



# Providing Integrated Health Services to Most-At-Risk Populations

A Guide for Program Managers

December 2009

**Family Health International (FHI) Nepal**

Family Health International/Nepal  
USAID Cooperative Agreement #367-A-00-06-00067-00  
Strategic Objective No. 9 & 11

## Foreword

The Advancing Surveillance, Policy, Prevention, Care and Support to Fight against HIV and AIDS (ASHA) Project assists the Government of Nepal to provide high quality HIV-related prevention, care and treatment services to those at risk of transmission. These vulnerable groups are termed as most-at-risk populations (MARPs) and include female sex workers (FSWs), clients of FSWs, intravenous drug users, and migrant populations.

ASHA Project provides integrated health services (IHS) to MARP through its local non-governmental organization (NGO) partners along major highways and in metropolitan centers throughout the country. IHS consists of clinical management of sexually transmitted infections (STI), HIV counseling and testing, and an essential package of care (EPC) for those diagnosed with HIV. ASHA Project's IHS sites provide multiple inter-related services under the same management. For example, some of the IHS sites are directly linked with community and home based care (CHBC) services under the same management.

The purpose of this manual is to provide concise guidelines to assist program managers with non-clinical background currently implementing HIS sites in Nepal. Additionally, the manual also serves as the baseline to help monitor such IHS sites.

The manual lists the basic requirements for an IHS service site and CHBC services. These listed requirements comply with Government of Nepal National Guidelines for providing VCT services, management of STIs, CHBC, and related standard operating procedures (SOP) developed by the ASHA Project.

This manual can also be used by other organizations currently providing or planning to provide VCT, STI to MARP and care and support related services to PLHIV in Nepal.

ASHA Project and FHI/Nepal would like to express its sincere appreciation to all the contributors of this manual.

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Jacqueline Mcpherson  
Country Director  
Family Health International Nepal

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## **List of Acronyms**

ART	Antiretroviral Therapy
ASHA	Advancing Surveillance, Policy, Prevention, and Care and Support to Fight Against HIV and AIDS
CHBC	Community and Home-Based Care
CST	Care Support and Treatment
EPC	Essential Package of Care
FEFO	First Expiry First Out
FHI	Family Health International
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
IEC	Information Education Communication
IHS	Integrated Health Services
MARP	Most-at-Risk Population
NCASC	National Center for AIDS and STD Control
OI	Opportunistic Infections
PEP	Post Exposure Prophylaxis
PLHIV	People Living With/Affected by HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
RPR	Rapid Plasma Reagin
SRM	Surveillance Research and Monitoring
SOP	Standard Operating Procedures
STI	Sexually Transmitted Infections
TB	Tuberculosis
VCT	Voluntary Counseling and Testing

## **Introduction**

The Advancing Surveillance, Policy, Prevention, Care and Support to Fight against HIV and AIDS (ASHA) Project is providing human immunodeficiency virus-related health services to populations at risk for HIV. Most-at-risk populations (MARPs) for HIV include female sex workers (FSW), clients of FSWs, intravenous drug users, and migrant populations. In concentrated epidemics, targeted approaches to providing HIV-related services to MARPs are the most successful, as well as the most cost effective.

The ASHA Project provides services to communities through prevention programs, and community and home-based care (CHBC) for people living with HIV. Services include clinical management of sexually transmitted infections (STI), HIV counseling and testing, and an essential package of care (EPC). ASHA integrates services by offering more than one type of interrelated provision at the same service site, and with the same management. For example, ASHA integrates all voluntary counseling and testing (VCT) services with EPC services, and all STI services with VCT and EPC services.

The ASHA Project provides integrated health services (IHS) to MARP through implementing partners along major highways and in metropolitan centers throughout the country.

The purpose of this manual is to provide clear guidelines to program managers in Nepal who have non-clinical background and are implementing IHS. This manual serves as the baseline for conducting monitoring of the IHS site also.

Included is a description of the basic requirements for an IHS service site, and CHBC services. The basic requirements stated in this guide comply with Government of Nepal National Guidelines for providing VCT services, management of STIs, CHBC, and related standard operating procedures (SOP) developed by the ASHA Project.

This manual can also be used by any organizations, which are planning to provide VCT, STI and care and support related services to MARP in Nepal.

## Chapter I: Principles of Integrated Health Services

The rationale for providing integrated health services is that:

- HIV and STI risk groups overlap, as sexual contact is the most common mode of transmission for both types of infections
- The presence of STIs increases the chance of HIV transmission and may increase the viral load in HIV-infected people (for example, syphilis)
- ASHA can provide STI, HIV counseling and testing, and EPC services efficiently in one clinic location with the same staff
- A client has to disclose their high-risk behavior only once to care providers in order to receive the required services for both STIs and HIV

### Bishwas

Family Health International (FHI) / Nepal developed the *BISHWAS* (meaning ‘trust’) brand for use at integrated HIV and STI service sites. The BISHWAS brand represents, and emphasizes, high quality service, trust, and confidence. A green five-petal flower symbolizes it. The presence of the BISHWAS logo at service and outreach sites is easily recognizable by target groups. The goal of BISHWAS is to instill confidence among target groups that they will be well cared for and treated with respect at these service locations. FHI aims to build recognition of this brand and what it stands for among populations most-at-risk for HIV transmission, who utilize FHI IHS service sites. FHI reaches these target MARP groups through outreach activities, drop-in-centers, and clinics.



### Mission

To provide a welcome, comfortable and secure environment where all clients are given the highest priority and treated with respect at all times and under all circumstances.

### Vision

To deliver high quality client service in a friendly and hospitable environment where all employees aspire to fulfill the needs of all clients to the best of their abilities.

### The Five Petal ‘Commitments’ of BISHWAS

Each of the five-petals of the BISHWAS flower symbol represents a core commitment that every IHS service site must provide to their clients.

The first core commitment is *reliability*, and the promise to provide accurate and adequate information to all clients.



The second core commitment is *dependability*, and the promise that service sites will maintain strict confidentiality and use discretion with all client information.



The third core commitment is *friendliness*, which is extended to all BISHWAS clients through open and caring personal attention.



The fourth core commitment is a *secure environment*, and the promise that BISHWAS sites are free from stigma, and are places where clients can openly communicate and voice their concerns with all staff.



