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

OPERATIONAL GUIDELINES

FOR

LINK ART CENTRES & LAC PLUS

January 2012

NACO

Operational Guidelines

For

Link ART Centres

And

LAC PLUS

January 2012

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

सत्यमेव जयते

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Foreword

The Care Support & Treatment component of National AIDS Control Programme aims to provide care and treatment services to all People Living with HIV/AIDS (PLHIV) in need of it. The free Antiretroviral Treatment (ART) was launched under the programme on 1st April, 2004 at eight institutions in six high prevalent states and the National Capital Territory of Delhi. Since then, it is being scaled up in a phased manner and currently 324 ART centres are functional across the country where in nearly 13.6 lakhs PLHIV are registered in HIV care and nearly 4.5 lakhs PLHIV are on ART.

An assessment of ART Centres conducted by NACO in 2007 revealed that large distances and travel cost to reach ART centre are the major barriers for PLHIV in accessing ART services as well as for adherence as most of the centres are located in medical colleges and district hospitals. To address this issue, the scheme of Link ART Centre (LAC) was rolled out in 2008 to decentralize ART services to health care facilities that are closer to the residence of the PLHIV. Currently, 678 LACs are functional across the country. An assessment of the LAC scheme undertaken in 2009 revealed that after the roll out of the scheme, patient satisfaction has increased significantly and cost as well as time on travel to access ART has decreased.

Further it has been found that there are wide gaps between those detected positive at ICTCs and those enrolled at ART centers. Nearly 20% PLHIV reach the ART Centres at a very late stage when the risk of mortality is significantly higher. Therefore, it was decided to review the scheme of LAC and include registration of PLHIV for HIV care, collection of sample for CD4 testing and pre-ART management into the scope of selected LACs. Accordingly the scope and functions of Link ART Centre are being revised to include pre ART services available in selected LACs as per criteria that shall be designated as LAC plus. These measures are bound to increase access to ART services as well as client satisfaction.

I hope the revised guidelines will help all concerned in standardized implementation and monitoring of services at Link ART Centres and Link ART plus centres.

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अपनी एचआईवी अवस्था जानें, निकटतम सरकारी अस्पताल में मुफ्त सलाह व जाँच पाएँ

Know Your HIV status, go to the nearest Government Hospital for free Voluntary Counselling and Testing

Acknowledgement

The National AIDS Control Organisation wishes to acknowledge the contributions made by the guidelines team consisting of Dr. Reshu Agarwal, Dr Geetanjali Kumari, Dr Jasjit Singh Mallhi and Dr Sukarma Tanwar under the overall supervision of Dr. B.B. Rewari, NPO (ART) and Dr. Mohammed Shaukat, ADG (CST) in preparing the guidelines for LAC and its revised scheme.

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List of Acronyms

Acronym/ Abbreviation	Meaning
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ART	Anti-Retroviral Therapy
ARTC	Anti-Retroviral Treatment Centre
ARV	Anti-Retroviral
CCC	Community Care Centre
CD4	Cluster of Differentiation 4
CHC	Community Health Center
CoE	Centers of Excellence
CST	Care Support & Treatment
DAPCU	District AIDS Prevention & Control Unit
DLN	District Level Network of Positive People
DOTS	Directly Observed Treatment short course
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
HRG	High Risk Group
ICTC	Integrated Counseling & Testing Center
IDU	Injecting Drug User
IEC	Information, Education and Communication
LAC	Link ART Centre
LAC plus	Link ART Centre plus
LFU	Lost to follow up (did not pick up drug for at least 3 months)
MISS	Patient who missed their appointment /drug pick up this month
NACO	National AIDS Control Organization
NACP	National AIDS Control Program
NGO	Non-governmental Organization
NRHM	National Rural Health Mission
OI	Opportunistic Infection
PHC	Primary Health Center
PLHIV	People Living with HIV/AIDS
PPTCT	Prevention of Parent To Child Transmission
RNTCP	Revised National Tuberculosis Control Program
SACS	State AIDS Control Societies
TB	Tuberculosis

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1. Introduction

There has been significant scale up of Antiretroviral Treatment (ART) services in the country since its launch in April 2004, with more than 13.5 lakh PLHIV registered at 324 ART centres and nearly 4.5 lakh currently on ART (September 2011). The field observation and results from operational research studies have revealed that distance from patient's residence to ART Centres, geographical barriers and economic consequences, thereof, are the main constraints in accessing ART services and affect the adherence to treatment. The ART services are presently being rolled out through ART centres located mainly in medical colleges, tertiary hospitals and district hospitals. As the antiretroviral treatment is a lifelong therapy and drugs are generally provided once in a month, the frequent visits lead to inconvenience, long travel distance and cost to the patients. This may lead to sub-optimal drug adherence and risk of early drug resistance. Hence, in order to make the treatment services easily accessible to PLHIV, it was decided to set up Link ART Centres at ICTCs in the district /sub- district level hospitals/CHCs nearer to the patient's residence. These centers are linked to a Nodal ART centre and function as its outreach units.

The main functions envisaged for LAC are providing ARV drugs to patients on ART, monitoring of patients on ART, treatment of minor Opportunistic Infections (OIs), identification and management of side-effects and reinforcement of drug adherence on every visit. At present, there are 678 functional Link ART centres in the country. It is planned to gradually scale up LACs to 1200 by 2017 (NACP IV target). As a part of mid-term review, an assessment of the LAC scheme was undertaken, which revealed that after the roll out of LAC, patient satisfaction has increased significantly and cost as well as time on travel to access ART services has decreased.

Considering the benefits and the success of the LAC scheme, it was decided to upgrade select Link ART Centres to include Pre- ART management also and designate them as 'LAC plus'. This shall help in integrating HIV care into general health system and reduce loss of patients between ICTC and Care Support and Treatment (CST) services.

2. Concept

2.1 Concept of Link ART Centres

The ART roll out is being presently done through ART centres which are located mainly in Medical Colleges, Tertiary Hospitals and District Hospitals in some states. As a result, many a times, patients from periphery have to travel long distances to reach the ART centre. Since ART is a life-long treatment and drugs are provided once a month, it means the patient has to come to ART centre every month for rest of his life, even when he is stable on treatment. This may lead to missing of visits, particularly when patient is traveling or is otherwise feeling healthy.

The monthly visits may also entail the patient's stay in the city leading to escalation of costs in addition to travel cost. At the same time, monthly visits lead to rush at ART centres, leading to long waiting hours and inconvenience to patients. All these factors have been perceived as potential barriers to an optimal adherence to ART. To minimize the travel need and related cost to the patients stable on ART, the Scheme of Link ART

Centres was introduced in 2008. These centres act mainly as the drug dispensing units and are located in ICTC settings at district/sub- district hospitals /CHCs near the patient's residence and are linked to a Nodal ART Centre.

2.2 Concept of Link ART Centres plus

It has been observed that nearly 25-30% of persons detected HIV positive at ICTC are not accessing care, support & treatment services. Reasons for this could be many including persons being asymptomatic at the time of detection and long distances to reach the ART centre for registration and basic investigations which may lead them to postpone/delay their visit to ART Centres till they become symptomatic. It has also been observed that nearly 20% patients reach ART Centres at a very late stage (CD4 count <50), when the risk of mortality is nearly 2-3 times higher.

In view of the above facts, the scope and functions of select Link ART Centre have been expanded to include Pre-ART registration and HIV care at LAC itself. The LAC, which shall perform Pre-ART management also, shall be designated as **"LAC plus"** This shall help to bridge the gap between ICTC (Counseling & Testing services) and CST (Care, Support & Treatment) services and also reduce the travel cost and travel time of PLHIV in accessing ART services. These patients shall be followed up at LAC plus till they become eligible for ART or referred to ART Centre for any other reason.

3. Objectives of Link ART Centres/LAC plus Scheme:

1. To reduce the travel cost and travel time in accessing ART services
2. To increase the access to HIV care for the PLHIV.
3. To improve the drug adherence of patients on ART
4. To bridge the gap between counseling & testing services and Care, Support & Treatment services
5. To integrate HIV Care, Support & Treatment services with the Primary / Secondary Health Care system (NRHM).
6. To build the capacity of the health care providers at the Primary/secondary Health Care Level for Care, Support and Treatment services for sustainability of services. (Integration with NRHM)

4. Functions of Link ART centres & LAC plus

4.1 Functions of Link ART Centre

The main functions of Link ART Centres are indicated below:

4.1.1 Medical functions:

4.1.1.1 Drug dispensing

LAC shall be responsible for providing ARV drugs to stable patients on ART linked out from Nodal ART Centre following established procedure. LAC/ LAC plus shall not

initiate/modify ART in any patient at any point of time.

4.1.1.2 Monitoring of PLHIV on ART:

LAC shall monitor the linked out patients on ART in terms of drug adherence, side effects of drugs and opportunistic infections. LAC shall also be responsible for patient follow up to maintain optimum drug adherence, prevent and trace MIS and LFU cases. Referral to the ART centre shall be required in case of major OI, serious side effect of drugs, pregnancy etc

4.1.1.3 OI prophylaxis and treatment:

LAC shall also identify & treat minor Ois and provide in-patient care whenever required. Depending upon the capacity including diagnostic facilities and drugs, the facility may provide treatment of other Ois as well. However, after stabilization/treatment, patient has to be sent back to ART centre for re-evaluation. Drugs for prophylaxis and treatment of common Ois like Cotrimoxazole, metronidazole etc shall be provided through the health facility.

4.1.1.4 Screening of PLHIV for TB symptoms:

All PLHIV shall be screened for TB during every visit and all patients with symptoms of TB should be referred to the nearest RNTCP unit for diagnosis and if found to have TB should be sent back to nodal ART Centre before ATT initiation, so that their ART regimen can be modified accordingly.

4.1.2 Programmatic Functions:

4.1.2.1 Tracing MIS & LFU:

Daily due list of PLHIV on ART shall be maintained by LAC. The Missed/ LFU cases shall be traced by counselor through phone and outreach. Concerned ICTC, Link Workers, DLN and other outreach workers should also be involved in tracing of Missed/ LFU cases

4.1.2.2 Linkages with various services

LAC shall also facilitate linkages between LAC/ICTC and other service providers such as RNTCP, STI, DLN, other NGOs and CBOs etc.

4.1.3 Counseling Functions

- To provide psychological support to PLHIV accessing LAC.
- To provide counseling for adherence to ARV drugs
- To counsel and educate PLHIV on proper nutrition.
- To counsel on risk reduction and stress on positive prevention..

4.1.4 Social Functions

- Provide information about the various social welfare schemes available for PLHIV and facilitate their access to available resources provided by government agencies and NGOs
- To facilitate linkages between other service providers and patients, like educational help for the children and Income generation programmes etc.

4.2 Functions of LAC plus

In addition to the functions mentioned above for LAC, the LAC plus shall also perform following functions:

4.2.1 Pre – ART Care

The patient detected HIV positive at ICTC would be referred to nearest LAC plus/ ART Centre as per patient's convenience for registration in HIV care, baseline investigations and further follow up. The blood sample for CD4 testing for PLHIV registered at LAC plus shall be collected at LAC plus itself on a pre-fixed day and sent to nodal ART Centre. Pre-ART follow up shall be done at LAC plus till the time PLHIV becomes eligible for ART or has a major OI. Once the PLHIV becomes eligible for ART, he/she would be referred to Nodal ART Centre. LAC plus shall also identify & treat minor Ois in pre-ART patients and provide in-patient care, whenever required. Depending upon the capacity including diagnostic facilities and drugs, the facility may provide treatment of other Ois as well. The PLHIV shall also be referred to nodal centre for any other illness that cannot be managed adequately at LAC plus.

