

**No. No.T 11025/8/2011-NACO**  
**Government of India**  
**Ministry of Health & Family Welfare**  
**(National AIDS Control Organization)**

6<sup>th</sup> Floor, Chandralok Building  
36, Janpath, New Delhi- 110001

**Dated: 13-4-2011**

**OFFICE ORDER.**

National AIDS Control Programme Phase III is ending in 2012 and preparatory process for NACPIV is on the anvil by forming Working Groups on key areas..

The Working Groups would facilitate the process by discussing all issues through meetings and submit recommendations within the 6-8 week time frame

The following working group is formed for ICTC& PPTCT

- Dr. Sandhya Kabra ADG Convener
- Dr. Rajan Khobragde, TL, NTSU
- GFATM rep
- Clinton Foundation
- Mr. Vimlesh Purohit WHO
- Dr. Subha Raghavan SAATHI
- Dr. RR Ganga Khedkar, NARI
- PD, MP SACS
- PD, Orissa SACS
- Dr. J.C. Reddy, Jt. Director (Basis Services), APSACS Hyderabad
- Dr. Nimesh G. Desai, Institute of Human Behavior and Allied Sciences, New Delhi
- Dr. Shanta, Prof. & Head, Stanley Medical College, Chennai
- Dr. Sharda Jain, Chairperson, FOGSI, New Delhi
- Dr. Nina Rani, DD, Karnataka Health Service
- Rep. form NRHM
- Representative of TISS

Support Staff Mr. Biswas

**Sub group PPTCT**

- Dr. Mohammed Shaukat ADG (CST) – convener & Facilitator
- Dr. Sandhya Kabra, ADG(BS)

- PO PPTCT
- Prof. Charles Gilks, UNAIDS
- Rep. from UNICEF
- Mr. Vimlesh Purohit WHO
- PD Delhi
- PD Kerala
- TSU Maharashtra
- PD, Karnataka SACS
- Dr. Hinanshu Bhushan, AC, MOHFW
- Dr. Jesse Lionel, CMC, Vellore
- Dr. Sumitra Yadav, Associate Professor, Dept. of Obstetrics and Gynecology, Indore Medical College, Indore
- Dr. Padmaja Samant, Associate Professor, KEM Medical College, Mumbai
- Dr. Sebanthi Goswami, Molkata Medical College
- Dr. Tripti Pensi, RML Hospital, New Delhi
- Dy. Commissioner (MCH)
- Dr. Suresh Mohd., Director (RCH)
- Rep. from INP+ (Ms. Jahnabi Goswami, President INP+)
- Rep. from FOUSI, Ms. Sharad Jain

Detailed TOR and guidelines are attached

The composition of Working group would be as under:-


Convener/Facilitator	: A Senior Officer from NACO will be the facilitator and be the convener of each working group.
Chair Person	: Each working group will have a chair person. The chair person will moderate the discussion and develop a consensus on subject based on the terms of reference for each working groups
Rapporteur	: Chair person will identify a rapporteur for the group whose responsibility is to prepare the draft report of meetings.
Number of Meetings	: It is envisaged that each group will have at least 2 meetings.
Final Report	: The final report must be submitted by chairperson to NACO.

Format for Report : The final report should address all the issues addressed in the TORs and must have specific actionable recommendation. The report should be concise and not exceed 20 pages

Time Frame : The time frame for activity is 6-8 weeks

The conveners should co-ordinate with the members and start the activities immediately .

This issues with the concurrence of Secretary &DG NACO

  
**(Benoy Choudhury)**  
**Under Secretary to the Govt. of India**

- 1) Conveners of Working group
- 2) Divisional Officers, NACO
- 3) Officers NACO
- 4) Sr. PS to Secretary&DG
- 5) PS to AS NACO

### **Terms of Reference ICTC**

- Review the current status of ICTCs, and strengths and weaknesses of the program
- Suggest ways to improve accessibility and integration of ICTC with emphasis on further integration with NRHM programme below district level.
- Recommend a policy framework and guidelines for provider initiated HIV testing.
- Study the feasibility of using epidemiological surveillance data generated from ICTC analysis.
- Study the scope of expansion of services and its integration into the existing general health systems, including the primary health care system and the financial implications thereof.
- Assess quality related issues of Programmes and suggest strategies for improving the same
- HR issues.
- Suggest capacity building measures in the delivery of various services related to testing
- Suggest a strategic approach for service delivery in all its facets
- Suggest innovations in implementation
- Explore the possibilities of integration activities with NRHM

**Deliverables: Draft Report with Annexure**

**Time frame: 6-8 Weeks**

### **Terms of Reference for PPTCT Sub group**

- Review the current status of PPTCTs and strengths and weaknesses of the program
- Suggest ways to improve accessibility and integration of PPTCT services, with emphasis on further integration with NRHM/RCH programme below district level.
- Recommend a policy framework and guidelines for provider initiated HIV testing in PPTCT
- Study the feasibility of using epidemiological surveillance data generated from ICTC& PPTCT analysis.
- Study the scope of expansion of PPTCT services and its integration into the existing general health systems, including the primary health care system and the financial implications thereof.
- Review the existing guidelines of the Programs and suggest areas for improvement.
- Assess quality related issues of Programmes and suggest strategies for improvement
- HR issues
- Suggest capacity building measures in the delivery of various services related to HIV/AIDS.
- Suggest a strategic approach for service delivery in all its facets.
- Suggest innovations in implementation
- Explore the possibilities of integration activities with NRHM

**Deliverables: Draft Report with Annexure**

**Time frame: 6-8 Weeks**

## NACP IV (2012 – 2017) Programme Plan Preparation Working Group Guidelines

The National Aids Control Programme, Government of India is initiating the programme plan preparation process the NACP IV phase of the programme. Having initiated the process of reversal through focused effort on prevention linked to care support and treatment, the next phase of the NACP will focus on accelerating this reversal process and ensure integration of the next programme response.

NACP IV seeks to consolidate the gains of NACP III and learn from the lessons of the previous phases of programme implementation. It aspires to further strengthen and decentralize the programme management capacities to state and district levels in particular. The focus will remain as prevention oriented plan with adequate coverage of the HIV care in the context of the concentrated epidemic situation in India.

The cross cutting issues which require focus in all WG discussions are

1. Innovation
2. Integration and Convergence
3. Capacity Building
4. GIPA
5. GENDER

Facilitators are encouraged to invite facilitators/members from other groups when issues which relate to other groups are discussed.

Separate meeting and discussion with Facilitators and core group is planned at the end of 1st and 2nd round of meetings.

Working Group Activity Guidelines:

Convener	A Senior Officer from NACO will be the facilitator and convener of each WG.
Chairperson	Each working group will have a chairperson. The chairperson will moderate the discussion and develop a consensus on subject based on the terms of reference.
Rapporteur	Chairperson will identify a Rapporteur for the group whose responsibility is to prepare the draft report of meetings.
Number of Meetings	It is envisaged that each group will have at least 2-3 meetings.
Final Report	The Chairperson and Facilitator of each working group will submit the final report to NACO.
Format for Report	The final report should address all the issues addressed in the TORs and must have specific actionable recommendation. The report should be concise and not exceed 20 pages.
Time Frame	The time frame for activity is 6-8 weeks.
Invited Members	If necessary, each WG can invite one or two key representatives of other relevant groups to discuss the cross cutting issues
Core Team	One NACP Core Team member may participate in the discussion of each WG