The fifth core commitment is *comfort*, and the promise that BISHWAS sites will provide a comfortable and easily accessible atmosphere for clients to avail all facilities including counseling, HIV/STI testing, and Drop-In-Center services utilizing a variety of resources and media.



The underlying and fundamental commitment of the BISHWAS brand is to provide the highest level of client service possible. By developing an understanding amongst program managers about the general demographics of the target audience, BISHWAS aims to gain a better understanding of the client base to enable managers to work for and around target needs. Use of the BISHWAS logo ensures that clients will experience reliable, dependable, friendly, secure, and comfortable services. The general concept of quality client services prioritizes the notion that the target audience is *being* serviced per say; but rather, that the target audience is *providing* a unique opportunity to be served.

## Chapter II: Infrastructure, Equipment, and Supplies

In order to meet the basic principles of his provision, all IHS service sites must comply with standard requirements for infrastructure, equipment, and supplies. The following details service site and equipment requirements.

### Service Sites

#### *STI / EPC Clinic:*

- Visual and auditory privacy
- Examination bed
- Privacy screen
- Table and chairs or stools for the clinician and the staff nurse
- Chair or stool for the client
- Hand washing facility
- Lockable medication storage cabinet

#### *Counseling Room*

- Adequate light and ventilation
- Visual and auditory privacy
- Comfortable sitting arrangement for use by clients and counselors during counseling sessions - a table with two or three chairs, or a coffee table with two or three cushions on the floor

#### *Laboratory*

- Separate room
- Running water supply
- Refrigerator
- Uninterrupted power supply
- Cabinet for reagent
- Laboratory table
- Facility for comfortably drawing blood
- Microscope
- Accessories to carry out HIV, rapid plasma reagin (RPR), Gram stain, slide examination, and other tests

#### *Registration / Record Room or Area*

- Reception
- Ability for client to confidentially disclose their identity if the clients wish
- Lockable cabinet for keeping health records and files

#### *Waiting Room or Area*

- Information education communication (IEC) display
- Audio visual equipment
- Chairs or cushions

#### *Administration Room*

- Optional, depending on local need for record keeping

*Toilet*

- Lockable
- Running water supply

**Equipment / Supplies** (see Annex I)

Annex I includes a list of required supplies and equipment. It includes inventories for:

- (a) one EPC clinic
- (b) management of 100 clients at an STI / EPC clinic
- (c) one laboratory
- (d) conduction of an estimated 500 laboratory tests
- (e) treatment of 100 STI and OI clients

## Chapter III: Logistics Management

### Logistic Management Information System

Records and reports are required to make three essential data available: stock on hand, consumption of stock, and loss and adjustments of stock. For this, all records and reports are to be readily available and up-to-date at all times.

- A *stock book* is kept at each site for each item, and contains at least a beginning balance, received quantity, distributed quantity, loss and adjustment, and ending balance
- *Daily consumption records* are available for test kits, STI, and opportunistic infection (OI) drugs.
- *Combined reports and requisitions* for STI and OI drugs are prepared and sent to FHI every two (Nepali) months. *Combined reports and requisitions should reach FHI country office* by seventh of the next Nepali Month. After review by a logistics specialist, FHI forwards them to the National Center for AIDS and STD Control (NCASC) central store. NCASC provides supplies on the basis of this combined report and requisition.
- *ASHA bi-monthly 'HIV/ STI lab commodity usage report' and request* are prepared and sent to FHI country office once every two (English) months. This usage report and request should reach FHI country office before seventh day of the third English month.
- A signed copy of the *दाखिला प्रतिवेदन फाराम ('entry reporting form')* is submitted to NCASC after receiving and entering items from the central store.
- A signed copy of the *issue voucher* is submitted to FHI after receiving and entering items from FHI.

### Item Storage and Monitoring

Items are stored according to the recommended storage conditions given by the manufacturer for each item, and in compliance with storage guidelines given in national HIV / AIDS Logistics System SOP and Reference Book -;Gbe{ k'l:tsf\_ of HIV / AIDS Logistics Management Training. First Expiry First Out (FEFO) is maintained for all items. A commodity expiry tracking chart and temperature chart are maintained for all test kits.

### Physical Inventory and Review of Stock

A physical inventory of all items is taken prior to the preparation of combined reports and requisitions. This involves the following activities:

- Commodity quantity physical count
- Commodity quantity cross-check (physical count with stock book records)
- Commodity visual inspection for condition and expiry dates
- Storage area arrangement and organization

When preparing combined reports and requisitions, review stock for months of stock on hand in order to take necessary steps to distribute excess stock, place emergency orders, etc.

## Chapter IV: Human Resources

To provide HIV and AIDS-related IHS services to MARPs requires specialized skills. Basic qualifications and certifications are not adequate. All human resources providing IHS services must be qualified and have certification from specific trainings prior to initiation of service provision. Substituting unqualified staff for absent staff is also NOT acceptable. The following describes the minimum academic qualifications, training needs, and key responsibilities for each required human resource.

