{Proceedings of the 2\textsuperscript{nd} Quarterly National Review Meeting of the Basic Services Division (BSD) of All State AIDS Control Societies in India

\textbf{Date:} 17\textsuperscript{th} to 19\textsuperscript{th} December, 2014

\textbf{Venue:} Crest Conference Hall, Metropolitan Hotel, Bangla Sahib Road, New Delhi- 110001

\textbf{List of Participants- Attached in Annexure I}

\textbf{Agenda of the BSD Review Meeting:}

The review was conducted by the Basic Services Division/NACO with the following major objectives:

2. Updation on PPTCT information management and finalization of all PPTCT related registers and formats.
3. Finalization of State/UTs Annual Action Plan (AAP) 2015-16 w.r.t. Basic Services Division (BSD).

\textbf{The detailed agenda is attached in the Annexure II.}

The overall meeting was chaired by Dr Ashok Kumar (Dy. Director General /BSD/NACO) and attended by 76 participants (Annexure I) from NACO/ GoI, In-charges of SACS Basic Services Division & PPTCT State Focal Person/ PPTCT Consultants from Sates AIDS Control Society (SACS) & Representatives / Experts representing Development Partners, in accordance with the agenda of the meeting.
Proceedings of Day One (17th Dec, 2014)

On behalf of the Basic Services Division/NACO, Dr.Rajesh Deshmukh, Programme Officer (HIV/TB) welcomed all the participants and also introduced all the officers who have recently joined the BSD team at NACO viz, Dr.Asha Hegde, National PPTCT Consultant, Dr.Sunny Swarnkar, Program officer ICTC, Dr. Reema Gill, Program Officer, Counselling, Mr. Mubarak Ali, Technical Officer, PPTCT, Mr. P.Sujith, Technical Officer, M&E, Dr. Jyoti Sharma, Technical Officer, HIV/TB and Ms. Monica Tripathi, Technical Assistant, PPTCT.

Shri.N.S.Kang, Additional Secretary, NACO was not able to attend the meeting due to some other unavoidable urgent official commitment. The sessions were chaired by Dr. Ashok Kumar, Deputy DG (BSD) NACO/GoI and co-chaired by Dr Raghuram Rao, Deputy Asst. DG, DGHS, GoI.

Chairman highlighted the objectives of this meeting and briefed the participants on the agenda & expected outcomes of the meeting. He also gave an overview of the progress made during the year (2014-15) with regard to ICTC, HIV/TB, PPTCT and Counselling & Training Services and emphasized the need for determined efforts to achieve the physical & financial targets related to the Basic Services component during the current financial year (2014-15).

Thereafter, the Programme Officers (PO) of ICTC, PPTCT, HIV/TB and Counselling of BSD/ NACO outlined the National Physical and Financial Targets (2014-15) and the achievements made until October, 2014 in respect of ICTC, PPTCT, HIV-TB and Counselling & Training activities of all States AIDS Control Society.

1. ICTC Performance Review

Dr. Sunny Swarnkar PO(ICTC)/BSD, presented State/UT wise overview of physical and financial achievement (April-October 2014) against 2014-15 targets.

Performance gaps were highlighted in the following areas:

- Establishment of FICTCs and Stand Alone ICTCs
- Co-location of facilities (ICTC, Anti Retroviral Therapy (ART) & Sexually Transmitted Infection (STI))
- Achievement of HIV testing target for the year 2014-15.

It was highlighted that many States have established testing facilities but due to error in SIMS reporting, it is not being reflected at national level. The State representatives informed that the data reported by ICTC facilities are not getting reported at national level due to SIMS related issues.
SACS officials stated that in view of letter regarding decrease in Revised Estimate of allocated fund 2014-15 from NACO, the States/UTs had to defer the establishment of new HIV testing facilities [Facilitated ICTC (F-ICTC)/Co-located ICTC/Stand Alone ICTC (SA-ICTC)] and withhold the recruitment of new staffs for the financial year 2014-15. The PO (ICTC/BSD), NACO requested all the SACS to submit their AAPs within a week’s time.

Enlisted below are issues raised by Bihar, Jharkhand, Goa & West Bengal SACS and the responses given by NACO.