4.2.2 Screening of PLHIV for TB symptoms:

All PLHIV should be screened for TB and all patients with symptoms of TB should be referred to the nearest RNTCP unit for diagnosis and treatment of TB and to nodal ART Centre for initiation of ART. Intensified case finding for TB should be undertaken by LAC plus as per guidelines. The LAC plus shall have same HIV/TB tools as maintained at ART centre. However, they shall send the information of completed line list to their nodal ART Centre only where it shall be compiled and sent to SACS as per established procedure. No LAC plus shall send HIV- TB report directly to SACS.

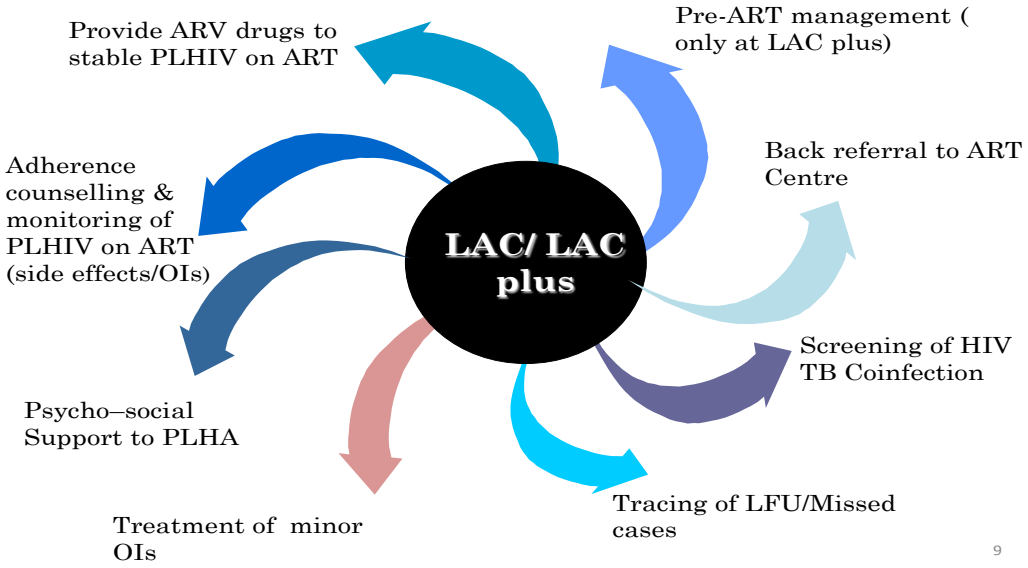
4.2.3 Tracing MIS/ LFU (Pre-ART) cases

CD4 due list for Pre-ART PLHIV shall be maintained by LAC plus. The Missed/ LFU cases shall be traced by nurse & counselor through phone and outreach. Concerned ICTC, Link Workers, DLN and other outreach workers shall also be involved in tracing of MIS/ LFU cases

LAC/ LAC plus shall not initiate/modify ART in any patient at any point of time

Functions of LAC	Functions of LAC plus
1. ARV drug dispensing 2. Monitoring of PLHIV on ART 3. Counseling on adherence, nutrition & positive prevention 4. Treatment of minor Ois 5. Identification of side–effects of ARVs 6. Tracing of MIS/LFU cases 7. Screening for TB symptoms on every visit 8. Psychosocial support to PLHIV 9. Back referral to Nodal ART Centre as per specified criteria	1. ARV drug dispensing 2. Monitoring of PLHIV on ART 3. Counseling on adherence, nutrition & positive prevention 4. Treatment of minor Ois 5. Identification of side–effects of ARVs 6. Tracing of MIS/LFU cases 7. Screening for TB symptoms on every visit 8. Psychosocial support to PLHIV 9. Back referral to Nodal ART Centre as per specified criteria 10. Enrolment of PLHIV in HIV care and treatment (Pre-ART Care) 11. Pre-ART management inc. basic investigations and CD4 testing through linkage. 12. Regular follow up of pre-ART patients not eligible for ART. 13. Referral of eligible patients to Nodal ART Centre for ART initiation. 14. Line listing and reporting of HIV-TB cases to Nodal ART Centre

Functions of LAC / LAC plus



LAC/ LAC plus shall not initiate/modify ART in any patient at any point of time

5. Setting up of Link ART Centre/LAC plus:

5.1 Setting up of Link ART Centre:

The Link ART centre should ideally be opened at ICTC in a health facility.

5.1.1 Eligibility criteria for site selection of Link ART Centre

Link ART centres shall be established on the basis of one or more of the following criteria:

- Significant number of positive cases detected in ICTC (> than 100 PLHIV over last five years in the catchment area)
- ART centres where patient load is high
- Long distance from patients residence to reach ART Centre and longer time taken from public transport
- Districts which are not covered by ART services
- The above criteria may be relaxed in hilly terrains, desert areas, tribal regions and other areas with difficult accessibility

5.1.2 Requirements for setting up Link ART Centres:

The link ART centre should fulfill the following requirements:

5.1.2.1 Space at the LAC:

In addition to existing infrastructure of ICTC where LAC is being established, at least one additional room is required for the nurse provided by the institution, for record keeping and other LAC functions.

5.1.2.2 Staff at LAC:

LAC shall utilize the existing human resources of the facility /ICTC **and no other additional manpower shall be provided to the LAC.**

1. **Doctor** – The health facility should identify 2-3 doctors (at least 2) in such a way that the patient can be attended and examined on all OPD working days.
   The identified doctor must be MBBS, preferably MD Medicine / Pediatrics / or any other specialty/ MBBS (in the order of preference). The senior most doctors amongst them (preferably a specialist physician) shall be the LAC In-Charge and responsible for day to day activities and reporting to the Nodal ART centre.

   Doctors from other streams of medicine (Dental/ AYUSH etc) **cannot be** utilized for provision of ART.

2. **Counselor**: The ICTC counselor shall bear the responsibility of ART counseling of PLHIV on ART. S/he also should be computer literate with working knowledge of MS Word, MS Excel and usage of Internet and electronic mail (e-mail)

3. **Staff Nurse**: The facility should depute a nurse to assist doctor and coordinate with counselor. Computer literate nurses should be given preference for deputation in the LAC.

4. **Pharmacist**: One of the pharmacist of the health facility shall be identified and he/she shall be in charge of drug storage, dispensing and drug record keeping. Computer literate staff should be preferred.

All above staff shall be trained by NACO/SACS on structured LAC curriculum at identified training centers.

5.1.3 Steps in setting up Link ART Centre

Activities	Responsibilities
Identification of prospective site for LAC and submission of proposal during exercise for AAP	SACS
Letter from NACO for administrative Approval	NACO
Meeting between SACS, Civil Surgeon/ Medical Superintendent of Hospitals, and RC to assess the site, identify and sensitize the key staff at hospital. (Refer to checklist at ***Annexure 1)***	Concerned SACS, In-charge of District / Taluka Hospitals, Medical Officer and RC
Training of LAC Medical Officers for 4 days at NACO designated training centres	CST officials of SACS, Regional Coordinator, NACO
2 days hands-on orientation of whole LAC team (MO, Counselor, staff nurse, pharmacist, lab technician) at Nodal ART Centre	CST officials of SACS, Regional Coordinator , Nodal ART centre In charge, LAC in-charge, DACO/DAPCU/ District Nodal Officers
Provision of monitoring and evaluation tools	Concerned SACS
Operationalisation of Link ART centres	CST officials of SACS, Nodal ART centre In charge, LAC in charge

5.2 Up gradation of LAC to LAC plus:

The roll out of the LAC plus scheme shall be initiated at existing Link ART Centres with a patient load of more than 70 PLHIV on ART and shall be expanded in a phased manner (after prior approval of NACO). The centres with more than 70 PLHIV shall be provided additional staff nurse to assist in carrying out Pre-ART management (HIV care) TB-HIV case recording and reporting. These sites shall be designated as “LAC plus”.

5.2.1 Additional Staff at the LAC plus:

In addition to staff of LAC as at 5.1.2.2, following staff shall be provided to LAC plus

1. **Staff Nurse:** One contractual staff Nurse to be recruited as per ***Annexure 2***

The staff Nurse should be B.Sc. Nursing preferably with knowledge of computers. If not available, GNM may be appointed. The Remuneration shall be Rs 8000-12000/ per month. The recruitment of LAC plus staff nurse needs to be carried out by the DAPCU, wherever it is functioning and by Nodal Officer for HIV/AIDS in other districts or by Administrative head of concerned health facility

For CD4 blood sample collection and transport, the existing laboratory technician at ICTC lab shall be utilized.

All above staff shall be trained by NACO/SACS on structured LAC curriculum at identified training centres.

5.2.2 Steps in up gradation of Link ART Centre into LAC plus

Activities	Responsibilities
Identification of LAC with more than 70 PLHIV on ART	SACS
Approval by NACO during AAP	NACO/SACS
Appointment of Staff nurse	DAPCU/District Nodal officer for HIV-AIDS/Concerned Health Facility
Training of Staff nurse & Lab technician	NACO/SACS/Regional Coordinator
Orientation of whole LAC team (MO, Counselor, staff nurse, pharmacist, LT) at Nodal ART Centre	CST officials of SACS, Regional coordinator , Nodal ART centre In charge, LAC in charge DACO/DAPCU/ District Nodal Officers
Provision of monitoring and evaluation tools	Concerned SACS
Operationalisation of LAC plus	SACS, CST officials of SACS, Regional Coordinator, Nodal ART centre In charge, LAC in charge

6. General Guidelines for LAC/LAC plus functioning

6.1 Working days for LAC/LAC plus:

The patients at LAC/LAC plus shall be examined in the General OPD on all the working days within the OPD timings. The LAC shall follow the same holidays as per the health facility.

6.2 Computer & Internet:

The Link ART centre shall utilize the computer facility already available with the site (ICTC). The LAC shall get a broad band internet connection from the funds provided as per the LAC approved financial support.

6.3 Display of information:

The information regarding LAC/LAC plus working hours, emergency contact details, holidays should be displayed at LAC prominently along with details of nodal ART Centre. LAC plus shall also display information about the days for sample collection for CD4 testing.

7. Standard Operating Procedures (SOP)

7.1 Standard Operating Procedure for PLHIV "on ART" at LAC/LAC plus :

7.1.1 Referral of Patient from Nodal ART Centre to Link ART Centre

Eligibility Criteria for "link out" of "on ART" patients from Nodal ART Centre to LAC/LAC plus:

Patients satisfying all of the following conditions shall be linked out to Link ART centres:

1. PLHIV on ART for minimum 6 months at the Nodal ART Centre.
2. Those who have exhibited increase in CD4 count and clinical improvement after 6 months of initiating ART.
3. Do not have any active OI.
4. The patient is a resident of an area closer to the LAC than to the Nodal ART Centre
5. Those who are willing to be linked out and collect their ARV drugs from the LAC, once the above conditions are fulfilled.