<b>Human Resource</b>	<b>Minimum Qualifications and Requirements</b>	<b>Key Responsibilities</b>	<b>Training Requirements</b>
<b>Doctor :</b> <b>Part time position</b> –depends on the arrangements made in SA	<b>Doctor:</b> <ul style="list-style-type: none"> <li>• MBBS or equivalent</li> <li>• Registration with the Nepal Medical Council</li> </ul>	Consultation in EPC clinic- once in a week or in every two weeks	<ul style="list-style-type: none"> <li>• Clinical management of HIV</li> <li>• EPC orientation</li> </ul>
<b>Health Assistant</b>	<b>Health Assistant:</b> Certificate level in General Medicine Registration with the Nepal Health Professional's Council	<ul style="list-style-type: none"> <li>• Consultation of clients visiting IHS for STI services</li> <li>• Follow up of EPC clients</li> <li>• Prescribing medicine</li> </ul>	<ul style="list-style-type: none"> <li>• STI case management</li> <li>• Clinical management of HIV</li> <li>• EPC orientation</li> </ul>
<b>Staff Nurse</b>	<ul style="list-style-type: none"> <li>• Staff Nurse Course</li> <li>• Registration with the Nepal Nursing Council</li> </ul>	<ul style="list-style-type: none"> <li>• Assist the Doctor or Health Assistant as required</li> <li>• Manage the drug store</li> <li>• Maintain drug expiry chart</li> <li>• Maintain the IHS ledger</li> </ul>	<ul style="list-style-type: none"> <li>• STI case management</li> <li>• Clinical management of HIV</li> <li>• EPC orientation</li> <li>• Logistic management</li> </ul>
<b>HIV Counselor</b>	<ul style="list-style-type: none"> <li>• Certificate (10+2) in General Medicine / Nursing or equivalent</li> </ul>	HIV related counseling for <ul style="list-style-type: none"> <li>• HIV testing</li> <li>• Antiretroviral Therapy (ART) adherence</li> <li>• STI</li> <li>• Other types of counseling mentioned in the SOP</li> </ul>	<ul style="list-style-type: none"> <li>• Competency based VCT counseling</li> </ul>
<b>Laboratory</b>	<ul style="list-style-type: none"> <li>• Certificate level</li> </ul>	<ul style="list-style-type: none"> <li>• Laboratory</li> </ul>	<ul style="list-style-type: none"> <li>• HIV / STI testing</li> </ul>

<b>Technician / Assistant</b>	in Medical Laboratory Technology or equivalent <ul style="list-style-type: none"> <li>• Lab Assistant course completed from the Center for Technical and Vocational Trainings</li> </ul>	diagnosis of HIV and STI <ul style="list-style-type: none"> <li>• Preparing and sending samples for External Quality Assurance Scheme</li> </ul>	<ul style="list-style-type: none"> <li>• Logistic management</li> </ul>
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## Chapter V: Service Center Activities

All IHS services must comply with the existing Guidelines and SOP Manuals developed by the ASHA Project, including for STI, HIV Counseling and Testing, EPC, Clinical Management of HIV, and CHBC. These are obtained from the ASHA country office. All IHS service sites must also have the latest versions of the Government of Nepal National Guidelines for STI, VCT, ART, Pediatric HIV, OIs, Prevention of Mother to Child Transmission (PMTCT), Logistics (SOP), and CHBC. These are obtained from the NCASC.

The following details some of the major requirements according to the Government of Nepal and ASHA Guidelines and SOP Manuals.

### STI Case Management

- All STI clinic service sites provide services to all MARP following enhanced syndromic approach
- All STI clients are offered the opportunity to undergo RPR and HIV testing
- All RPR reactive clients are immediately treated with a Benzathine Penicillin injection
- All female clients with positive laboratory results are treated for STIs .
- All STI clinics provide monthly STI screening to FSWs
- All FSWs are provided presumptive treatment for cervicitis if they have not appeared for clinic screening for three or more months
- STI National Guidelines and SOP Manuals are available at the service site clinic

### Essential Package of Care

- All EPC clinic service sites provide services to all people living with HIV (PLHIV)
- All VCT clients found HIV-positive are offered EPC services
- All PLHIV are screened for tuberculosis (TB) using the standard questionnaire, and referred for further TB diagnosis and treatment at least every three months (if not sooner)
- All EPC clients are referred for CD4 testing
- All EPC clients are assessed for OI and treated accordingly
- All EPC clients undergo World Health Organization clinical staging at every visit
- All EPC clients receive regular follow-up health checks: Stage 1 every three months; Stage 2, 3 and 4 every months
- All EPC clients are started and continued on Cotrimoxazole prophylaxis
- All ART eligible clients are referred to ART sites
- All clients under 15 years of age have gender and age appropriate growth charts (height, weight, head circumference) in their medical files, updated at each visit
- All adult EPC clients are asked about family planning and contraception needs at each visit
- All EPC clients receive positive prevention counseling as appropriate (harm reduction, PMTCT, condom use, conception) at each visit
- EPC clients are referred for CHBC where available and as needed
- All EPC clients receive their updated complete EPC Treatment Record (small white booklet) at the completion of each visit
- Guidelines, equipment and commodities kept at all EPC sites include:
  - Essential Package of Care Operational Guideline
  - National Adult ART, OI, PMTCT and Pediatric Guidelines
  - National Pediatric ARV and CTX Dosing Brochure

- FHI Clinical Management of HIV SOPs
- STI Management Flow Chart
- PEP Management Flow Chart (Nepali)
- World Health Organization Clinical Staging Chart
- Growth Charts (all six)
- TB Screening Form
- IEC materials for STI and EPC client counseling
- Other equipment and commodities as necessary

### **HIV Counseling and Testing**

- All clients identified as HIV-positive are enrolled in EPC
- HIV counseling is provided only by staff trained in counseling
- HIV / STI test result written reports are provided to client *only in person* (not over the phone or through another person)
- Additional equipment and commodities kept at all service sites include:
  - IEC materials for client counseling
  - Condoms for demonstration and distribution
  - Dildos for demonstration

### **Laboratory**

- All HIV / STI related tests are done by trained staff
- All laboratory flow charts / procedures are displayed on the wall
- The refrigerator temperature is monitored using the temperature monitoring chart and following the instructions in the respective SOP
- The laboratory register is maintained
- All Quality Control test results are recorded

### **Post Exposure Prophylaxis (PEP)**

- All service sites have assigned principle and alternative focal persons for contact during emergencies
- All service sites have access to the starter package
- All service sites have PEP flow charts displayed on the wall, with focal person contact information
- All service site health personnel are oriented in regards to procedures
- All service sites ensure HBV immunization of the staff

### **Logistics**

- All service sites have
  - The Commodity Expiry Tracking Chart for test kits displayed on the wall
  - HIV/ AIDS Logistics Management System SOP Manual
  - Stock book
  - OI daily consumption registers
  - STI daily consumption registers
- All service site staff know who the focal person is, and starter pack availability All service site staff know the exact procedure and mechanism for PEP referral
- All service sites have a minimum of STI and OI drugs available (as described in Annex I)

## **Chapter VI: Community and Home-Based Care**

CHBC is an additional, or only, activity provided by some IHS implementing agency partners. Because of the stigma related to HIV, some clients prefer to avoid disclosure and receive CHBC services outside of their homes. CHBC is provided, therefore, to PLHIV clients in their communities or their homes, and only with their full consent.