- **Issues reported by Bihar SACS**
  Difficulty in getting approval from its Executive Committee for inter allocation of funds in order to fill up the vacant posts. (Due to Cut in Revised Estimate allocated fund 2014-15 from NACO);

- **Issues reported by Jharkhand SACS**
  Dearth of funds and is unable to make salary payments of existing staffs and process new recruitments. The SACS has already taken loan from NHM for the payment of the last five month salaries of staffs. The issue has already been discussed with Secretary, Finance Department, Government of Jharkhand and are still awaiting appropriate responses. Also the frequent transfer of Project Directors is hampering the streamlining process of the program.

- **Issues reported by Goa SACS**
  Sought clarification regarding the interchange of funds within the BSD components allocated and their subsequent utilisation.

- **Issues reported by West Bengal SACS**
  Raised concerns about low numbers of Ante Natal Care (ANC) registrations in PHCs.

**Responses:**

In response to all above mentioned issues the Chair and Co-chair advised all the states to take prior approval from their respective executive committees for activities planned for the entire year to avoid unnecessary delays. They also advised the SACS that they can find out from other existing state health programmes (NHM/State / Central Govt. Health schemes etc.,) whether they could utilize their resources. The Chair mentioned that none of the state has achieved the target regarding co-location of facilities at Medical Colleges which is one of the reasons for the loss of ANC cases/ referrals. It was also suggested that the performance of PHC’s needs to be monitored under closed observation and training of PHC staff is also vital.

The Co-chair suggested that all the States/UTs have to ensure co-location of ICTC, ART and DSRC facilities and they need to monitor the fund utilization for the same. It was also suggested that the low referral percentage from TI to ICTC needs to be addressed by frequent meetings between SACS officials of BSD and TI division, which will help in maximizing the coverage of
TI (HRG) Population. The Chair directed all the SACS participants to internally communicate issues if any, through official files, which is the best practice.

BSD/NACO will take up the issue of new recruitment with the Administrative Division at NACO.

**Action Points with respect to ICTC Component:**

1. Ensure achievement of physical targets in respect of the establishment of ICTCs (Stand Alone, FICTCs, PPP-ICTCs) as well as the Facility Co-location by March 2015. *(Action-BSD/SACS)*

2. **PPTCT Performance Review**

Dr. Asha Hegde, National Consultant, PPTCT gave a State/UT wise overview of the achievement on PPTCT/EID activities from April to October 2014, measured against the physical target (2014-15).

The PPTCT achievement against target was presented using the data available from the BSD Monthly Template collected from SACS/UTs from April to October 2014. With respect to data reporting and availability, it was highlighted that for some States/UTs the data were incorrect, for some, the data were incomplete and for some States/UTs the data were missing or not reported. It was demonstrated in the presentation, that the incorrect/incomplete data posed difficulties in constructing the EID Cascade. For example data on the CPT given to HIV exposed children were incomplete/incorrect. It was also demonstrated in the presentation that for the same indicators the data from SIMS and Monthly BSD template were different for most of the States/UTs.

There were two key highlights of the presentation which are mentioned below:

- For each of the States/UTs, NACO has given different targets against the respective estimated pregnancies for testing coverage. It was pointed out that the targets ranged from as low as 20% to as high 100% of the annual estimated pregnancies. So some of the states which showed more than 90% of testing coverage indeed had a target of 30% of the estimated pregnancies and for some other states which showed 40-50% of testing coverage had a target of 100% of the estimated pregnancies. For example, for India which had a testing coverage of 70%, the target given was less than 40% of the annual estimated pregnancies. It was pointed out that, in order to undergo evaluation for elimination of mother to Child transmission of HIV, the testing coverage should be 95%. Hence it was suggested that the current targets could be done away with and the annual estimated pregnancies to be set as the target for testing. DDG, BSD suggested that this proposal is to be discussed by the participants in the group work scheduled for the next day.
The already known case of HIV infected mother is not being reported in the system and only the newly tested and detected positive cases are being reported. This leads to under reporting of the number of HIV infected pregnant women encountered at the ICTCs that are reported from the States/UTs. For example in the case of Maharashtra SACS, known cases constitute about 30% of the identified infected cases, which are not reported, thereby under reporting the number of identified cases by 30% against the target. Hence it was suggested that the current reporting formats/registers to be revised so as to include the reporting of the known cases also.

Issues reported by the participants

1. Some of the States/UTs reported issues related to the reporting in Section D format in SIMS.
2. Under reporting/non reporting arises due to the non-availability / dysfunctional status of computers at facility level.
3. Non Availability of Syrup Cotrimoxazole at the facility level.

