person a. In house b. External	If part of the faculty of institution-NIL ,otherwise as per rates above		
3	Accommodation	a. If residential training is arranged accommodation charges up to a maximum of Rs. 2000/- per participant may be allowed while working out package rate and paid directly to the agency.		
		b. If no accommodation is arranged, the rate should be regulated as per the entitlement of the officer vide letter No. T. 11025/ 28/2009 – NACO dated 26th August 2009 on TA/DA depending on the type of city subject to production of actual bills.	b. If no accommodation is arranged Rs. 1500- in case of metro cities Rs. 1200 in case of state capital and Rs. 750 in case of other cities subject to production of actual bills.	
4	DA	Package rates may be worked out with the non government institute at rates not exceeding those specified in the letter dated 26-8-09. Where the package is exclusive of food expenses the rates as per the letter dates 26th August subject to production of bills	Package rates may be worked out with the non government institute at rates not exceeding those specified in the letter dated 26-8-09. Where the package is exclusive of food expenses the rates as noted below:- Metro cities-Rs 500 Other state capitals-Rs 300 Other towns –Rs 200 Subject to the production of Bills	
5.	Honorarium	Outside faculty Rs. 1500/- per day subject to condition that two sessions are handled and each session will be of two hour duration. No honorarium to be paid for in-house faculty (officers of SACS and officials paid from NACO fund in districts, peripheral units and NGOs, faculty from institutions entrusted for the training) as this is part of their duty		

Sl. No.	Expenditure Type	Contractual Employees of SACS	NGO Representatives	Non Officials
6.	Working Lunch	Rs. 150/- per day as part of the package with the training institutions.		
7.	Stationery and training material	Upto a maximum of Rs. 200/- per participants		
8.	Hiring of venue and audio visual equipments etc.	Upto a maximum of Rs. 2500 per day		

Notes:

- In case of Govt. employees
  a. Central Government
  The rates approved by Ministry of Finance F.No. 19030/3/2008-E.IV dated 23rd September 2008 may be applied. Details are available in http://finmin.nic.in/6cpc/index.html.
  a. State Government
  The rates approved for the respective states may be applied. However, in case of officers and staff on deputation to SACS, if the Executive Committee has taken a decision to permit deputationists to have the option to draw the entitlements of the borrowing institutions this could be regulated as per the decision.

- In case of training organized centrally where participants of more than one SACS are involved the expenses may be paid directly to the institutions by the SACS of the state where the institute is located. However, TA may be met by the concerned SACS.

- Trainings conducted by STRCs also should follow the above guidelines.

- There should be a minimum of 25-30 participants for each training

- Wherever MoU had been made with institutions for conduct of trainings, institutional overheads as agreed upon may be given in addition to the above rates. Wherever overheads are charged by the non government institutions it may be ensured that this is a negotiated rate and should be brought to the minimum.

- Working lunch may be arranged for the participants, faculty, and only one or two nodal persons from SACS conducting the training.

- Where the training is outsourced to government institutions and other training institutes an advance (maximum of 75%) may be paid to institute and immediately on completion of training statement of expenditure along with vouchers may be obtained and adjusted.

- Where exposure visits, field visits and visit to existing service centers are part of the curriculum, expenses for transportation of participants and faculty from the training institute to the area of visit may be calculated separately by arranging suitable vehicle/s at the government approved rates.

T-11013/4/2010 – NACO (CST)
Government of India
Ministry of Health & Family Welfare
National AIDS Control Organisation
(Care, Support & Treatment Division)

6th Floor, Chanderlok Building
36 Janpath, New Delhi
Dated: 13th January 2011

Office Memorandum

Subject: Financial norms for centrally organized CST staff training

This is in further continuation to the Office Memorandum No T-11025/28/2009-NACO, dated 3rd May 2010 regarding the pattern of assistance for conducting training. The SACS are hereby directed that;

1. The entire cost of the trainings centrally coordinated by NACO for CST staff at designated training institutes across the country must be met by the SACS where the training centre is located;
2. The TA/DA for participants in the aforesaid trainings need to be met by the host SACS and paid through the training centre;
3. External resource persons can be invited as per requirement of training and boarding and lodging can be provided as per their entitlement; and
4. Honorarium for resource persons engaged in the training of medical officers and specialists may be budgeted @ Rs. 1000/- per session. However, it should not exceed Rs. 5000/- per person in one training programme and Rs.20000/- per person in a financial year. No honorarium to be paid to officials of NACO, SACS, TSUs and peripheral units.

The office order, dated 3rd May 2010, may be followed for all types of training expenditure other than those mentioned above.

Yours faithfully,

(Kanwaldeep Singh)
Director (Finance)

To,

1. The Project Directors (All SACS/MACS)
2. Nodal Officers (All COEs/Training Institutes)
3. Regional Coordinators (CST)

Kanwaldeep Singh, IDAS

Director (Finance)
National AIDS Control Organisation
Ministry of Health & Family Welfare
6th Floor, Chandralok Building, 36 Janpath,
New Delhi - 110001
✆ : 011-23731780
Fax : 011-43509938

No. T. 11025/28/2009-NACO
Dated 27th Oct. 2010

Subject: Payment of Honorarium for Conducting Training

Dear Project Directors,

Please refer to the Office Memorandum dated 3rd May 2010 Para No. 5 for each level of training regarding regulation of honorarium for resource persons. It has been mentioned in the ibid letter that no honorarium is payable to in-house faculty, officers of SACS and officials paid from NACO funds in districts, peripheral units and NGOs and faculty from institutions entrusted for training.

This position has been reviewed based on feedback received from SACS. It is decided that the above restriction is applicable only for officers of SACS, TSUs and peripheral units. However, a ceiling of ₹ 5000 per person per training and overall limitation of ₹ 20000 in a financial year may be followed for honorarium for resource persons. The per session guidelines continues to be applicable.

This is applicable for all the training conducted hereafter and past cases need not be reopened.

Secretary & DG, NACO has approved this.

Yours faithfully,

(Kanwaldeep Singh)

To,

1. The Project Directors, All SACS/MACS
2. All Divisional Heads, NACO
3. Overall Team Leader, TSUs
4. All STRCs