### **CHBC Team Structure**

The CHBC team consists of a health care worker and one PLHIV, number of team depends on the client volume and geographical diversity (for detail refer to the CHBC approaches). The health care worker may be a nurse, health assistant, auxiliary health worker, or auxiliary nurse midwife.

### **Major CHBC Service Components**

- Regular home visits as specified in SOP.
- Home and community-based symptom care and pain management
- Advice on ART adherence
- Education to both clients and care givers using the Self Care Booklet
- Nutrition education
- Emotional support during bereavement for PLHIV, their care givers and families
- Client referral for EPC and other services

### **CHBC Job Aids and IEC Materials**

- CHBC SOP
- National CHBC Guidelines
- Self Care Booklet
- Nutrition Brochure
- ART Brochure
- ART Side Effect Brochure
- Various CHBC forms and ledgers, including:
  - First Visit CHBC Form for Adults
  - CHBC Follow Up Form for Adults
  - CHBC First Contact Form Children
  - CHBC Follow-Up Form for Children
  - Care Support and Treatment (CST) Ledger
  - Occupational Exposure Form
  - Community to Facility Referral Form
  - Oath of Confidentiality

### **CHBC Kits**

The CHBC kit includes drug supplies and other items for the CHBC team to carry with them to every home or community visit. Kit compositions vary depending on whether it is a trained health care worker or a volunteer providing CHBC. (See Annex II for CHBC kit )

## Chapter VII: Recording and Reporting Forms and Registers

There are a variety of forms and registers / ledgers used daily for IHS record keeping. It is the manager's duty to keep an optimum supply of these documents on hand at all times. These forms and registers are available from the FHI country office. In some situations, implementing partners may be asked to produce them locally. It is advised that at least one 'master' set of all documents be filed at all service sites for future need or reference.

All utilized forms and registers are filed in a locked cabinet to maintain client confidentiality. Every IHS service site needs to maintain a separate file in their filing system for each client, which only authorized staff can access. All forms and registers must be filled up daily. Based on these records, IHS service sites submit monthly Process Indicator Form reports to Surveillance Research and Monitoring (SRM) units at the FHI country office. Data are regularly verified and checked for quality by visiting teams from the FHI country office. Technical forms and registers are checked by the visiting technical team during monitoring visits. SRM team regularly conducts Data Quality Audits at selected IHS service sites. For clarifications, managers may contact the SRM team at the country office.

The following is a list of IHS health record and other forms kept at various service sites:

### *STI Services:*

- STI Clinic Health Record Form (Male)
- STI Clinic Health Record Form (Female)
- STI Clinic Health Record Follow-Up Form (Male)
- STI Clinic Health Record Follow-Up Form (Female)
- Partner Notification
- Client Test Result (STI)
- Register / Ledger (STI)

### *VCT Services:*

- VCT Pre-Test Counseling Form
- VCT Consent for Testing Form
- VCT Post-Test Counseling Form
- Counselor Intervention Form
- Consent Form for Release of Information
- VCT Follow-Up Form
- Register / Ledger (VCT)

### *Laboratory Services:*

- Client Test Result Form (HIV)
- Client Test Result Form (STI)
- Record Book

### *EPC Services:*

- Initial History Physical Examination Form
- EPC Initial Women Health History Form
- EPC Follow-Up Form
- EPC Treatment Record Book
- Register / Ledger (CST)

*CHBC Services:*

- First Visit CHBC Form
- CHBC Follow-Up Form
- Register / Ledger (CST)

*Registration Room:*

- ID with plastic cover
- Registration Form
- Occupational Exposure Form
- Facility-to-Facility Referral Form
- Community-To-Facility Referral Form
- Oath of Confidentiality Form

## **Chapter VIII: Coordination with Other Agencies and Services**

HIV-related services cannot and should not be provided in isolation. IHS service sites, however, are unable to provide a full and comprehensive service package. Referral and collaboration with other agencies in the districts and neighboring areas are required for some services, including TB treatment, hospitalized care, ART, PMTCT, and family planning. Program managers must network and establish good coordination with such agencies. For each IHS service site, a referral directory must be prepared with referral agencies, contact names and numbers. Each IHS center is recommended to identify a specific individual as contact person at the referral site. It helps to maintain client confidentiality, and clients feel more comfortable, when they only have to deal with one person.

The ASHA project does not supply condoms and drugs and does not allocate the budget to the partners to purchase these commodities. Government supplies these items either locally through District Public Health Office or centrally through NCASC store. Good coordination with these agencies ensures smooth supply of drugs and condoms.

Prevention partners in the area are the backbone of the HIV and STI control activities. Prevention staffs are the ones who identify the people most at risk of HIV and STI in the community and refer for the services. Regular meetings at least once in a month are recommended to have between staffs of prevention and IHS teams. These meeting must review the trends of STI and HIV among the attendees of IHS, coverage of the program and discuss the action points

The following are some suggestions for collaboration:

- Prevention partners (organizations conducting prevention activities among target groups)
- Clinical service partners (those providing TB and hospital services, for example)
- District Public Health Offices
- ART and PMTCT service sites
- Family planning organizations

## **Chapter IX: Monitoring and Quality Control**

Regular monitoring of IHS activities is necessary to maintain quality service delivery. This guideline should be used as a tool for IHS monitoring as it includes all the requirements starting from staffing, branding, essential commodities and supplies.

In addition, program managers are responsible to conduct regular and ongoing monitoring of IHS service sites using the checklist provided in the annex III and annex IV.

Program officers of the respected region and other program managers can use this guideline and said check list for the monitoring of the IHS activities.

Each IHS sends laboratory sample for the quality control to the National Public Health Laboratory (NPHL). Please collect all positive samples and 10% of the remaining negative samples of the HIV using Dried Blood Spots method for quality control and send to National Public Health Laboratory every month.

## Chapter X: Medical Waste Management

Medical wastes are generated in each health facility. Proper disposal of the waste materials generated in the health facility is the part of its regular activities. Infective nature of the waste generated in the health facilities demands proper disposal following the norms of universal precaution. Here we discuss about the waste generated in IHS and their disposal.