LAC/ LAC plus shall not *initiate/modify* ART in any patient at any time

Only **patients from designated Nodal ART Centre** shall be **'linked out'** to attached LAC/LAC plus. For e.g. if LAC Ambala is a Link Centre for Nodal ART Centre Chandigarh, it shall cater to PLHIV originally registered with ART Centre Chandigarh who are staying in and around Ambala district only and not to patients registered with any other ART Centre (Nodal ART Centre) eg. Jalandhar or Amritsar . In case a new ART Centre/LAC is opened near the patient's residence, the patient shall have to be first sent back to the nodal ART Centre and then transferred out / linked out to the new centre as per the linkage plan.

The patients at LAC/LAC plus shall remain the patients of Nodal ART Centre and shall ***not*** be shown as transferred out from the Nodal ART Centre. Instead, the term "**linked out**" should be used. The Nodal ART centre shall inform NACO about the total patients linked out to Link ART Centres in the new monthly ART reporting format.

7.1.1.2 Documents for "link out" of "on ART" patients from Nodal ART Centre to LAC/LAC plus

Once it has been decided that the patient is fit to be linked out to a Link ART Centre as per 7.1.1.1 (preferably the patient should have had a CD4 count done within last one month) patient should be sent to the LAC/LAC plus with the following documents:

- Photo-copy of the Patient Treatment Record (white card).
- Original Patient Booklet (Green booklet) (already with the patient),
- Original nodal ART Centre →LAC referral/Link out form (***Annexure '3A'***). Electronic copy of the link out form is also to be sent at the time of referral by e-mail. Nodal ART Centre as well as Link ART centre is expected to maintain folder of the link out forms.
- One month's drugs.

White card to be maintained at both centers, marked as LAC copy and ART centre copy. The card to be updated from photocopy /electronic copy received from NAC/LAC/LAC Plus

7.1.2 Transfer of ARV Drugs:

7.1.2.1 ARV drugs stocks for 3 months of all PLHIV linked out in last 15 days shall be sent by the Nodal ART Centre at an interval of 15 days to the LAC through courier/ postal service/ care coordinator or any other staff of nodal ART Centre /LAC.

7.1.2.2 The supply should also include drugs for already linked out patients (due for drug supply) as well as for those linked out in the last 15 days along with a copy of the Nodal ART Centre to LAC referral/link out form for patients linked out during that period.

7.1.2.3 The TA / DA for contractual staff involved in drug transfer shall be given as per NACO/SACS guidelines and to Government staff it shall be as per State Government rules. This shall be borne under operational cost provided to the Nodal ART Centre or recurring grant of Rs. 20,000/- given to LAC/LAC plus. The LAC recurring grant can be utilized for drugs sent by courier from nodal centre.

7.1.2.4 Drug stock reporting by Nodal ART Centre: The Nodal ART Centre shall ***not*** deduct the total quantity of drugs transferred to Link ART Centre in the monthly report sent to NACO. It should only **deduct the drugs actually dispensed to the patient at the LAC /LAC plus during the month** as reported in monthly reporting format from LAC/LAC plus to Nodal Centre.

7.1.3 Services at Link ART Centres/ LAC plus for "on ART" Patient:

7.1.3.1 Once the patient reaches LAC/LAC plus:

- He/she is enrolled in ART Enrolment register **(Same as ART enrollment register**

at ART centres). The serial number of the ART enrollment register of LAC shall become the LAC registration number of the patient.

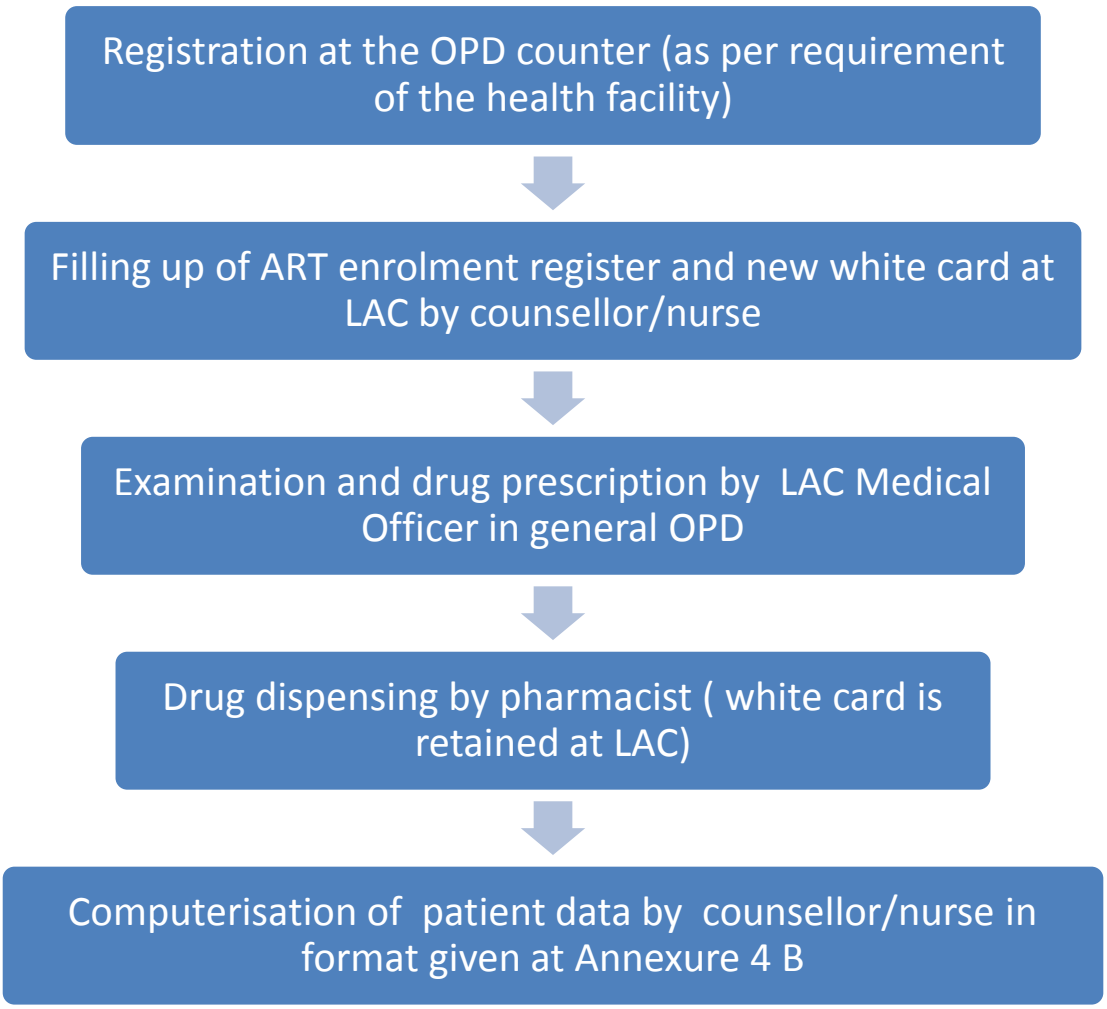
- A new Patient Treatment Record (white card) shall be maintained at LAC (Photocopy of the White Card sent from ART centre shall be stapled to it). The LAC registration number needs to be mentioned on the LAC copy of white card along with the ART registration number.

- This data should be computerized at the Link ART centre by the counselor/Staff Nurse in the format given at Annexure 4B

7.1.3.2 On monthly visits to the LAC/LAC plus, following patient parameters (WAAO) are recorded in the ART Enrolment Register , Patient treatment record (White Card) and Patient Booklet (Green booklet):

Weight of the patient
Adherence
Adverse Effects of ARV drugs, if any
OI, if any

7.1.3.3 Flow of "On ART" Patient at LAC/LAC plus:



7.1.4 Referral of "on ART" Patient from LAC/LAC plus to Nodal ART Centre

7.1.4.1 Patients shall be referred back to Nodal ART Centre in following conditions [After filling the LAC to Nodal ART Centre referral back form/link in form (***Annexure 3B***)]: The referral back is termed as "Linked in" to nodal ART centre

7.1.4.1.1 Routinely once every Six Months – for repeat CD4 Count and comprehensive clinical review.

The patient should be sent at least 1-2 week before due ARV refill date so that there is enough time for CD4 count and other necessary investigations and the patient does not fall short of his drugs.

The referral slip should be given at 5th month itself and explained accordingly.

7.1.4.1.2 Referral before Six months

a) If TB or any major OI is diagnosed/suspected
b) If there are any major side effects of ARV Drugs.
c) Pregnancy (if required)

7.1.4.2 When the patient is referred back to Nodal ART Centre he/ she should be given / have following documents for follow up at Nodal ART Centre:

1. Photocopy of updated Patient Treatment Record (White card) maintained at LAC
2. Patient Booklet (Green booklet) of the patient (already with the patient)
3. LAC to Nodal ART Centre referral back form/"link in" form (Annexure 3B).

7.1.4.3 Following activities shall be done at Nodal ART Centre on a routine 6 monthly basis:

- Clinical review, CD4 count, other required investigations of the patient. Review / Modification of the drug regimen , if required

- **After first time of "link out", drugs shall always be given from LAC only** (including the month when patient is "linked in"). In case regimen is changed, one month drugs of new regimen shall be given by Nodal ART Centre.

- Filling up of the ART copy of Patient Treatment record (white card) from the photocopy/ electronic copy of the Patient Treatment Record (white card) and Patient Booklet (Green booklet).

Refer back to LAC with next 3 months drugs to be transferred to LAC through established mechanism of drug transport. In case the regimen is changed, drugs of old regimen of this patient should be returned from LAC to the Nodal ART Centre, and drugs of new regimen should be sent from the Nodal ART Centre to the LAC after giving the first refill of the new regimen at the Nodal ART Centre.

7.2 Standard Operating Procedure for PLHIV registered in HIV Care (Pre-ART) at LAC plus :

7.2.1 Enrollment at LAC plus:

- Any patient detected positive in the ICTC (within the Health facility/ ICTC in periphery) can be registered at the Link ART Centre plus in the HIV Care (Pre-ART) register by giving serial number as LAC plus registration number.

- Patient Treatment Record (White card) shall be prepared and Patient Booklet (Green Booklet) shall be issued.

- Pre –ART number shall be issued only by Nodal ART Centre after receiving blood sample for CD4 testing and enrolling the patient in their register. One copy of White card (ART Centre copy) shall be maintained by the Nodal ART Centre after issuing Pre-ART registration number for that patient.

- Pre-ART Counseling to be done by counselor/ staff nurse at LAC plus.

White card to be maintained at both centers, marked as LAC copy and ART centre copy. The card to be updated from photocopy/electronic copy received from NAC/LAC/LAC plus

7.2.2 Baseline Workup of patients registered in HIV care

Essential / mandatory tests for all patients registered in HIV care

- Haemogram / CBC, Urine (routine), fasting blood sugar, blood urea, ALT (SGPT), VDRL, X Ray Chest (PA view), CD4 count (samples to be collected and sent to Nodal ART Centre), Pregnancy test if required.
- Screening for TB symptoms
- Symptom and signs directed investigations for ruling out O.I.

Baseline work up of all PLHIV for ART initiation and to rule out OI shall be done at LAC plus as per technical guidelines. If the facilities are not available at LAC plus, the investigations may be done at Nodal ART Centre.