Responses from NACO:

In view of above issues, it was suggested that, if the system is not available/under maintenance at PPTCT/ICTCs, the counselor can use the other computer system located within the same premises for reporting purpose and this may also be facilitated by the Medical superintendent of the hospitals. They could also use nearest cyber café for ensuring timely reporting.

It was suggested states that the SACS shall make arrangements to make use of Syrup Cotrimoxazole which is available in the general health system. It was informed to everyone that the PPTCT programme aimed for elimination of HIV transmission from the mother to child and for this, the testing facilities needs to be scaled up nationwide. Instructions were given to all the SACS representatives to follow the Option B+ (Lifelong ART) guidelines, which was already been issued to them in January 2014.

Action Points with respect to PPTCT as emerged have been detailed in the proceedings under group work at subsequent pages (9, 10, 13 & 14).

3. HIV/TB Performance Review

Dr. Rajesh Deshmukh, PO (HIV-TB/BSD) NACO gave a State/UT wise overview of the achievements in HIV/TB until October, 2014 against the physical targets (2014-15). During the presentation it was emphasized on the need of co-location of ICTC & DMC facilities in order to improve screening of TB patients for HIV.
The new initiative of BSD/NACO, CST & Central TB division regarding use of Cartridge Based Nucleic Acid Amplification Test (CBNAAT) for early diagnosis of TB/Rif R among PLHIVs, was mentioned.

The SACS BSD officials of Karnataka, Gujarat, Madhya Pradesh, Uttar Pradesh, Delhi, Mizoram shared their respective achievements and Action Plans to improve the intensified TB case-finding activities and cross referrals.

In addition to review of achievements and progress made by SACS in HIV/TB collaborative activities, the need for conducting State TB/HIV coordination committee meetings, State Technical Working Group meetings, Joint Supervisory visits with the State TB officers and participation in the State and Central RNTCP internal evaluations were emphasized.

**Action points with respect to HIV/TB:**

1. Progress on co-location of DMC and ICTC to be submitted quarterly to the BSD/NACO (Action- BSD officials of respective SACS)
2. Minutes of State TB-HIV co-ordination committee and state technical working group HIV-TB to be submitted to NACO by March 2015. (Action- BSD officials of respective SACS)
   - Reports of Joint Supervisory visit to be submitted quarterly to BSD/NACO, within 7 days of completion of visit (Action- BSD officials of respective SACS)

**4. ICTC Counselling and Training Performance Review**

Ms. Reema Gill, PO (Counselling), BSD, NACO presented the State/UT wise training status. It was requested to SACS officials to send updated information on the counsellors’ vacancies and training status in the BSD monthly template.

The SACS officials were informed to commence the Integrated Induction (7 days duration) and Integrated Refresher Training (3 days for Refresher I and 2 days for Refresher II)programmes for ICTC, STI and ART Counsellors. It was informed that both the Induction and Refresher trainings were residential training programmes. SACS officials should take serious note of defaulters of the training programmes. The counsellors who have already undergone both the Refresher Trainings should NOT be deputed for any further refresher training.

SACS officials requested NACO to nominate officers from SACS who are capable of providing training to Counsellors as Master Trainers and allow them to participate as trainers in the subsequent training programs.

The States/UTs were requested to give their suggestions on frame-work for evaluation of quality of counselling services in each state. The top performing counsellors and low performing
counsellors to be identified in each State/UT. The SACS officials should undertake assessment of the quality of counselling being provided in their respective States/UTs.

**Action Points with respect to Counselling/Training:**

1. All the SACS were directed to submit the vacancy status and training requirement, including action plan of ICTC, F-ICTC counselling staff to be sent to BSD/NACO by the 31st December 2014 to email id: pocounselling.naco@gmail.com. *(Action- All BSD/SACS officials)*
2. The PO(C) in BSD, NACO will monitor the nationwide training of counsellors. *(Action- BSD/NACO)*
3. Official communication to be sent to Saksham /TIS for considering SACS officials as Trainers and involving them in counsellors training program. *(Action- BSD/NACO)*
4. Communication to be sent to all Project Directors / SACS regarding the guidelines related to Integrated Induction and Integrated Refresher Trainings of ICTC, ART and STI counsellors. *(Action- PO (C)/BSD)*
5. The States/UTs shall give inputs/suggestions on frame-work for evaluation of quality of counselling services in each state. *(Action- BSD/SACS).*
6. Undertake assessment of quality of counselling services in each state. *(Action- BSD/SACS and BSD/NACO)*

**5. Monitoring And Evaluation- SIMS Review:**

Mr. Praveen Gupta, PO (M&E)/ NACO reviewed the SIMS and M&E related issues

The main points discussed were:

- SACS raised issues in SIMS reporting, for example “– 500 error” in ICTC Monthly Format in Data Entry Module
- The issues in SIMS ICTC monthly new format were discussed. For example, some sections were not accessible.
- In spite of the proper functioning of Facilitated-Integrated Counselling Testing Centres (F-ICTC) screens in Strategic Information Management System (SIMS), the States/UTs were not reporting.