### Medical wastes generated in integrated health service centers:

1. Infectious solid wastes: Used test kits, Cotton swabs, Swab sticks, Bandages, Dressings, Gloves, Syringes (without needles), Test tubes (Plastic), Used micro well plates, pipette tips, etc.
2. Non-infectious solid wastes: Papers, cover of test kits, plastics and other non-infected materials
3. Sharps: syringes, lancets
4. Glasses: used glass slides, glass test tubes

### Collection of different types of wastes generated in integrated health service centers:

The person who generates the waste is responsible for putting wastes in the appropriate containers.

There should be different types of containers for collecting infectious and non-infectious **solid wastes** separately. It is recommended to use color-coding for the solid waste collection container.

- **Red color**: for collecting solid infectious wastes other than sharps
- **Blue color**: for collecting solid non-infectious wastes
- **Yellow container** (puncture proof): for collecting lancets and other sharps.

If you do not have the colored container, mark the container with visible paint or the tape of the recommended color.

**Liquid wastes** should be collected in a container with 0.5% Sodium Hypochlorite solution. There must be enough solution in the container so that even when liquid waste is added, the concentration of the solution remains approximately the same.

### Disposal of wastes:

Utility gloves should be worn while handling the wastes generated in clinical and laboratory settings. Materials that are to be disposed of outside should be kept into a strong leak-proof covered container prior to transporting them outside.

Use following methods for disposal of wastes generated in integrated health service centers:

1. Incineration: FHI discourages this practice since the burning pollutes the environment. This is recommended only if there are no other alternatives. This is recommended for dry infectious and non infectious waste which easily burns. Incinerator can be made locally using empty oil drums.
2. Burying: Bury the entire sharps and glasses in a pit and cover with layer of soil. Please make sure that the area is fenced and secured. Needles of the syringes should be destroyed using needle destroyers before the disposal.
3. Autoclaving: This is the best method and FHI encourage doing it. Advice is to use separate autoclave than used for sterilizing the instrument. Get the waste collected in

each day. Do autoclaving and send for municipal waste management system or for recycling purpose.

4. Decontaminate all infectious liquid waste ( blood ) with sufficient amount of 0.5% sodium hypochlorite first and then can be poured down a utility drain or flushable toilet.

Hands, gloves and containers should be washed after disposal of wastes.

### **Monitoring of waste management system**

It is the responsibility of the program manger to monitor the waste management system of the IHS. Please use the checklist provided in the annex for the purpose. At least weekly check by project coordinator in each IHS is recommended.

## Annex I: STI and EPC Clinic Supplies

### A. Instruments and Consumable Supplies for One EPC Clinic

S. No	Equipment / Supplies	Description	Unit	Minimum Quantity	Category
1	Steel Drum		Unit	2	--
2	Weighing Machine	Bathroom scale	Unit	1	--
3	Weighing Machine	Baby	Unit	1	--
4	Tape Measure		Unit	1	--
5	Height Measuring Scale		Unit	1	--
6	Blood Pressure Instrument		Unit	2	--
7	Needle Destroyer		Unit	1	--
8	Otoscope	With covers	Unit	1	--
9	Ophthalmoscope		Unit	1	--
10	Tendon Hammer		Unit	1	--
11	Proctoscope		Unit	5	--
12	Stethoscope		Unit	2	--
13	Goose Neck Lamp		Unit	1	--
14	Timer		Unit	1	--
15	Emergency Kit Box		Unit	1	--
16	Dildo		Unit	2	--
17	Examination Bed with Mattress	Chapline	Unit	1	--
18	Vaginal Speculum	Medium/ small	Unit	20	--
19	Forceps	Sponge holding	Unit	2	--
20	Scissors	Small	Pairs	2	--
21	Artery forceps and tweezers		Pairs	2	--
22	Small steel bowl		Unit	2	--
23	Kidney tray	Large	Unit	2	--
24	Dropping Bottle		Unit	3	--
25	Apron	White	Unit	2	--
26	Thermometer	Axillary's clinical flat type	Unit	2	--
27	Scissors		Unit	1	--
28	Puncture-Proof Box		Unit	1	--
29	Oxygen Cylinder Set	Medium size	Unit	1	--
30	Ambu Bag		Unit	1	--
31	Hand Held Mirror		Unit	1	--

**Consumable Supplies (Restricted for Procurement through USAID Fund) Estimated for 100 Visits at a STI / EPC Clinic**

S. No	Supplies	Description	Unit	Minimum Quantity	Category
1	Condoms	Demonstration and distribution	Unit	1,000	Contraceptive products
2	Povidine iodine	100 ml	Bottle	10	Pharmaceuticals
3	Adrenaline	1:1000	Vial	6	Pharmaceuticals
4	Hydrocortisone	100 mg	Vial	24	Pharmaceuticals
5	Pheniramine Maleate	22.75 mg	Vial	6	Pharmaceuticals
	<b>Subtotal</b>				

**Equipments for One STI/VCT Laboratory**

S. No	Equipment	Description	Unit	Minimum Quantity	Category
1	Autoclave	Medium (12" x 14"), Aluminum Chamber	Unit	1	--
2	Centrifuge	6 holes	Unit	1	--
3	Cold Box	18 L	Unit	1	--
4	Cryo Box	Holding 3 ml Vials	Unit	2	--
5	Ice Packs		Unit	15	--
6	Digital Balance	For Weighing Chemicals	Unit	1	--
7	Dropping Bottles		Unit	10	--
8	Graduated cylinder	100 ml, glass	Unit	1	--
9	Jar	Plastic jar of 10 liter capacity (to keep sodium hypochlorite solution)	Unit	4	--
10	Micropipette (Adjustable)	10-100 µl	Unit	1	--
11	Microscope	Binocular (Olympus)	Unit	1	--
12	Needle Destroyer		Unit	1	--
13	Puncture-Proof Sharp Container		Unit	2	--
14	Refrigerator	With deep freezer	Unit	1	--
15	RPR Rotator		Unit	1	--