CD4 testing:

Blood sample shall be collected at LAC plus once in a week (preferably in morning hours) on designated day which shall be decided after mutual consultation between LAC plus and the Nodal ART Centre. Sample transport to Nodal ART Centre shall be done for CD4 testing by Lab Technician of ICTC/ LAC plus as per CD4 sample transport guideline. For this, a sample of 5 ml blood need to be sent in an EDTA vacutainers (purple cap) using a sample transportation box. The lab technician shall be oriented on proper sample collection and transport procedures. The CD4 reporting by the nodal ART Centre shall be done preferably on the same day. Vacutainers are to be provided by Nodal ART Centre to their LAC plus. It shall be the responsibility of the MO in-charge of LAC plus to see that the CD4 report is handed over to the

PLHIV with proper guidance and counseling. If the PLHIV is found to be eligible for ART, referral to the nodal ART centre must be ensured.

If the patient load is not adequate the CD4 testing may be done once in 2 weeks.

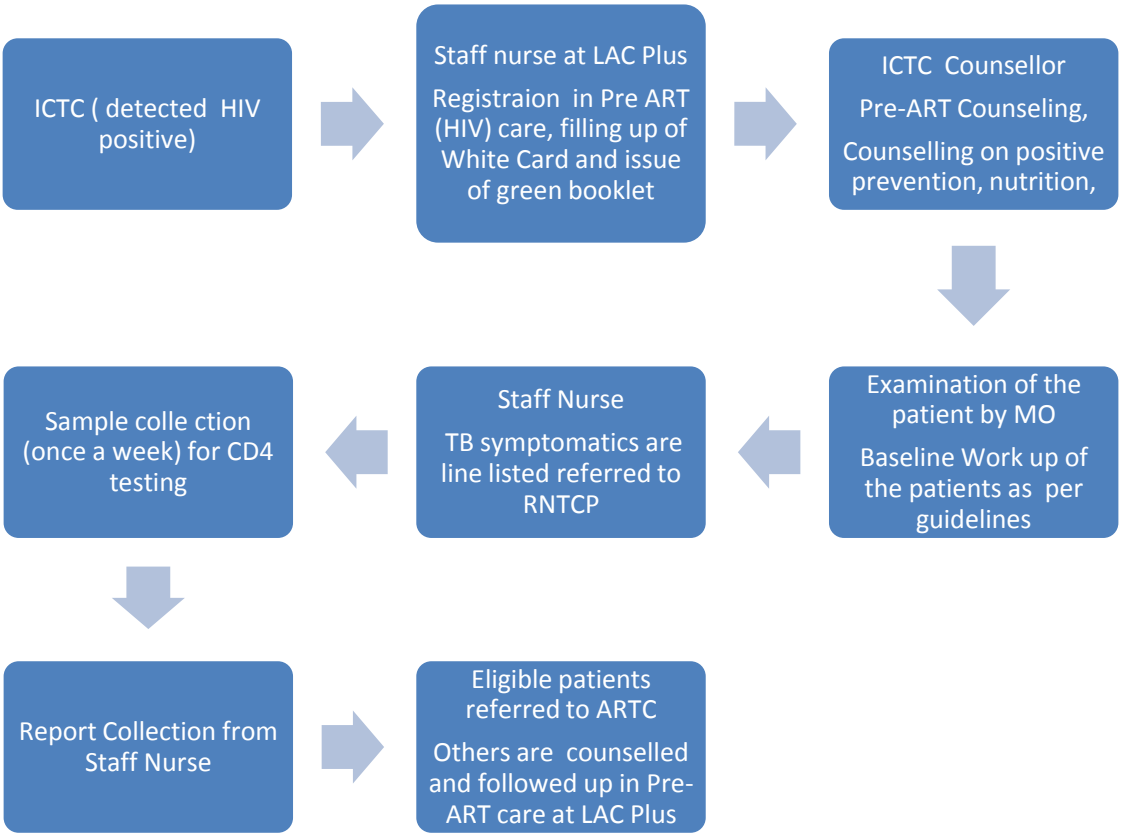
7.2.3 Referral of eligible patients for ART:

All patients eligible for ART as per CD4/clinical stage criteria shall be referred to ART Centre for initiation of ART with a referral form ("Link in Form"). The same shall be intimated to Nodal Centre through e-mail communication also.
When the patient is referred to Nodal ART Centre **for ART initiation** he/ she should be given / have following documents for follow up at Nodal ART Centre:

- Referral Form/ "Link in" (LAC-Nodal ART Centre) ***(Annexure 3 B)***
- Photocopy/ Electronic copy of the Patient Treatment Record (white card) maintained at LAC.
- Patient Booklet (Green booklet) (already with the patient)

The patients registered at LAC plus and then sent to Nodal Centre for ART initiation can be linked back to LAC/LAC plus after ART initiation and stabilization on treatment for 6 months or as and when the criteria is fulfilled.

Flow of patients in Pre-ART care at LAC plus:



7.2.4: Follow-up of Pre ART patients at LAC plus

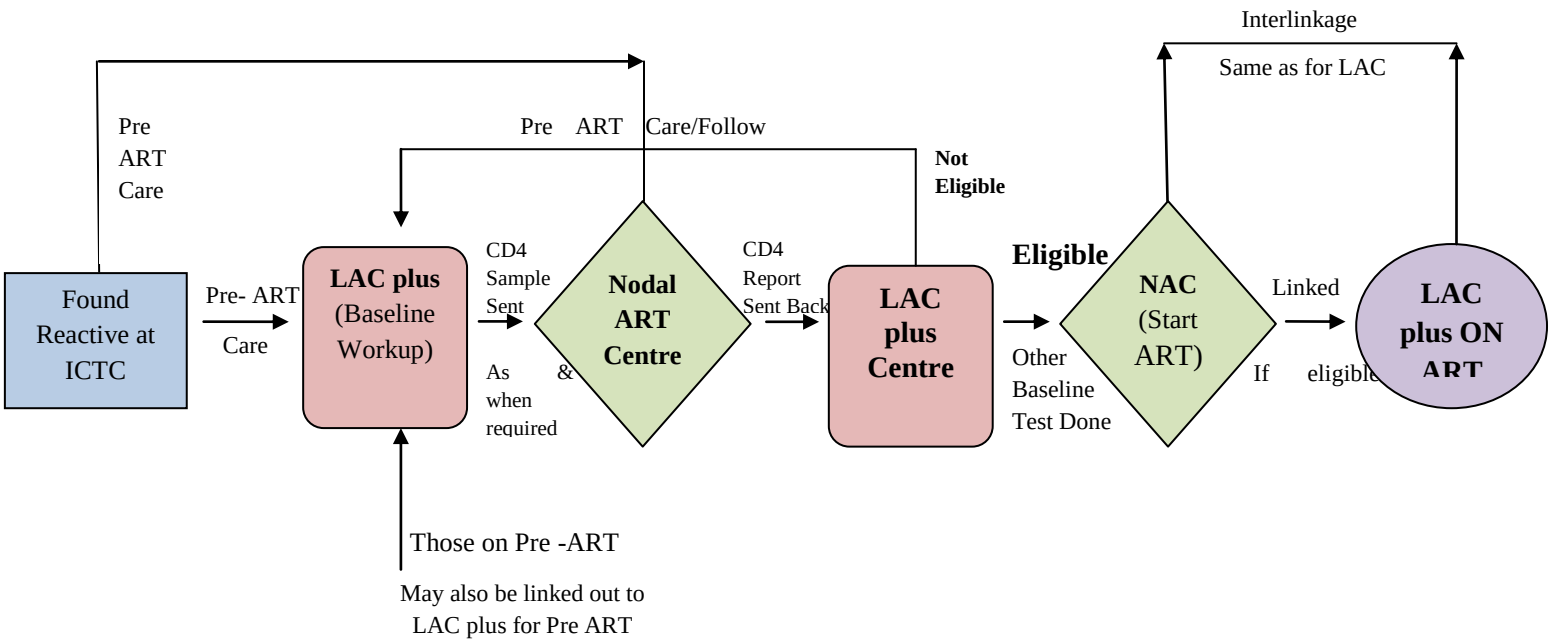
7.2.4.1 PLHIV registered in Pre-ART care at LAC plus who are not eligible for ART at present shall be followed up at LAC plus for Pre ART care (OI management, CD4 sample collection & monitoring, counseling etc. should be done periodically). Patient tracing in case of Pre-ART MIS/ LFU shall also be done at LAC plus.

7.2.4.2 Pre-ART patients already registered at Nodal ART Centre may also be "linked out" to LAC plus for Pre-ART management. The sample collection for 6 monthly CD4 testing shall be done at LAC plus in such cases. When the patient is referred to LAC plus for Pre-ART management he/ she should be given following documents for follow up:

- Referral Form (Nodal ART Centre to LAC/ Link out Form ***(Annexure 3A)***
- Photocopy of Patient Treatment Record (white card). Original White card to be retained by Nodal ART Centre. LAC plus shall maintain new white card (LAC Copy) after mentioning ART registration number & LAC plus enrolment number.
- Patient Booklet (Green Booklet) already with patient

The Nodal ART Centre should include all LAC plus patients (pre ART as well as 'On ART') as Nodal Centre patients.

Linkage between Nodal ART Centre and LAC plus



8. Responsibilities of Staff at the LAC/LAC plus

8.1 Responsibilities of Link ART Centre In-charge:

- Overall responsibility of the functioning of the Link ART centre.
- All administrative matters relating to the centre as per guidelines.
- Ensure adherence to the highest standards of quality.
- Ensure that PLHIV are not discriminated in the hospital.
- Review and monitor the functioning of the Link ART centre every week and ensure submission of reports as required.
- Ensure timely receipt of drugs from the Nodal ART Centre by coordinating with Nodal Officer/SMO of the nodal ART Centre.
- Coordinate and develop referral system and linkages with Nodal ART Centre, NGOs, and Positive Network Groups etc.
- Supervise the administrative and medical functions of the Link ART centre on a day to- day basis and provide leadership to the staff to work as a cohesive team and deliver the services effectively.
- Complete and/or supervise the recording of information in the various recording and reporting tools used by the Link ART centre, including computerization of patient data. Ensure that the records are updated on a daily basis and reports are sent to the nodal ART Centre on 25th of every month in the format attached at Annexure 4A and 4B.
- Attend meetings at Nodal ART Centre/SACS as required from time to time. Coordinate with DAPCU officers.

Additional responsibilities under LAC plus Scheme:

- Ensure provision of HIV care and CD 4 testing of PLHIV enrolled at LAC plus
- Referral of PLHIV to Nodal ART Centre for ART initiation (if eligible)/ treatment of OI (if required)
- Ensure sending of monthly feedback of PLHIV registered under HIV (Pre-ART) Care in given format at Annexure 4C along with 4A & 4B by 25th of every month to NAC .

8.2 Doctor at LAC (including LAC I/C):

- Prescription of ARV/OI drugs
- Monitor the patients enrolled at LAC/LAC plus for ART/Pre-ART care.
- Monitor the patients on ART & identify the symptoms suggestive of OI, Side effect of ART / OI medication, pregnancy and ANC care etc.
- Inform the SMO of the nodal ART Centre whenever the patient is referred to the nodal ART Centre by e mail and telephone / post and also if the patient does not return on the due date after being referred to Nodal ART Centre for six monthly evaluation / for management of OIs and Side effect of drugs.
- Supervise the staff at the centre; ensure that record keeping and reporting are carried out properly and on time and see that all the guidelines for running and maintaining the Link ART centre are abided by.
- To facilitate linkages between other service providers.