**Action points with respect to Monitoring and Evaluation:**

1. Data entry in ICTC and F-ICTC in SIMS to be improved. *(Action- SACS)*
2. Regular Reporting status, Completeness, Timeliness, Quality of data entered has to be ensured and improved *(Action- SACS).*
3. All FICTCs to be registered in SIMS. *(Action- SACS).*
4. ICTC /FICTCs reporting “ZERO” testing should be thoroughly reviewed *(Action- SACS)*
5. Error / Issues should be shared with NACO with the Screen Shot.(Action- SACS, and reported issues to be resolved by M&E, NACO)

6. Financial Performance review

Mr. Naskar (Under Secretary & Mr. Prahlad Singh (Sr. Accounts Officer) reviewed the financial performance of all the States/UTs. Issues related to fund allocation to all SACS against AAP 2014-15 were discussed. As there are insufficient funds under some financial components, States/UTs requested for inter allocation of funds.

It was mentioned that the expenditure details available with all the States/UTs is not being reflected at the national level i.e. NACO’s Finance division. It was highlighted that the expenditure in the last two quarters is very less, considering the fund allocated to all the States/UTs under AAP 2014-15.


The State/UT representatives were divided in groups in order to prepare the Annual Action Plan 2015-16. This group work was facilitated by Programme Officers of BSD/NACO.

BSD SACS officials were instructed to update the financial achievement report submitted for 2014-15 and also finalize the target for AAP 2015-16.

Action points:

All SACS were instructed to send the final Annual Action Plan (2015-16) by 22nd December, 2014 to BSD/NACO (Action- All State AIDS Control Societies in India).
**Proceedings of Day Two (18th Dec, 2014)**

The session was chaired by Dr. Ashok Kumar and Dr. Sudhakar Rao, CDC-India. Assessment Report 2014 “Prevention of Parent-to-Child-Transmission of HIV (PPTCT) Services Implementation in the States of Andhra Pradesh, Telangana, Karnataka and Tamilnadu” was distributed to all SACS officials. It was highlighted that the hard copies of the Assessment report had already been dispatched to the all the State Health Secretary, State MD, NHM, and to the Project Director, SACS.

1. **Recommendations of PPTCT Assessment 2014 and Way Forward**

This session was presented by Dr. Sudha Balakrishnan, Maternal Health Specialist, UNICEF-India. The objective of the session was to share the key learnings from the PPTCT assessments conducted in the four southern states. The session was quite interactive, since the presenter asked the participants to interpret the data presented on the PPTCT cascade of the four southern states which were assessed. Single window approach for testing of pregnant women to rule out HIV, STI together was emphasized during the presentation.

In addition to this Dr. B.B. Rewari, National Programme Officer/ART requested the SACs for optimal utilization of the PPTCT outreach workers available in the field for preventing loss in linkage and follow up of mother and baby. He also mentioned that as per the new guidelines for EID testing, WBS test will no longer exist and instead a second DBS sample will be collected for confirmation. The new guidelines in this regard will be disseminated soon.

**Issues raised by the SACS Officials:**

- Shortage of testing kits for EID, leading to less number of HIV exposed children being tested for Early Infection Diagnosis (EID).
- The EID services being limited to some delivery points only.
- SACS officials requested posting of one PPTCT Consultant for each and every state.

**Responses:**

DBS kits have already been dispatched to all the states. NACO is planning to make available nationwide, the facility of DBS sample collection for EID at all SA ICTCs. Posting of PPTCT Consultant in each and every state is not warranted in the present situation.

**Action Points:**

1. Chhattisgarh SACS was asked to relocate DBS testing kits (EID) to Punjab SACS. (Action-(BSD) Chhattisgarh and Punjab)
2. In-depth evaluation to be conducted across all states regarding the implementation of B+ guideline by the end of March 2015. (Action-BSD (PPTCT) NACO and all SACS(s))
2. **Best Practices on NHM Convergence and Monitoring Tools for PPTCT**

Dr. Lalita Hande, PPTCT Consultant, Karnataka presented the first presentation of this session, NHM Convergence model of Karnataka. The highlight of successful implementation of PPTCT programme in the state of Karnataka state was the establishment of good coordination between NHM, National AIDS Control Programme (NACP) and National Informatics Centre (NIC). With the help of National Informatics Centre (NIC), a software was developed for SACS to access Mother Child Tracking System (MCTS) data of NHM which helped them to track all HIV Positive ANC/PNC cases.