S. No	Equipment	Description	Unit	Minimum Quantity	Category
16	Slide Box		Unit	3	--
17	Slide Tray		Unit	3	--
18	Staining Rack		Unit	1	--
19	Test Tube Rack	Small	Unit	5	--
20	Thermometer	Digital	Unit	1	--
21	Timer	Digital	Unit	1	--
22	Wash Bottle		Unit	5	--
23	Diamond Pencil	Unit	Unit	2	
24	Waste Bins for Infectious and Noninfectious Wastes	Unit	Unit	4	

### Consumable Supplies and Reagents Estimated for 500 Visits in a STI/ EPC Clinic

S. No	Supplies and reagents	Description	Unit	Minimum Quantity	Category
1	Acetone	500 ml	Bottle	4	--
2	Antibacterial Liquid Soap	Bottle	Bottle	10	--
3	Autoclave Sterilizing Indicator-Tape	Roll	Roll	1	--
4	Cryo Vials	3 ml capacity	Unit	25	--
5	Crystal Violet	125 ml	Bottle	6	--
6	Disposable Gloves	Pair	Pair	1,400	--
7	Disposable Pipette Tips	Yellow	Piece	1,500	--
8	Distilled Water	500 ml	Bottle	2	--
9	Ethanol	500 ml	Bottle	6	--
10	Glass Slides	50 slides/ packet	Packet	16	--
11	Grams Iodine	125 ml	Bottle	6	--
12	Immersion Oil, for Microscope	Vial	Vial	5	--
13	Labeling Sticker	Roll	Roll	5	--
14	Lens Paper (Microscope-Cleaning)	Packet	Packet	2	--
15	Methanol	500 ml	Bottle	1	--
16	Micro-Well Plate	U-shaped bottom	Unit	5	--
17	Normal Saline	500 ml	Bottle	15	--
18	Potassium Hydroxide (KOH)	500 g	Packet	1	--

S. No	Supplies and reagents	Description	Unit	Minimum Quantity	Category
19	Safranine	125 ml	Bottle	6	--
20	Sodium Hypochlorite	4%, 5 L jar	Jar	15	--
21	Syringe Disposable, 5 ml	Unit	Unit	600	--
22	EDTA vials	Unit	Unit	500	
23	Circular band aid	Unit	Unit	500	
24	Test Tubes	Screw capped, plastic, 12 x 100 mm	Unit	500	--
25	Utility Gloves	Pairs	Pair	12	--
26	Tongue Depressor	Wooden	Unit	250	--
27	Cover Slip	50 cover slips/ packet	Packet	11	--
28	Cotton Roll	400 g	Roll	10	--
29	Adhesive Tape Roll	1" X 1 m	Roll	5	--
30	Bandage 4 "	2 m	Roll	10	--
31	Specimen Swab Stick	Sterile	Unit	1,000	--
32	IV Canulla	16, 18	Unit	10	--
33	Glycerin	400 g	Bottle	2	--
34	KY Jelly	100 gram tube	Tube	15	--
35	Virex	Powder	Packet	120	--
36	Face masks	Cloth	Unit	20	--
37	Sanitary Pads		Unit	10	--
38	IV Set		Unit	10	--

### Instruments for One EPC only Clinic

S. No	Supplies and reagents	Description	Unit	Minimum Quantity	Category
1	Weighing Machine	Bathroom scale	Unit	1	--
2	Weighing Machine	Baby	Unit	1	--
3	Tape Measure		Unit	1	--
4	Height Measuring Scale		Unit	1	--
5	Otoscope (with covers)		Unit	1	--
6	Ophthalmoscope		Unit	1	--
7	Tendon Hammer		Unit	1	--
8	Blood Pressure Instrument		Unit	2	--
9	Stethoscope		Unit	2	--
10	Dildo		Unit	1	--

S. No	Supplies and reagents	Description	Unit	Minimum Quantity	Category
11	Examination Bed	Chapline	Unit	1	--
12	Forceps	Sponge Holding	Unit	1	--
13	Apron		Unit	2	--
14	Thermometer	Oral	Unit	5	--
15	Scissors		Unit	1	--
16	Puncture-Proof Box		Unit	1	--

**Consumable Supplies Estimated for 500 visits in a EPC only Clinic**

S. No	Supplies and reagents	Description	Unit	Minimum Quantity	Category
1	Tongue Depressor	Wooden	Unit	500	--
2	IV Canulla	Size :16 and 18	Unit	15	--
3	IV Set		Unit	15	--
4	Normal Saline	500 ml	Bottle	15	--
5	Liquid Soap	100 ml	Bottle	10	--
6	Disposable Syringes	Sterile 5 ml	Unit	50	--
7	Face masks	Clothes	Unit	100	--

**Consumable Supplies (Restricted for Procurement through USAID Fund) Estimated for 100 Visits at an EPC only Clinic**

S. No	Supplies and reagents	Description	Unit	Minimum Quantity	Category
1	Condoms	For demonstration and distribution	Unit	1,000	Contraceptive products
2	Povidine iodine	100 ml	Bottle	10	Pharmaceuticals

**Notes:**

**1. Pharmaceuticals and contraceptive products are restricted commodities** for procurement through USAID fund. A pharmaceutical is defined in USAID, Automated Directives System Glossary as:

Any substance intended for use in the diagnosis, cure, mitigation, treatment or prevention of diseases in humans or animals; any substances (other than food) intended to affect the structure or any function of the body of humans or animals; and, any substance intended for use as a component in the above. The term includes drugs, vitamins, oral rehydration salts, biologicals, and some in-vitro diagnostic reagents/test kits; but does not include devices or their components, parts, or accessories.