- Refer the cases to the nodal ART centre for further expert opinion/ intervention including admission and inpatient care, if required
- Ensure drug adherence and counsel the patient towards safe sex, condom usage, proper nutrition and positive living.
- Monitor the consumption and availability of ARVs, other medicines and to alert the nodal ART Centre in case of impending shortage well in advance so as to enable adequate replenishment without disruption of ART care and support to PLHIV.

Additional responsibilities under LAC plus Scheme

- Get the basic investigations & CD4 testing done, refer eligible PLHIV for initiation of ART to Nodal ART Centre
- Monitor the patients enrolled at LAC plus for Pre-ART care and treat minor OIs
- Inform the SMO of the Nodal ART centre
  - Whenever the pre-ART patients are referred to the Nodal ART centre (by e mail and telephone / post)

8.3. Nurse:

The facility should depute a nurse to assist the doctor and the counselor. Computer literate nurses should be given preference for deputation to the LAC.

- Assist LAC In-charge in administrative and clinical work.
- Maintain all M& E tools as per guidelines
- Preparation of Monthly report under supervision of Medical officer
- Communication with Nodal ART Centre on Link in & Link out patients.
- Patient counseling on treatment, adherence, positive prevention and nutrition.
- Intensified case finding for TB
- Drug dispensing in absence of pharmacist

Additional responsibilities under LAC plus Scheme

- Registration of PLHIV in HIV Care and ensure their basic investigation.
- Referral of all eligible PLHIV to Nodal ART Centre for initiation of ART under supervision of LAC plus In-charge.
- Blood sample collection and transportation in absence of Lab Technician.
- Intensified case finding for TB including maintenance of HIV-TB tools

8.4 Counselor:

The ICTC counselor shall bear the responsibility of ART counseling of PLHIV on ART. S/he also should be computer literate with working knowledge of MS Word, MS Excel and usage of Internet and electronic mail (e-mail)
The counselor plays a very important role as a member of the team and his/her responsibilities are crucial for the success of the programme and improved outcomes of the patients. The counselor deals with the following:

- Address issues related to ARV treatment and side effects.
- Adherence counseling and monitoring, identification of barriers to adherence and suggestions (remedies) to remove these barriers.
- Provide emotional, social, and psychological support to patients and/or direct the patient to the concerned person or organization that can do so.
- Repeatedly stress on positive living, and positive prevention
- Address issues of stigma and discrimination and rights of PLHIV
- Patient tracing of MIS/ LFU cases
- Maintain M&E tools and computerization of patient data as per guidelines.

Additional responsibilities under LAC plus Scheme

- Counseling of Pre- ART patients
- Patient tracing in case of Pre-ART MIS/ LFU
- Record keeping as per guideline

8.5. Pharmacist:

The existing pharmacist of health facility shall be the in charge of drug storage, dispensing and drug record keeping. Computer literate staff should be preferred.

The pharmacist / nurse (as per the availability) should perform the following tasks:

- Dispense the ARV drugs as per First Expiry First Out (FEFO) principle
- Maintain the drug stock register and drug dispensing register.
- Ensure that the centre has stock of ARV drugs for each patient which shall last till the next visit of the patients.
- Inform the LAC In-charge if there is a problem with the drug stock (e.g. Expiry, delay in release of drugs from Nodal ART Centre, improper package / damage) of the patients.
- Advise the patients and family about importance of adherence during each visit.
- Advise the patients on possible drug toxicities and reporting of the same.

It shall be preferred that pharmacist carries out these activities. In case the pharmacist is not available, the health facility/ Hospital should depute a nurse to carry out these duties.

8.6 Lab Technician:

The existing Lab Technician in the ICTC/Health facility shall be involved.

- Sample collection for CD4 testing. If required, blood sample collection for baseline investigation shall also be done and sent to main testing lab at health facility.
- Sample transport to CD4 lab facility in the ART centre shall be the responsibility of ICTC lab technician
- Maintain CD4 record

9. Capacity Building of LAC/LAC plus

9.1 Following trainings shall be conducted for staff of Link ART Centres.

Training	Responsibility	Venue	Duration	Participants	Training Curriculum
LAC Medical officer	NACO/ SACS	CoE /NACO designated training Centres	4 days	LAC in charge& LAC medical officers	As per approved curriculum
LAC counselors Training	NACO/ SACS	NACO designated training Centres for Counselor training	5 days	LAC (ICTC) Counselor	As per approved curriculum
Hands on orientation of LAC team*	SACS (JD CST)/ Regional Coordinator, Nodal ART Centre	Nodal ART Centre	2 days	LAC in charge, LAC MO. Counselor, nurse, Lab technician, pharmacist, Counselor of Nodal ART Centre	Annexure 6

9.2 Additional trainings for LAC plus

Training	Responsibility	Venue	Duration	Participants	Training Curriculum
LAC plus Nurse	NACO/ SACS/ INC	NACO designated training Centres for Nurses Training	5 days	LAC Nurse	As per approved curriculum
Hands on orientation of LAC plus team*	SACS	Nodal ART Centre	2 days	LAC in charge, LAC MO. Counselor, nurse, Lab technician, pharmacist, Counselor of Nodal ART Centre	Annexure 6

**First Hands on orientation of LAC team shall be done at Nodal ART Centre under Supervision of Regional Coordinator; however rest of the training programmes can be facilitated by SACS officials/ nodal ART centre officials.*

- Overall responsibility of coordinating all trainings for LAC staff shall lie with concerned SACS. LAC MO training shall be facilitated by NACO
- If the staff at a functioning LAC is replaced / transferred, s/he should be trained during the training programmes organized for new LACs.

10. Linkages and Referrals:

In view of the functions to be performed by Link ART centre it needs to have well developed linkages with **Nodal ART Centre.** The Nodal officer / SMO/MO of Nodal ART Centre and Link ART Centre In charge should exchange Mobile numbers of each other as well as e mails of both the centres.

The link ART centre shall have communication with the Nodal ART Centres through telephone & email with regards to;

- Patients linked to LAC/LAC plus. (Pre – ART and on ART)
- Patients referred to Nodal ART Centre, reasons of referral and their subsequent management at the Nodal ART Centre. (Pre – ART and on ART)

Copy of Link out/in format to be exchanged between Nodal ART Centre & LAC while linking out or linking in the patients and a soft copy of these are to be maintained by both Nodal ART Centre & LAC/ LAC plus in separate folder .

Nodal ART Centre shall maintain electronic copies of the LAC records (Pre ART & On ART- Annexure 4B & 4C) and exchange it on monthly basis with LAC/LAC plus. (See details in M& E section)

The counterpart staff at Nodal ART Centre and LAC (i.e. Doctors, Counselors, Nurse and Pharmacist) should communicate regularly by phone and email for smooth functioning of the linkage.

11. Monitoring and Evaluation tools for Link ART Centres/ LAC plus

M&E tools for LAC/LAC plus will be supplied by SACS.

11.1 M & E tools to be maintained at Link ART Centre:

1. ART Enrollment Register
2. Patient Treatment Record (White card)
3. Patient booklet (green booklet)
4. Drug Stock register
5. Drug Dispensing Register
6. Referral Back (Link In) Form

11.1.1 ART Enrollment Register Same as ART enrolment register of ART Centre): Columns 1 to 8 to be filled by the counselor initially. Columns 9 to 19 are to be

completed by 21ounselor /staff nurse based on corresponding information from the Patient Treatment Record (White Card) which is to be filled by the LAC MO. Columns-20 to be filled in on every visit of PLHIV by Counselor / Staff Nurse

11.1.2 Patient Treatment Record (White card):

Section 1 to 3 & 10: are to be completed by counselor/Staff nurse
Section 4 to 13: are to be completed by LAC Medical Officer
11.1.3 Patient Booklet (Green Booklet): To be filled by staff nurse, counselor & doctor

***11.1.4 LAC Drug Stock Register*:** To be filled by Pharmacist / Nurse.

11.1.5 LAC Drug Dispensing Register: To be filled by Pharmacist / Nurse

Patient Booklet (Green booklet) and Patient Treatment Record (white card- LAC Copy) are to be updated during every visit by Medical Officer.

White card is to be maintained at both centers, marked as LAC copy and ART centre copy. The card to be updated from photocopy/electronic copy received from nodal ART centre /LAC/LAC plus.

11.2 M & E tools to be maintained at LAC plus

In addition to M & E tools maintained by LAC, following M & E tools will be maintained for Pre-ART patients at LAC plus.

1. HIV care (Pre-ART) Register
2. Patient Treatment Record (White card)
3. Patient Booklet (Green Booklet)
4. CD4 Sample transport register
5. TB-HIV Register
6. Referral Back (Link In) Form
7. Line list of Referral to RNTCP
8. RNTCP Lab Form for referral of PLHIV to the DMC

11.2.1 HIV Care Register (Pre-ART Register) for LAC plus (same as HIV Care Register of ART Centre): to be filled by Staff Nurse.

11.2.2 Patient Treatment Record (White card):

Section 1 to 3& 10: are to be completed by Staff nurse
Section 4 to 13: are to be completed by LAC plus Medical Officer

White card to be maintained at both centers, marked as LAC copy and ART centre copy. The card to be updated from photocopy/electronic copy received from NAC/LAC/LAC plus

***11.2.3 Patient Booklet* (Green Booklet):** To be filled by staff nurse, counselor & doctor

11.2.4 CD4 Lab sample transport register: To be maintained by ICTC Lab Technician

11.2.5 HIV TB Register and Line list format: To be maintained by Staff Nurse

Patient Booklet (Green booklet) and Patient Treatment Record (white card- LAC Copy) are to be updated during every visit by Medical Officer.

11.3 Formats for Linkages and referral

11.3.1 "Link out" Form: To be filled by Nodal ART Centre whenever patient is sent from Nodal ART Centre to LAC & given to patient (***Annexure 3A***). Soft copy of Link out form to be sent to the LAC/LAC plus.

Soft copies of the forms of all patients are to be maintained by Nodal ART Centre as well as LAC/LAC plus in separate folder

11.3.2 "Link in" Form: To be filled by LAC whenever patient is sent from LAC to Nodal ART Centre & given to patient (***Annexure 3B***). Soft copies of the forms of all patients are to be maintained by Nodal ART Centre as well as LAC/LAC plus in separate folder

11.4 LAC Monthly Reports:

Each LAC shall create its own E mail id such as lac.ambala@gmail.com (lac followed by a dot followed by name of the town) and shall **report to the Nodal ART Centre** in the prescribed Monthly Reporting Format by 25th of every month by email followed by a hard copy. The reporting cycle for LAC is 26th of previous month to 25th of the current month.

11.4.1 LAC /LAC plus Monthly Report format (Annexure 4A):

Each LAC/**LAC plus** shall send monthly report to nodal ART centre in the format given at annexure 4A.

NO LINK ART CENTRE/LAC PLUS REPORT SHALL BE SENT TO NACO unless specifically asked for.

11.4.2 Patient wise monthly information of "On ART" patients linked out to LAC/LAC plus (Annexure 4B):

Detailed information of "On ART" patients linked out to LAC/LAC plus is to be sent to nodal ART centre by LAC by 25th of every month in the format given at A***nnexure- 4B***

- This format will originate at nodal ART centre. The nodal ART Centre shall send the updated format (information about already linked out patients as well as those linked

out during the reporting period) to LAC/LAC at the end of every month.