DDG, BSD, NACO appreciated Karnataka SACS for their initiatives taken regarding establishment of linkages between SACS and NHM and utilization of Government social welfare schemes.

Dr. V.Inge (JD BSD/MH) & Dr. Surendra B. Yadav (PPTCT Consultant)presented the second presentation of this session, on the “Best practices related to PPTCT and individual tracking system and ICTC Grading tool in Maharashtra”. The grading of ICTCs was the highlight of the presentations which showed healthy competition among ICTCs and helped in motivation enhancement & improvement in their performance.

Participants felt that the grading included only the quantitative performance of the counsellors, and suggested to include the quality aspects of counselling in the grading tool.

**Action points:**

1. DDG/BSD, NACO advised all SACS to establish similar linkages with their RCH/NHM Counterparts. (Action- BSD/SACS)
2. To create a system for evaluating the quality related aspects of Counselling. (Action- PO(Counselling)/BSD, NACO)

3. **The Importance of Data & Global/ National reporting for measuring progress towards elimination of mother to child transmission**

Dr.Nicole Seguy, WHO/ India presented this session. The presentation threw more light on how the evaluation for elimination will be carried out and the details of the different parameters that are to be monitored. The need for including the known HIV positive pregnant women, while reporting the number of identified HIV positive pregnant women in the current reporting system, was stressed upon.

It was also mentioned that the private sector data has to be included so as to get a holistic picture on testing coverage.
The doses and duration of Syrup Nevirapine to be given to HIV exposed children were reiterated. It was mentioned that the practice of single dose NVP should be done away with and it no longer exists in the current NACO guidelines.

**Action Points:**

1. SACS officers were requested to involve the private practitioners’ in the PPTCT programme, for testing as well as reporting to achieve universal ANC Coverage. (**Action**: BSD, All SACS(s)).
2. The next joint review meeting of BSD and CST is tentatively scheduled in April 2015. (**Action**: BSD and CST Divisions, NACO.)

4. **Strengthening of the PPTCT Recording and Reporting System:**

   The session was presented by Dr. Asha Hegde and Dr. Amarnath Babu, WHO/ India.

   The gaps identified in the existing reporting system were highlighted. The data mismatch between SIMS and Monthly BSD template for the same indicators, were highlighted. Inconsistency in the reported data, missing data etc was demonstrated. The analysis and findings of the PPTCT Line list of the state of Maharashtra was presented in order to briefly demonstrate the utility of line list as a monitoring tool and the usefulness of the output from it for the program for decision making. It was suggested that an integrated EID & PPTCT Line-list is to be established.

   Unanimously, all the participants felt that the existing registers and reports have to be updated and standardized.

5. **SIMS -Issues & Corrective Measures:**

   This session was presented by Dr. Yujwal Raj, NPO Strategic Information (SI)/NACO. It was highlighted that in order to avoid duplication of HIV Positive client’s registration, individual patient registering and tracking is essential. He appreciated the data analysis and presentation of PPTCT Line List data and stressed upon that such case tracking systems should be established in all States/UTs. The importance of proper reporting and the need for standardization of data definitions and terminologies in the ICTC registers and reporting tools were stressed upon during the presentation. It was highlighted that since there is good immunization coverage, the EID follow up can be improved by establishing linkage with the Immunization Clinics. Given the fact that the child is being brought to the hospital for immunization/ other services, such opportunities should be used for better EID follow up.

   For individual case-tracking at National level, until daily reporting format is launched, intermittent/temporary mechanisms needs to be thought and in the longer run such systems should be imbibed in SIMS. He also mentioned that, as a pilot, in some ART centers in Delhi, Aadhaar number of the clients is being captured during registration. It was suggested that the
current system of HMIS/MCTS can be made use for integrating reporting mechanisms and patient tracking.