**2. Consumables need not be brought all at once. The quantities will have to be bought depending on the flow of clients.**

## Annex II: CHBC Kits

### CHBC supplies /team//year for 120 clients

SN.	Items	Quantity	Remarks	Category
<b>A</b>	<b>Expendable</b>			
1	Vaseline ( small)	20	30 gm	--
2	Powder small ( 100 ml)	30		--
3	Virex	4	250 g	--
4	Thermometer	3	Axillary's clinical flat type	--
5	Nail cutter	2		--
6	Adhesive tape roll	2	1" X 1 m	--
7	Gloves	100		--
8	Cotton roll	2	200 g	--
9	Bandage 4 "	10	2 m	--
10	Crep bandage	2	4 "	--
11	Soap	6		--
12	Hand towel	2		--
13	Tourch light	2		--
14	Plastic bag for waste disposal	100		--
15	Ethanol	2	400 mL	--
16	Soap dish	2		--
17	Hydrogen peroxide	1	100 mL	--
18	Plastic sheet	1	2 m	--
19	Wooden tongue depressor	12	Per piece	--
20	Sterile swab stick	50	Per piece	--
21	Home care kit bag	1		--
22	Steel holder	1	Cheatle forceps	--
23	Bed sheet	1		--

### Consumable supplies restricted for procurement through USAID fund

SN.	Items	Quantity	Remarks	Category
1.	Benzyls benzoates,	8	100 mL	Pharmaceuticals
2.	ORS	200	Sachet	Pharmaceuticals
3.	Gentian violet	10	10 mL	Pharmaceuticals
4.	Medicated balm	12	10 gm	Pharmaceuticals
5.	Calamine lotion	12	50 mL bottle	Pharmaceuticals
6.	Povidine /iodine	6	100 mL (5%)	Pharmaceuticals
7.	Paracetamol	100	500 mg	Pharmaceuticals
8.	Paracetamol Syrup	10	120 mg/5 cc	Pharmaceuticals
9.	Ibuprofen	50	200 mg	Pharmaceuticals
10.	Paracetamol / Codeine	20	500 mg/15 mg	Pharmaceuticals
11.	Albendazole	50	100 mg	Pharmaceuticals
12.	Clotrimazole(Candid )Mouth Paint,	5	vial	Pharmaceuticals

13.	Metronidazole	75	400 mg	Pharmaceuticals
14.	Bisacodyl (Dulcolax)	20	5 mg	Pharmaceuticals
15.	Domperidone	20	5 mg	Pharmaceuticals
16.	Hyoscine 10 mg (Buscopan)	20	10 mg	Pharmaceuticals
17.	Hydrogen Peroxide	5	100 ml	Pharmaceuticals

**Note:**

**Pharmaceuticals** are **restricted commodities** for procurement through USAID fund. A pharmaceutical is defined in USAID Automated Directives System Glossary as:

Any substance intended for use in the diagnosis, cure, mitigation, treatment or prevention of diseases in humans or animals; any substances (other than food) intended to affect the structure or any function of the body of humans or animals; and, any substance intended for use as a component in the above. The term includes drugs, vitamins, oral rehydration salts, biologicals, and some in-vitro diagnostic reagents/test kits; but does not include devices or their components, parts, or accessories.

## Annex III: IHS Activities Monitoring Check List for Program Managers

IHS site:

Date of Visit:

S. No.		Yes	No	Comments
1.	Minimum staff available (doctor / health assistant, staff nurse, counselor and laboratory technician / assistant) for running STI / VCT / EPC clinic			
2.	Doctor / health assistant, staff nurse with STI / EPC training, counselor with VCT training and laboratory technician with training on HIV / STI testing			
3.	STI / EPC / VCT SOP and STI / VCT National Guidelines available at service sites			
4.	HIV counseling is provided by trained health personnel			
5.	Clinic and registration areas ensure visual and auditory privacy			
6.	Clinic room and laboratory have running water supply			
7.	All STI clients are offered PRP and HIV testing			
8.	All VCT clients found HIV-positive are offered EPC services			
9.	All female clients are treated for STIs following positive laboratory results			
10.	All RPR reactive clients are immediately treated with a Benzathine Penicillin injection			
11.	Emergency set (Ambu bag, oxygen with set, adrenaline, hydrocortisone, chlorpheniramine) available			
12.	All STI clinics provide monthly screening to FSWs			
13.	All laboratory flow charts / procedures are displayed on the wall			
14.	All service sites have PEP flow charts displayed on the wall, with focal person contact information			
15.	All service site staff know the exact procedure and mechanism for PEP referral			
16.	Referral directory exists and service site staffs know where to refer clients			
17.	The refrigerator temperature is monitored using the temperature monitoring chart			
19.	All service sites have The Commodity Expiry Tracking Chart for test kits displayed on the wall			
20.	The laboratory register is regularly maintained			
21.	Samples for quality control test are collected, sent to the National Public Health Lab, and results recorded			

### Summary and notification:

## Annex IV: Waste Management Checklist

Name of IHS center: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Activities	Yes	No	Clinical staff Responsible	Remarks
<b>Training of Staffs</b>				
1. All clinical staffs including clinic helper have attended UP/PEP training conducted by ASHA-Project				
2. All clinical staffs including clinic helper are aware on the waste management procedures described in different SOPs.				
3. All clinical staffs and clinic helper are aware on their specific roles on management of clinical wastes.				
<b>Collection of wastes</b>				
1. Separate waste bins are available for collection of <b>infectious</b> and <b>non-infectious</b> wastes in the laboratory as well as examination room.				
2. Strong leak proof plastic bags are kept in the wastes bins for easy handling of wastes.				
3. Sharps container is available in the laboratory and examination room (this is required only if the laboratory and the clinic need to dispose of sharps).				
4. A jar with sufficient amount of 0.5% hypochlorite solution is kept on the laboratory bench to collect and decontaminate pipette tips and other infectious devices.				
<b>Disposal of wastes</b>				
1. Utility gloves are available and being used by clinical staff and clinic helper for handling of wastes.				
2. All burnable infectious and non-infectious wastes are burnt in a local incinerator. The wastes are burnt completely.				
3. Serum and whole blood specimen are disposed of only after decontamination with sufficient amount of 0.5% hypochlorite solution.				
4. Clinical staff or helper uses personal protective equipments (Apron, Goggles and Mask) while disposing of decontaminated liquid wastes into the drainage.				
5. Needles are destroyed using needle destroyer immediately after use in the laboratory and				

examination room.				
<p>6. Glasses are disposed of in a 4-5m deep and 1-2m wide pit after decontamination with 0.5% hypochlorite solution.</p> <ul style="list-style-type: none"> <li>▪ Each load of waste is covered with soil.</li> <li>▪ When the contents reach 50 cm of the surface, the hole is filled in with earth.</li> <li>▪ A security fence has been made around the pit.</li> </ul>				
<b>Availability of Supplies and equipments for waste management</b>				
<p>1. Following supplies and equipments are available at the IHS site for management of wastes</p> <ul style="list-style-type: none"> <li>▪ Utility gloves</li> <li>▪ Apron</li> <li>▪ Safety Goggles</li> <li>▪ Cotton Mask</li> <li>▪ Sodium Hypochlorite Solution</li> <li>▪ Sharp container</li> <li>▪ Needle destroyer</li> <li>▪ Separate wastes bins for infectious and non-infectious wastes</li> <li>▪ Autoclave for waste sterilization</li> <li>▪ Local incinerator</li> <li>▪ A pit with security fence for disposing of glasses (if applicable)</li> </ul>				