- LAC/LAC plus will send back the same after filling up required sections by 25th of next month.

- Section1 to 8 will be filled by nodal ART centre.

- Section 9 to 16 will be updated by LAC. Due date for CD4 count in LAC will be filled in red colour.

11.4.3 Patient-wise monthly information of Patients registered at LAC plus in "Pre-ART" care (Annexure 4C):

Detailed information of patients registered at LAC plus in **Pre-ART care** is to be sent to nodal ART centre in the format given at ***Annexure 4C***. This format is to be sent by LAC plus only.

- This format will originate at LAC **plus**. The LAC plus shall send the updated format (information about already enrolled in Pre-ART care as well as those enrolled during the reporting period) to nodal ART centre by 25th of every month.

- ART centre will send back the same after filling up the relevant section by last day of that month.
- Section 1 to 15 will be filled by LAC plus. Due date for CD4 test will be written in red
- Section 16 will be updated by nodal ART Centre.

11.5 LAC Records to be maintained at Nodal ART Centre: *(Annexure 4B & 4C)*:

Two LAC records are to be maintained at ART Centres for patients linked out at LAC /LAC plus.

i. Patient wise monthly information of ON ART Patients linked out to LAC/LAC plus (*Annexure 4B*):

As indicated under section 11.4.2, the soft copy of this format will be updated by Nodal ART centre as and when new patients are linked out or drug transfer is done.

ii. Patient wise monthly in formation of Patients registered at LAC plus in Pre-ART care *(Annexure 4C):*

As indicated in Section 11.4.3, Nodal ART Centre will maintain the soft copy of the format received from LAC plus every month

The print out of these monthly formats will be maintained by nodal ART centre in separate ring binder files (one for each LAC/LAC plus) every month. Overall responsibility of maintaining these formats at ART centre lies with Data Manager.

12. Role of health facility, SACS, DAPCU and nodal ART Centre

12.1 Role of health facility

LAC/LAC plus are being established at existing health facilities as a part of ultimate integration of HIV with health systems the integral part of the health care facilities. The health facilities should take ownership of the Link ART Centres. The health care staff at these sites in the guidelines should be directed to be fully involved in the functioning of LAC/LAC plus. The health facility should facilitate the availability of investigations required for baseline workup of the patients to initiate ART and to monitor patients on ART where LAC/LAC plus Centres are located. The health facility should facilitate the availability of the drugs for prophylaxis & treatment of Ois at LAC/LAC plus. Also, these drugs for Ois particularly Cotrimaxozole should be given for a longer duration as per requirement to minimise unnecessary travel needs for patients as ARV drugs are given for a month. The LAC in-charge should participate in the meetings conducted at district level by CMO/DHO to review the functioning of health care facilities and issues related to HIV care should also be discussed during such meetings.

12.2 Role of SACS

SACs will be responsible for liasoning with health systems/NRHM for better functioning of LAC. CST officials at SACS will also be responsible facilitate trainings of the staff at LAC as per guidelines. SACs are supposed to provide supportive supervision to LAC & LAC plus. SACS is also supposed to look into the coordination issues between nodal ART Centres and LAC/LAC Plus.

12.3 Role of DAPCU

In the districts where DAPCU exists, DAPCU should provide supportive supervision to LAC/LAC plus. LAC/LAC plus functioning should be part of the District AIDS Prevention Control Committee meetings which are headed by District collector. DAPCU should also facilitate coordination & linkages of LAC with health systems (NRHM) as well as NACP components in the districts. The outreach activity for LAC/LAC plus should also be. In the districts where DAPCU do not exist, District Nodal Officer for HIV/AIDS should facilitate the functioning of LAC

12.4 Role of nodal ART Centre

The patients linked out at LAC /LAC plus will continue to be the patients of Nodal ART centre. It will be the responsibility of nodal ART centre to mentor their LACs. There should be smooth coordination and regular communication between nodal ART Centre & LAC/LAC plus. Nodal Centres should guide the LAC in technical & operational issues. The staff of nodal centre is expected

to make periodic visits to LACs in order to facilitate and supervise the functioning of LAC/LAC plus.

13 Financial guidelines:

13.1 Financial Assistance:

The funds provided to the LAC are as below:

a) **One time grant for furnishing of centre**	**Rs. 15,000/-**
b) Recurring grant : 1. Internet connection @ Rs. 650/- p.m. x 12 2. Cost of stationery, records and contingency (including phone) 3. Cost of travel and drug transfer 4. Remuneration of Nurse@ Rs. 8000-12,000/month (For LAC plus only)	 Rs. 7,800/- p.a. Rs. 10,000/- p.a. Rs. 20,000/- p.a. Rs. 96,000/- p.a.
Total Recurring Grant: **Link ART centre** **LAC plus**	 **Rs. 37,800/p.a.** **Rs. 1,33,800/p.a**

Cost of training of staff – to be borne from GIA to SACS for training

The Link ART centre shall utilize the computers facility already available with the site (ICTC). The LAC shall get a broad band internet and phone connection from the funds provided as per the LAC approved financial support.

13.2 Bank account for LAC:

A separate bank account shall be opened by LAC for maintenance of fund.

The two signatories of the account shall be the Medical superintendent/ Administrative head of health facility and LAC In charge.

ANNEXURE-1

Checklist before Setting up a Link ART Centre

Check List for setting Link ART Centre (In ICTC setting)		
1	Name of the town:	
2	Type of Hospital:	
3	Name of the Medical Superintendent	
4	Names of the LAC in charge Physician	
a		
b		
c		
5	Are the hospital staff sensitized about LAC (Y/N)	
(At least 30 min interaction with the hospital staff (MS, LAC in charge, Nurse, Pharmacist, Counselor) about the concept of LAC)		
6	Hospital Phone Number with code	
7	Complete postal address with pin code:	
8	Name of the Nodal ART Centre	
9	No. of HIV positives detected in the ICTC in last 5 years	
10	Mention the catchment area of the ICTC	
11	No. of HIV positives detected in the catchment area ICTC in last 5 years.	
12	No. of PLHIV registered under HIV care from the catchment area at Nodal ART Centre	
13	No. of PLHIV Alive & on ART from the catchment area at Nodal ART Centre	
14	Commitment	
a	Is the DCHS committed towards the National ART Program	
b	Is the hospital administration Committed	
c	Are the identified LAC in charge doctors committed	
d	LAC Staff nurse identified	
e	LAC Pharmacist identified	
15	Space and Infrastructure	
a	Is there an ICTC functioning in the hospital.	
	If yes then	

b	How many rooms does the ICTC have	
c	Counselor in place	
d	Name of the counselor and contact number	
e	Counselor trained	
f	No of HIV testing in the last year	
g	No of Positives	
h	Computer Available (Y/N)	
i	Telephone Available (Y/N)	
j	Internet Available (Y/N)	
k	Space available for Counseling (Y/N)	
l	Space available for drug storage (Y/N)	
m	DOTS available	
16	Human Resources (In Hospital or linkages)	
a	Specialists available	
b	Physician	
c	Pediatrician	
d	Obstetrician	
e	Chest Physician	
f	Dermatovenerologist	
g	Others (Mention)	
17	Lab investigations	
a	Haemogram	
b	RFT	
c	LFT	
d	CXR	
e	Sputum for AFB	
f	Others (Mention)	
18	General Information regarding the Hospital	
a	No of Doctors available	
b	No of Beds available	
c	No of Positive deliveries conducted in the last year	

c	Drugs available at the hospital pharmacy	
1	Assessment done by:	
2	Date of assessment:	
3	Recommended for LAC (Y/N)	
If not mention reasons:		

Signature of the visiting team

ANNEXURE-2

NACO OM; Process for the selection of staff nurse for LAC plus Centres

T-11020/52/2009 – NACO (CST)
Ministry of Health & Family Welfare
Department of AIDS Control
National AIDS Control Organisation
(Care, Support & Treatment)

6th Floor, Chandralok Building
36 Janpath, New Dehi
Dated: 1st July, 2011

Office Memorandum

Subject: Process for the selection of staff nurse for LAC Plus Centres

We are in receipt of communications seeking clarification on the selection process for the post of staff nurse for LAC plus centres. In this regard, it is hereby clarified that the following steps are to be taken while recruiting staff nurse for LAC plus:

1. The SACS shall publish a common advertisement in at least two local dailies inviting applications from suitable candidates for the post of staff nurse for all LAC plus centres in the state.
2. The interview shall be conduced at the concerned LAC plus centre and coordinated by the DPM (DAPCU), wherever functional, and by the District Nodal Officer for HIV/AIDS in other districts. The short listing of applications and sending of call letters to the applicants shall also be undertaken by the above functionaries.
3. The interview committee shall be constituted by the in-charge of the concerned LAC plus and DPM (DAPCU)/Dist. Nodal Officer for HIV/AIDS. The nodal officer/SMO of the nodal ART centre can be special invitee.
4. If the number of applicants is more than 20, a written test may be conducted to screen candidates for the interview.
5. Academic qualification, experience and remuneration of the staff nurse will be on the same lines as approved under the pattern of assistance for ART centres. The salary of the staff nurse will be paid by the SACS through e-transfer.

(Dr. Mohammed Shaukat)
ADG (CST)
Ph: 011 - 23731805

To,

The Project Director
State AIDS Control Societies of all States/UTs/Municipal Corporations

ANNEXURE-3A

LINK OUT FORM

(Form for referral of PLHIV from Nodal ART Centre to Link ART Centre/ LAC plus)

Date of link out:

Name & address of NODAL ART CENTRE _____

Name & address of LAC/LAC plus, _____

Name of Patient: Pre-ART No. (for Pre-ART patients):

ART No. (for patients on ART: _____

Address Phone No.

Date of starting ART: (Date/Month/Year);

Initial Clinical Stage –___ & WHO Stage - _____on date_____CD4 count _____ on date ___
Current Clinical Stage –_____ & WHO Stage - _____on date_____CD4 count ____ on date___

Last date of dispensing ARV_____

Next date of dispensing drug _____ & Expected pill balance on that date: _____

Current Regimen - _____,

Reason for Link out: Pre-ART Care/ ART monitoring & refill

Remarks

_____
_____
_____
_____
_____
_____

Date/month for CD4 count, when the patient is to be referred back to Nodal ART Centre-

Please find the following documents handed to the patient:

Photocopy of Patient Treatment Record (White Card) □

Patient Booklet(Green Booklet) □

Others, if any (mention_____

Name and Signature of
SMO/MO_____

Phone no. _____and E mail_____ of SMO/MO:

Nodal ART Centre

To be filled by the receiving and sent back to the Nodal ART Centre by post / email

…… (Name of Patient) with ART No._____, transferred by you on

Date …….. / ……. / ……. has reported and been registered with us on ……. / ……. / …….. The documents Sent by you have been received.