6. Group Work:

Group work on updation of PPTCT Information Management in view of Nationwide Implementation of life-long ART for PPTCT and its assessment 2014 was scheduled in 6 Groups as per following:

- **Group A**: Review and updation on SIMS ICTC-Section D format.
- **Group B**: Review and updation of PPTCT Line-list and EID Reports.
- **Group C**: Review and updation of PPTCT Monthly Reporting Format.
- **Group D**: Review and updation of existing PPTCT related registers in ICTCs viz Register No.2 (PW PID), register no.4 (PW Counselling) and register no.5 (Post–Natal).
- **Group E**: Designing Information Sheet on PPTCT data at facility/ district/ state levels that needs to be provided by the State / UT to the visiting National PPTCT Core Group Members.
- **Group F**: Designing Sero- discordant Couples line-lists.

All the participants were divided accordingly in six groups and were requested to work on the revision and updation of the formats provided to them. They were requested to nominate a rapporteur in each of the group to document the discussions and decisions. The groups were also requested to make the display and present their respective finalized formats.
Proceedings of Day 3 (19th Dec, 2014)

The session was chaired by Dr. Ashok Kumar, Dr. Pauline Harvey, Country Director, US-CDC, India, Dr. Nicole Seguy, WHO, India and Dr. Sampath, US-CDC, India.

1. Group Work Presentations

One member from each group made their respective presentation. During the group work presentations the following points were discussed:

Group Work A: Review and updation on SIMS (ICTC) Section D format

This group presented their final format and all the participants agreed to the updated version of the Section D, which included reporting of already known HIV positive pregnant women. The format was revised to suit the latest PPTCT guidelines. (Annexure III)

Group B: Review and Updating of PPTCT Line-Lists and EID Reports

This group presented the final PPTCT line list (Annexure IV) that was finalized by way of consensus among the group members. It was mentioned that the objectives of the line list were

1. Monitor, keep track and follow up of each and every HIV infected pregnant mother and their babies.
2. Capture key variables that have a programmatic implication and shall be used for taking program decisions at various levels.

The line list shall be initiated as soon as a pregnant mother is found HIV infected or known HIV infected woman gets pregnant, which shall also include those on ART. The line list shall continue to capture details of the key events of the HIV infected pregnant women until 18 months after delivery. In case the outcome of the pregnancy is abortion or MTP, the capturing of details stops at the column ‘status of the mother after 6 weeks of the outcome of pregnancy’. The columns and the variables in the line list should match with the ICTC registers. A uniform master data (data definition) shall be used across all registers, reports and SIMS. The data columns in the PPTCT line list should follow the logical sequence of events of the patients’ visits. All the above mentioned were the generic decisions made by this group with regard to the PPTCT Line list.

The participants agreed to the line list and it was suggested that it has to be ensured that all the variables in the line list should also be present in the registers. It was suggested that the register Number 5, Post Natal register can be renamed as PPTCT and EID register. It was suggested that the district ICTC Supervisors can be sensitized on the newly developed formats by the SACS officials and the sensitized ICTC supervisors can train the ICTC counsellors during the monthly review meetings.
Group C: Review and updation of PPTCT Monthly Reporting Format

It was mentioned that due to the non availability of data in Section D, ICTC of SIMS, the monthly PPTCT format is necessary to capture information from all States/UTs. The group presented their finalized monthly reporting format for PPTCT (Annexure V). During this session there were lots of discussions on the proposed EID terminologies. It was decided that NACO would redefine the terminologies and finalize the format.

Group D: Review & update of existing PPTCT related registers in ICTC vs Register No.2 (PW PID), register no.4 (PW Counselling) register no.5 (Post –Natal).

There are no changes in existing register number 2. The register number 5 will be in sync with the PPTCT line list and is being renamed as PPTCT/EID register as mentioned earlier. The group presented the updated register number 4 (Annexure VI) as per the new PPTCT/EID guidelines. During the presentation the suggestions made by the participants were incorporated and the final formats were submitted to NACO.

Group E: Designing Information Sheet on PPTCT data at facility/ district/ state levels that needs to be provided by the State / UT to the visiting National PPTCT Core Group Member

The group highlighted that the purpose of the designing the information sheet on PPTCT Data at State, District and Facility Level was to facilitate the states in preparing the relevant information for the visiting Core Group team members.

Unfortunately due to shortage of time this group was not able to display and present the finalized data collection formats. It was informed to the states that this format (Annexure VII) will be shared to all States/UTs and the facilities have to present the data in this format to the visiting core group members.