## Annex V: Operational Definition of Target Groups

Code	Target Group	Definition
01	Female Sex Worker	Female who exchange sex for money and / or goods.
02	Clients of Sex Workers	A client is a person who visits a sex worker and gives money and / or goods in exchange for sex. A client is a person who uses money, goods, gifts, false assurance, entertainment, and / or threats for sex with a sex worker.
03	Male Injecting Drug Users	A person (male) who injects drugs without a doctor's advice (and thereby raises his risk of HIV infection).
04	Female Injecting Drug Users	A person (female) who injects drugs without a doctor's advice (and thereby raises her risk of HIV infection).
05	Male Migrants	Men who have been to India or other countries for work for at least three months and have returned home within the last three years.
06	Female Migrants	Females who have been to India or other countries for work for at least three months and have returned home within the last three years.
07	Spouse of Migrants – Female	Spouse of male migrants as indicated in 05 above.
08	Spouse of Migrants –Male	Spouse of female migrants as indicated in 06 above.
09	Men Who Have Sex With Men	Male who has anal or oral sex regularly with another male and has not sold sex to another male.
10	Male Sex Worker	Male who has sold anal and / or oral sex to another male in exchange for money or other commodities.
11	Male Child	Male below 18 years of age.
12	Female Child	Female below 18 years of age.
13	Transgender	A biological male who perceives his gender (outward appearance, expression, and / or anatomy) as female.
66	Other Male	All males who do not fall in any of the male categories mentioned in this table. Other males may include spouses of FSWs, spouses of female injecting drug users, and other risk groups identified but not mentioned above. (Please describe the "other" types in the quarterly narrative report, or in the notes / remarks page.)
67	Other Female	All females who do not fall in any of the female categories mentioned in this table. Other females may include spouses of sex worker clients, spouses of male injecting drug users, and other risk groups identified but not mentioned above. (Please describe the "other" types in the quarterly narrative report, or in the notes / remarks page.)
68	Not Known – Male	Male PLHIV who were diagnosed as HIV-positive before ASHA Project implementation, and whose target group is not known. This is applicable for those PLHIV who were registered before the ASHA Project, and currently receiving services.
69	Not Known – Female	Female PLHIV who were diagnosed as HIV-positive before ASHA Project implementation, and whose target group is not known. This is applicable for those PLHIV who were registered before the ASHA Project, and currently receiving services.

## **Annex VI: List of Published National Guidelines, SOP Manuals and Trainings**

### **National Guidelines**

National guidelines are obtained from NCASC with an official request from the organization running the related services.

1. National Guidelines on Management of STI, NCASC, 2009
2. National Guidelines for Voluntary HIV/AIDS Counseling and Testing, NCASC 2007
3. National Guidelines on Universal Precautions Waste Disposal and Post Exposure Management, NCASC, 2005
4. National Guidelines on Antiretroviral Therapy, NCASC, 2005
5. National Opportunistic Infection Management Guidelines, NCASC, 2008
6. Clinical Management of HIV, Standard Operating Procedure, , NCASC, 2008
7. National Pediatric ART Guidelines, NCASC, 2008
8. National PMTCT Guidelines, NCASC, 2008
9. National OI Management Guidelines, 2007,NCASC
10. National CHBC Guidelines, NCASC, 2008
11. HIV /AIDS Commodities Logistic Management Guidelines, NCASC, 2007

### **Standard Operation Procedures Manuals**

Operation procedure manuals are obtained from the FHI Technical Unit in the Country Office, and from Program Officers at the FHI Regional Office. Revised and newly developed SOP manuals are shared with implementing partners.

1. HIV Care and Treatment Clinic Operational Guideline, 2007, FHI
2. Essential Package of Care, FHI Supported Clinical Services, Operational Guidelines, 2005, FHI.
3. Standard Operating Procedure for STI Management,2007,FHI
4. Standard Operating Procedure for HIV Testing and Counseling, 2007, FHI
5. Standard Operating Procedures for Community and Home-Based Care, 2007, FHI
6. Standard Operating Procedures for laboratory services at Integrated Health Centers, December, 2008

### **National Level Trainings**

1. Clinical Management of HIV( ART clinicians -Doctors, HA, SN):10 days
2. Management of STI ( Doctors, HA, SN): Basic- 6 days, Refresher- 3 days
3. Competency Based Training on VCT ( HIV counselors): Basic- 10 days, Refresher-3 days
4. VCT and STI laboratory training (Laboratory Technicians, Assistants) Basic 5 days, Refresher-3 days
5. Community and Home Based Care( CHBC workers) Basic -7 days, Refresher-5 days

## Annex VII: Template for IHS Referral Matrix

**Updated Date :**

**Name of the Integrated Health Service :**

**Address :**

Referral for	Name of the site	Complete Address	<u>Telephone Number</u> <u>Email (optional)</u>	<u>Contact Person</u> <u>Focal Person</u>
CHBC Services				
TB Diagnosis				
TB DOTS clinic				
Higher STI services				
CD4 count				
ART Services				
PLHIV support services				
Family Planning services				
PMTCT services				
Emergency Management				
Hospital for inpatient services				
Other services				

**Approved by:** \_\_\_\_\_

**Program Coordinator/Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Note: All information is required except that mentioned as 'optional'.  
The matrix must be updated every six months.  
If more than one service site are used for referrals, please mention by priority.*

**ASHA Project**  
**Family Health International (FHI)**  
Nepal Country Office  
PO Box: 8803, Kathmandu  
Tel: 01-4437171, Fax: 01-4417475  
Email: [fhinepal@fhi.org.np](mailto:fhinepal@fhi.org.np)  
Website: [www.fhi.org](http://www.fhi.org)