Name and Signature of MO Phone no. with E mail of MO

LAC/LAC plus LAC/LAC plus

ANNEXURE-3 B

LINK IN FORM

(Form for referral of PLHIV from LAC/LAC plus to Nodal ART Centre)

Date of Referral Back

Name **LINK ART CENTRE/LAC plus** _____

Name and address of **NODAL ART CENTRE**, _____
_____

Name of Patient: _____Link ART Id.No._____

Nodal Pre- ART No. (for Pre-ART)_____ Nodal ART No. (for on ART)._____

Address & Phone No. of Patient:

Current Clinical Stage – WHO Stage - _____, CD4 - _____

Last date of ARV refill:

Next date of dispensing drug:

Current Regimen –

Reason for referring: ART eligibility/ Routine 6 monthly Follow up / major OI / major SE / Others (Please Specify)

Remarks:

Please find the following documents handed to the patient:

Updated Patient treatment record (White Card)(photocopy) □

Patient Booklet(Green Booklet) □

Others, if any (mention)_____

Name and Signature of M.O of Link ART Centre

Phone no. and E mail of M.O of LAC/LAC plus

To be filled by the receiving ~~of~~ Nodal ART Centre and sent to the referring LAC/LAC plus centre by post / email

…… (Name of Patient), with Link ART Id No. _____ referred by you on date …….. / ……. / …….

Has reported to us on ……. / ……. / …….. The documents sent by you have been received.

Name and Signature of SMO/MO Phone no. with E mail of SMO/MO

ANNEXURE-4 A

LAC/ LAC Plus MONTHLY REPORTING FORMAT (excel sheet provided separately)

Page 1

1. General information about LAC/ LAC Plus						
1.1. Nodal ARTC Name		**1.2 Nodal ART Centre CMIS Code:**				
1.3. Name of Link ART Centre/ LAC Plus:						
1.4. Address:						
1.5City:	**Pin Code:**		**District:**		**State :**	
1.6. Reporting Period:	**Month**		**Year**			
1.7 . Name of Link ART Center In-charge:						
1.8 Contact Details of Link ART Center incharge:	**Phone**			**Email**		

2. Enrolment in HIV Care- Pre ART Patients (ONLY FOR LAC Plus)						
Indicator	**Adults**			**Children**		**Total**
	Male	Female	TS/TG	Male <15 Years	Female <15 Years	
2.1 Number of PLHIV registered in HIV care at the beginning of this month (Same as 2.6 of previous month)						**0**
2.2 Number of new PLHIV registered in HIV care (Pre ART) during the month						**0**
2.3 Number of PLHIV in HIV care (Pre ART) reported died during this month						**0**
2.4 Number of PLHIV in HIV care (Pre ART) reported "lost to follow up" during this month						**0**
2.5 Number of PLHIV 'linked in' to NAC this month						**0**
2.6 Number of PLHIV in HIV care at LAC Plus the end of this month (=2.1+2.2-(2.3+2.4+2.5))	**0**	**0**	**0**	**0**	**0**	**0**
2.7 Total number of PLHIV ever undergone baseline CD4 count						**0**
2.8 Total number of PLHIV ever eligible for ART						**0**
2.9 Total number of PLHIV ever initiated on ART						**0**

2.10 Out of 2.6, the number of new Ante natal cases reported in HIV care this month						

3. Treatment Status of PLHIV on ART (For all LAC & LAC Plus)

Indicator	Adults			Children		Total
	Male	Female	TS/TG	Male <15 Years	Female <15 Years	
3.1 Number of PLHIV on ART linked out to LAC by NAC (Number at the beginning of this month)						0
3.2 Number of PLHIV on ART "linked out" from Nodal center during this month						0
3.3 Cumulative number of PLHIV ever linked out on ART (Number at the end of this month) = 3.1+ 3.2	0	0	0	0	0	0
3.4 Number of PLHIV linked in (referred back) to nodal center this month for ART side effects/ major OI (ART will not be dispensed in this case to patient)						0
3.5 Cumulative number of PLHIV who were retained back at NAC						
3.6 Cumulative Number of PLHIV who are lost to follow-up (LFU)						0
3.7 Cumulative number of PLHIV who died at LAC till the end of this month						
3.8 Number of PLHIV who were supposed to collect drugs and did not collect drugs (MIS) in this month						0
3.9 Total number of PLHIV alive and on ART (OT) at the end of this month = 3.3 - (3.4+3.5+3.6+3.7)	0	0	0	0	0	0
3.10 Out of 3.9, Number of new ANC cases (pregnant women) on ART linked out to LAC from nodal ART centre this month						0

Page 2

4. Treatment adherence

4.1 Of all patients who are on treatment this month (3.9) the number who have **NOT** been assessed for adherence (refer guideline)		
4.2 Of all patients on ART (3.9) this month and who have been assessed for adherence, how many had 95% adherence or better (refer guideline)	**4.2a) Number**	**4.2b) Percentage**

5. Regimen used during the reporting month

Regimen		Number of Patients alive and on ART on this regimen
Adult		
I (Zidovudine + Lamivudine + Nevirapine)		
I a (Stavudine* + Lamivudine + Nevirapine)		
II (Zidovudine + Lamivudine + Efavirenz)		
II a (Stavudine* + Lamivudine + Efavirenz)		
III (Tenofivir + Lamivudine+ Neviarpine)		
III a (Tenofivir + Lamivudine+		

Efavirenz)	
Others	
Total Adults	**0**
Paediatric	
P 1 (Zidovudine + lamivudine+ Nevirapine)	
P 1 a (Stavudine + Lamivudine + Nevirapine)	
P II (Zidovudine + Lamivudine + Efavirenz)	
P II a (Stavudine + Lamivudine + Efavirenz)	
Others	
Total Children	**0**
Total number of patients	**0**

6. Drug/ Reagent Stock at ART Centre (for the reporting month)

6.1 Drug/Reagent Stock Status

Generic Drug Name	a) Opening stock	b) Stock received during month (from nodal ART Centre)	c) Stock transferred out officially	d) Reusable stock returned (by patient or families)	e) Consump-tion during the month	f) Expiry during the month	g) Stock on last day of the month	h) Approx. number of months for which stock is sufficient	i) Earliest date of expiry of drugs
AZT+3TC (tab)							0		
d4T30+3TC (tab)							0		
AZT+3TC+NVP (tab)							0		
d4T30+3TC+NVP (tab)							0		
EFV 600mg (tab)							0		
TDF+3TC (tab)							0		
NVP (tab)							0		
Others							0		
d4T6+3TC (disp.tab)							0		
d4T6+3TC+NVP (disp.tab)							0		
EFV 200 mg(Tab)							0		
EFV 50 mg (tab)							0		
AZT60+3TC30							0		
AZT60+3TC30+NVP50							0		
Cotrimoxazole (DS)							0		
Cotrimoxazole (SS)							0		
Cotrimoxazole Suspension							0		

6.2 Was there a stock-out of antiretroviral drugs this month? 1=Yes 2=No	
6.3 Are OI Drugs available ? 1=Yes 2=No	

Page 3

7. Details of Opportunistic Infections	
7.1. Total Number of patients **in HIV Care** having one or more OIs this month:	
7.2. OI types	

OI's	No. of patients who were diagnosed with OIs this month		OIs	No. of patients who were diagnosed with OIs this month	
	Adult	Paediatric		Adult	Paediatric
1(a) Tuberculosis (Pulmonary)			8 Toxoplasmosis		
1(b)Tuberculosis (Extra-Pulmonary)			9 CMV Retinitis		
2 Candidiasis			10 MAC		
3 Diarrhea			11 Bacterial Infections(skin)		
4 PCP			12 Herpes Simplex		
5 Herpes Zoster			13 Malignancy		
6 Bacterial Infections (Respiratory)			14 Other (Specify)		
7 Cryptococcal Meningitis					

8. Key side effects to ARV drugs

Side effects	Number of PLHIV who were diagnosed with a side-effect this month					Side effects	Number of PLHIV who were diagnosed with a side-effect this month				
	Male (Adult)	Female (Adult)	TS/TG	Male (Pediatric)	Female (Pediatric)		Male (Adult)	Female (Adult)	TS/TG	Male (Pediatric)	Female (Pediatric)
1 AZT Induced Anaemia						9 IRIS					
2 Peripheral Neuropathy						10 GI Side Effects					
3 Hepatitis						11 CNS Side Effects					
4 Lipodystrophy						12 Drug induced Hyperglycemia					
5 Lactic Acidosis						13 Lipid abnormalities					
6 Pancreatitis						14 Renal abnormalites					
7 Skin Reaction						15 Others					
8 Myalgia											

9. Staffing Details at ART Center (give number of staff in position and date of training received)

Staff	on job since (mm/yyyy)	NACO/SACS trained (mm/yyyy)	If vacant, Since When(mm/yyyy)
1.MO-1			
2. MO-2			
3. Counsellor			
4. Staff Nurse (Facilty			
4. Staff Nurse (LAC Plus)			
5. Lab Technician			
6.Pharmacist			

7. Others			

10. How many patients referred back to ART center before their CD4 visit (due date) due to following reasons

Details		Adults			Children		Total
		Male	Female	TS/TG	Male <15 Years	Female <15 Years	
1. Side Effects							
2.Major OI's							
3. Poor Adherence							
4. Others (Specify____)							

ANNEXURE-4 B

Format for patient-wise monthly information of "On ART" patients linked out to LAC/LAC plus

(Excel sheet provided separately)

Name of LAC plus/LAC: …….. Date of Operationalisation……

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
S. No.	ART No.	Patient's name	Age	Sex	Date of Link out	Regimen	Drug Transfer	LAC No	Date of first vist to LAC	OI Code	CTX prophylaxis	Monthly visit	CD 4 Testing	If not being followed up at LAC , indicate reasons for same(MIS/ LFU/ Death/Retained by nodal ART centre	If patient being referred to ART centre during this month , reason for referral*
							Date of drug transfer / Due date for drug transfer					Date of Visit / Adherence	Date of Last CD4 test / Due date		
							Date of last drug transfer / Due date for drug transfer					Date of Visit / Adherence	Date of Last CD4 test / Due date		
							Date of last drug transfer / Due date for drug transfer					Date of Visit / Adherence	Date of Last CD4 test / Due date		
							Date of last drug transfer / Due date for drug transfer					Date of Visit / Adherence	Date of Last CD4 test / Due date		
							Due date for drug transfer					Adherence	Due date		

***** 1. Routine assessment & CD4 testing at 6 month. 2. OI. 3. TB 4. Drug toxicity 5. Pregnancy (if required) 6.Any other reason (Specify)

- This format will originate at nodal ART centre . The nodal ART Centre shall send the updated format (including information about already linked out patients as well as those linked out during the reporting period) to LAC at the end of every month. LAC/ LAC Plus will send back the same after fiiling up required sections by 25th of next month.
- Section 1 to 8 will be filled by nodal ART centre. Section 9 to 16 will be updated by LAC. Due date for CD4 count in LAC will be filled in red colour.