Action Point:

All states are directed to constitute a State/UT PPTCT Core Group. The staffs who are involved in the implementation of the PPTCT program should not be a member of this core group. The list of the State PPTCT Core group has to be shared with NACO by end of December 2014. Further assistance will be provided by NACO. (Action: BSD/ All SACS(s))

Group F: Designing Sero- discordant Couple line list

Except Maharashtra, Chhattisgarh, Andhra Pradesh and Chandigarh no other states have sufficient data on discordant couples. Based on their formats, the group has finalized the Sero discordant couple list format and the group made their presentation of the finalized format (Annexure VIII). The participants were concerned that the variables mentioned in the tools were not part of any existing register. It was suggested to minimize the variables for implementing it
in all ICTCs and do a pilot implementation with the original presented format in few identified ICTCs in the country.

The participants felt that there was a need of separate format for discordant couple and that monitoring and follow-up of the discordant couples would be extremely important from the prevention point of view. DDG, BSD, NACO added that the Sero- discordancy in couple should be captured and documented for the purpose of intensive preventive interventions. The presenter mentioned about self-interviewed computerized programme for study/research purpose. DDG, BSD, NACO requested Dr. Tarun to share it with NACO.

2. MCTS Presentation

Dr. Srilatha Sivalenka, US-CDC presented linking of PPTCT line- list with MCTS. MCTS (Mother and Child Tracking system) is a centralized web based application for tracking all pregnant mothers established by the MOHFW. It was suggested that the MCTS application is already capturing lots of details of the pregnant women and in case if it needs to be used for PPTCT tracking, then necessary additional variables needs to be added. The Karnataka state has developed software by which PPTCT services can be integrated with MCTS data with the help of NIC. They have also ensured that the HIV related data are maintained in a confidential manner. It was suggested that such models could be replicated nationwide.

3. Way Forward

Dr. Ashok Kumar, highlighted upon the way forward for efficient PPTCT services. The following were the key points and recommendations:-

1. Final Annual Action Plan 2015-16 to be sent by all State AIDS Control Societies to BSD/NACO by Monday 22/12/14.
2. Current financial year, 2014-15 pending activities and targets to be completed as per AAP (2014-15) by all SACS(s).
3. All SACS(s) to establish close linkage and liaisons with respective RCH programme managers and the step towards it as shared by Karnataka SACS in this direction.
4. All States/UTs should have HIV testing targets as 100% coverage in respect of pregnant women
5. All 24x 7 PHCs should be converted to F- ICTCs
6. EID to be expanded to more ICTC sites
7. State PPTCT Core Groups should be constituted in all SACS(s) to guide programme scale up
8. Monthly PPTCT/ICTC/HIV-TB/Counselling review to be held at NACO.
9. Joint Review of BSD –CST Division of all the SACS(s) review meeting in April 2015.
10. National Evaluation of PPTCT to be planned to be conducted in the month of May/June 2015
With regard to PPTCT reporting tools, it is decided that already known HIV positive pregnant women should be included in the updated reporting system, the recording registers and reporting tools would be standardized as per the new guidelines.

Dr. Ashok Kumar mentioned that all the formats submitted by the Groups shall be reviewed by NACO and the finalized formats will be shared with the SACS in due course for their implementation. The institution wise PPTCT line lists are expected to be aggregated at the State and National level. The guidance and definitions for reporting shall be finalized by NACO in due course.

Once the formats are shared with the States/UTs, NACO will expect the PPTCT reports by 15th of every month.

The meeting ended with a vote of thanks by Dr. Rajesh Deshmukh, PO (HIV-TB)/ BSD/NACO.

Following is the summary of the Action Points of this BSD Annual Review Meeting:

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<tr>
<th>S.No.</th>
<th>Component</th>
<th>Action Points</th>
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</table>
| 1.    | ICTC (Page 4)              | 1. Ensure achievement of physical targets in respect of the establishment of ICTCs (Stand Alone, FICTCs, PPP-ICTCs) as well as the Facility Co-location by March 2015. (Action- BSD/SACS)  
2. All SACS to send the final Annual Action Plan (2015-16) by 22nd December, 2014 to BSD/NACO (Action-BSD/all SACS(s)) |
| 2.    | HIV-TB (Page 6)            | 1. Progress on co-location of DMC and ICTC to be submitted quarterly to the BSD/NACO (Action-BSD officials of respective SACS)  
2. Minutes of State TB-HIV co-ordination committee and state technical working group HIV-TB to be submitted to NACO by March 2015. (Action- BSD officials of respective SACS)  
3. Reports of Joint Supervisory visit to be submitted quarterly to BSD/NACO, within 7 days of completion of visit (Action- BSD officials of respective SACS) |
| 3.    | Counselling and Training (Page 6 & 7) | 1. All the SACS were directed to submit the vacancy status and training requirement, including action plan of ICTC, F-ICTC counselling staff to be sent to BSD/NACO by the 31st December 2014 to email id: pocounselling.naco@gmail.com. (Action- All BSD SACS officials)  
2. The PO(C) in BSD, NACO will monitor the nationwide training of counsellors. (Action-BSD/NACO)  
3. Official communication to be sent to Saksham /TISS for considering SACS officials as Trainers and involving them in counsellors training program. (Action- BSD/NACO).  
4. Communication to be sent to all Project Directors / SACS regarding the guidelines related to Integrated Induction and Integrated Refresher Trainings of ICTC, ART and STI counsellors. (Action- PO (C)/BSD) |
<table>
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<tr>
<th>5.</th>
<th>The States/UTs shall give inputs/suggestions on frame-work for evaluation of quality of counselling services in each state. (Action: BSD/SACS)</th>
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<tr>
<td>6.</td>
<td>Undertake assessment of quality of counselling services in each state. (Action: BSD/SACS and BSD/NACO)</td>
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<th>4.</th>
<th>M&amp;E (Page 7)</th>
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<tbody>
<tr>
<td>1.</td>
<td>Data entry in ICTC and F-ICTC in SIMS to be improved. (Action: SACS)</td>
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<td>2.</td>
<td>Regular Reporting status, Completeness, Timeliness, Quality of data entered has to be ensured and improved (Action: SACS).</td>
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<td>3.</td>
<td>All FICTCs to be registered in SIMS. (Action: SACS).</td>
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<td>4.</td>
<td>ICTC /FICTCs reporting “ZERO” testing should be thoroughly reviewed (Action: SACS)</td>
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<td>5.</td>
<td>Error / Issues should be shared with NACO with the Screen Shot.(Action: SACS, and reported issues to be resolved by M&amp;E, NACO)</td>
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<th>5.</th>
<th>PPTCT (Pages 9,10,13 &amp; 14)</th>
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<tbody>
<tr>
<td>1.</td>
<td>Chhattisgarh SACS was asked to relocate DBS testing kits (EID) to Punjab SACS. (Action: (BSD) Chhattisgarh and Punjab)</td>
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<td>2.</td>
<td>In-depth evaluation to be conducted across all states regarding the implementation of B+ guideline by the end of March 2015. (Action: BSD (PPTCT) NACO and all SACS(s))</td>
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<td>3.</td>
<td>DDG/BSD, NACO advised all SACS to establish similar linkages with their RCH/NHM Counterparts. (Action: BSD/SACS)</td>
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<td>4.</td>
<td>To create a system for evaluating the quality related aspects of Counselling. (Action: PO (Counselling)/BSD, NACO)</td>
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<td>5.</td>
<td>SACS officers were requested to involve the private practitioners’ in the PPTCT programme, for testing as well as reporting to achieve universal ANC Coverage. (Action: BSD, all SACS(s))</td>
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<td>6.</td>
<td>The next joint review meeting of BSD and CST is tentatively scheduled in April 2015. (Action: BSD and CST Divisions, NACO)</td>
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<td>7.</td>
<td>All states are directed to constitute a State/UT PPTCT Core Group. The staffs who are involved in the implementation of the PPTCT program should not be a member of this core group. The list of the State PPTCT Core group has to be shared with NACO by end of December 2014. Further assistance will be provided by NACO. (Action: BSD/ All SACS(s))</td>
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<tr>
<td>8.</td>
<td>With regard to PPTCT reporting tools, it is decided that already known HIV positive pregnant women should be included in the updated reporting system, the recording registers and reporting tools would be standardized as per the new guidelines (Action: BSD and M&amp;E Divisions, NACO, All SACS(s)).</td>
</tr>
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List of Annexures: encl separately in Compressed folder with minutes

Annexure I- List of participants
Annexure II- Agenda of the programme
Annexure III- SIMS ICTC Section D format submitted by Group A.
Annexure IV- PPTCT Line list submitted by Group B
Annexure V- PPTCT Monthly Reporting Format submitted by Group C
Annexure VI- PPTCT Counselling register (register number 4) submitted by Group D
Annexure VII- Data Collection Tool for National PPTCT Core group members ‘field visit submitted by Group E.
Annexure VIII- Sero-Discordant Couple Line List submitted by Group F