  The print out of this format will be maintained by nodal ART centre in separate files (one for each LAC) on monthly basis. Overall responsibility of maintaining this format at ART centre lies with Data Manager

ANNEXURE-4 C

Format For Patient-wise monthly information of "Pre-ART" patients registered at LAC plus

(Excel sheet provided separately)

Name of LAC Plus: …….. **Date of Operationalisation……**

1	2	3	4	5	6	7	8	9	10	11	12	13				14	15	16
S. No.	Pre-ART No.	LAC No	Patient's name	Age	Sex	Date of Pre-ART registration at LAC plus	Baseline CD 4 count	Clinical Stage	OI Code	CTX prophylaxis	Pregnancy	CD 4 Testing				If not in Pre-ART at LAC , indicate reasons for same(MIS/ LFU/ Death/Linked in to nodal ART Centre)	If patient being "linked in" to ART centre during this month , reason for referral*	Date of ART initiation if started on ART
												CD count Due date						
												CD count Due date						
												CD count Due date						
												CD count						

• 1. ART initiation. 2. OI. 3. TB 4. Pregnancy(if required) 5.Any other reason (Specify)

- This format will originate at LAC **plus**. The LAC plus shall send the updated format (information about already enrolled in Pre-ART care as well as those enrolled during the reporting period) to nodal ART centre by 25th of every month.
- ART centre will send back the same after filling up the relevant section by last day of that month.
- Section 1 to 15 will be filled by LAC plus. Due date for CD4 test will be written in red.
- Section 16 will be updated by nodal ART Centre.
- The print out of this format will be maintained by nodal ART centre in separate files (one for each LAC) on monthly basis . Overall responsibility of maintaining this format at ART centre lies with Data Manager

ANNEXURE-5

Checklist for Supervisory Visit of Link ART Centre / LAC plus

(This checklist is to be used by the designated supervisory team in conjunction with the ARV treatment unit staff during their visit to an LAC. The aim is to see the quality of services offered their conformity to national guidelines, to identify problems and take corrective actions.)

Name of LAC: _____
Contact No of LAC: _____ Email ID: _____
Name of Nodal ART Centre
Date of visit_____
Name of Supervisor: _____
Name of LAC In charge: _____
No of Patients in registered in Pre-ART care* _____
No of patients on ART _____

I Institutional commitment & functioning of ART Centre			Remarks
1. Is there high commitment to the national ART programme?(this shall be indicated by involvement of the institution in the ART services)	☐ Yes	☐ No	
2. Is proper space and infrastructure available at LAC?	☐ Yes	☐ No	
3. Are there proper signage for the LAC	☐ Yes	☐ No	
4. Is internet, computer with printer, available at LAC?	☐ Yes	☐ No	
5. Is the LAC staff identified as per NACO guidelines? (LAC in charge, LAC Medical Officers, Lab Technician, Counselor, Pharmacist, Nurse).	☐ Yes	☐ No	
6. Has the LAC medical officer undergone NACO training?	☐ Yes	☐ No	
7. Has orientation/ hands on training of LAC staff been carried out as per NACO guidelines?	☐ Yes	☐ No	
8. Does LAC function every day?	☐ Yes	☐ No	
9. Is the IEC material displayed in Link ART Centre	☐ Yes	☐ No	
10. Is the LAC services well organized: shall be indicated by the channel of movement of the patient to access services as required? (Clinical, lab, drugs, counseling).	☐ Yes	☐ No	
11. Is the SOP for the functioning of the LAC is being followed as per operational guidelines?(*specifies roles and responsibilities, patient flow, etc*)	☐ Yes	☐ No	
12. Is there adequate co-ordination of the LAC with other departments of the institution?	☐ Yes	☐ No	
13. Are the indoor admissions done for OI treatment? (	☐ Yes	☐ No	

if required)			
II Recording & Reporting			
14. Are the NACO specified patients and programme monitoring records being maintained?	☐ Yes	☐ No	
i. Pre ART register *	☐ Yes	☐ No	
ii. ART Enrollment register	☐ Yes	☐ No	
iii. Drug Stock register	☐ Yes	☐ No	
iv. Drug Dispensing register	☐ Yes	☐ No	
v. Patient Treatment record (white card for Pre-ART & on ART patient)	☐ Yes	☐ No	
vi. Green Book (for Pre-ART & on ART	☐ Yes	☐ No	
vii. LAC Link in Form	☐ Yes	☐ No	
15. Is confidentiality of records maintained?	☐ Yes	☐ No	
16. Are the records properly stored?	☐ Yes	☐ No	
17. Are the patient treatment records up to date?	☐ Yes	☐ No	
18. Are periodic communications sent to Nodal ART Centre?	☐ Yes	☐ No	
19. Is the LAC monthly report sent to Nodal centre at the end of each month?	☐ Yes	☐ No	
Pre-ART services (for LAC plus only)			
20. Is the blood collection for CD4 done regularly been done every 6 months for all registered patients?	☐ Yes	☐ No	
21. Is CD4 testing is done every 6 months for all registered patients?	☐ Yes	☐ No	
22. Is Pre-ART CD4 due listing being maintained and followed?	☐ Yes	☐ No	
23. Is there a mechanism in place to track back patients with borderline CD4 results?	☐ Yes	☐ No	
24. Are all patients eligible for ART referred to Nodal ART Centre?	☐ Yes	☐ No	
25. Are all PLHIV screened for TB symptoms?	☐ Yes	☐ No	
ART services			
26. Are the national guidelines for ART being followed?	☐ Yes	☐ No	
27. Is adherence issue being given due importance (adherence counseling, pill count)?	☐ Yes	☐ No	
28. Is the daily due list of patients maintained and followed up?	☐ Yes	☐ No	
29. Are the patient referred back to Nodal ART Centre at 6 months for routine monitoring & CD4 testing	☐ Yes	☐ No	
30. Are the patients screened for side-effects or OIS and referred to Nodal ART Centre?	☐ Yes	☐ No	
III Drug stocks			
31. Is the drug stock register and dispensing register	☐ Yes	☐ No	

(adult, paediatric & OI) up to date?			
32. Are there adequate drugs for the next 3 months (stock position)?	☐ Yes	☐ No	
33. Are the drugs stored as per the specifications?	☐ Yes	☐ No	
34. Is the "First Expiry First Out" principle followed?	☐ Yes	☐ No	
35. Does the regimen wise consumption of drugs matches with the no of patients on ART?	☐ Yes	☐ No	
IV Laboratory Services Availability			
i. HIV testing	☐ Yes	☐ No	
ii. Sample collection for Enumeration of CD4 cells	☐ Yes	☐ No	
i. CBC and other routines biochemistry investigations	☐ Yes	☐ No	
ii. LFT	☐ Yes	☐ No	
iii. Blood sugar	☐ Yes	☐ No	
iv. Lipid profile	☐ Yes	☐ No	
v. S. Creatinine	☐ Yes	☐ No	
vi. CXR	☐ Yes	☐ No	
vii. Sputum for AFB	☐ Yes	☐ No	
36. Are baseline tests being done for all the patients? *(For LAC plus only)	☐ Yes	☐ No	
37. Any of the above testing is charged	☐ Yes	☐ No	
V Referral & Linkages			
38. Are there referrals from the ICTC to the LAC? (Write the number in last 3 month). Compare with total positives detected at ICTC in same period.	☐ Yes	☐ No	
39. Are HIV / TB linkages maintained? (check line list register & monthly report)	☐ Yes	☐ No	
40. Is there effective communication between LAC & Nodal ART Centre?	☐ Yes	☐ No	
41. Are a proper MIS/ LFU tracking mechanism in place?	☐ Yes	☐ No	
42. Does the ART Centre have any mentoring of LACs?	☐ Yes	☐ No	
Other Information			
43. Are the PEP drugs available in casualty, ICU & labour room?	☐ Yes	☐ No	
44. Are the Universal Work precautions followed?	☐ Yes	☐ No	
45. Are Measures for airborne infection control is in place?	☐ Yes	☐ No	

*Applicable for LAC plus

ANNEXURE-6

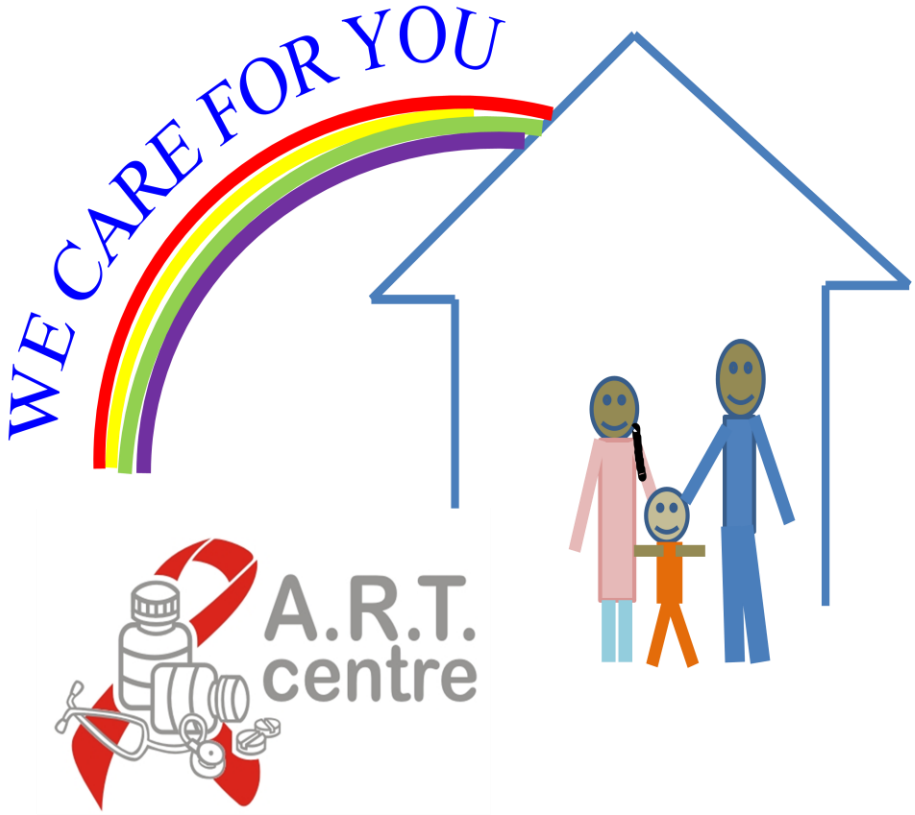
Schedule for Hands on Training at ART centers for LAC/ LAC plus Staff

Day-1

Time	Topics	Resource Person
09.00 to 09.10	Registration of Participants	
09.10 to 09.20	Introduction	
09.20 to 09.30	Brief Agenda of the training	RC/ SACS Program Officers
9.30-11.00	LAC/ LAC plus Concept, SOPs, roles & responsibilities of LAC/ LAC plus staff	RC/ SACS Program Officers
11 .00 to 1.30	Hands on training of the staff (LAC/ LAC plus staff shall sit beside their respective ART staff to understand the flow of patients and roles/responsibilities)	
1.30 to 2.15	Lunch	
2.15 to 3.30	Pharmacology of ART with side effects and drug interactions, Display of ART and OI medicines & discussion of pediatric dosage schedule, Universal Precautions & PEP	Nodal officer/SMO/MO/ RC
3.30 to 5.30	Monitoring and evaluation tools of LAC/ LAC plus (registers, white cards, monthly report of LAC/ LAC plus and follow up & linkage mechanism) , mechanism of drug transfer	RC/ SACS Program Officer/ DM of Nodal ART Centre

Day-2

Time	Topics	Resource Person
09.00 to 09.30	Recap of day-1	
09.30 to 01.00	LAC/ LAC plus staff shall work at the ART center to examine/fill the formats /counsel/dispense drugs for on ART patients (as if the LAC has started)	
1.00 to 1.30	Lunch	
1.30 to 3.00	Linkage Mechanisms between Nodal ART centre & LAC (Communication format, reporting, sample transport, drug transport, coordination between ART & LAC staff)	Nodal officer/SMO/MO/ RC
3.00 to 4.00	A brief overview of ART Counselling and issues of drug adherence.	SMO/MO/ Counselor of Nodal ART Centre
4.00 to 04.30	Queries, Closing remarks and feedback from the participants (TA/DA payment	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