Recommendations of the ICTC Working Group for NACP IV

The 1st Meeting of the ICTC Working Group for NACP IV was held on 4th – 5th May 2011 at Parkland Resort, New Delhi. The list of participants and agenda for the meeting is attached

Agenda No 1: Review the current status of ICTCs, and strengths and weaknesses of the program

Strengths:

- ICTCs in multiple models: Stand alone ICTC, Facility Integrated ICTCs, Mobile ICTCs and PPP ICTCs
- National policy for Counseling &Testing
- Programme structure for service delivery
- External Quality Assurance Scheme

Weaknesses

- Branding ICTC- stigmatizing especially in Stand Alone ICTC settings
- Dilution of HIV counselling – in integrated settings without commitment and ownership by NRHM
- Cumbersome M& E system with duplicate recording processes adding to workload
- Supply Chain management issues
- Poor links with blood bank , STI services
- Poor access/utilization by HRGs and other vulnerable community
- Gaps in linkages between ICTC and ARTCs
- Private sector involvement not encouraging

Threat

- Time bound external Funding
- Resistance from NRHM to integration and ownership

Opportunity

- Testing policy (more inclusive)
- Community mobilization (DLN, DIC, NGOs for continuum of care)
- ICTC- ART linkages
- Integration of NACP –ICTC component within NRHM

Recommendations:

- Strengthen ICTC- ART linkages to prevent drop outs, LFU and ensure continuum of care
- Integration of NACP –ICTC component within NRHM: integrate with commitment and ownership by NRHM
- Simplify M& E system avoiding duplicate recording processes which add to the workload
- Focus on Couple counseling, family counseling and contact tracing
- Address supply Chain management issues- use NRHM systems (Eg: TB programme)
- Strengthen links with blood bank , STI services
- Increase access/utilization by HRGs and other vulnerable community (expand services with TIs)
- Increase community involvement (DLN, DIC, NGOs for continuum of care and peer counseling)
- Use of ELISA in high load ICTCs as a testing strategy in place of testing using rapid kits

Agenda No 2: Suggest ways to improve accessibility and integration of ICTC with emphasis of further integration with NRHM programme below district level

Agenda No 5: Study the scope of expansion of services and its integration into the existing general health system, including primary health care systems and the financial implications thereof

Agenda No 11: Explore the possibilities of integration activities with NRHM

Strengths

- Technical expertise built
- Rights based services in HIV programme- a first
- Existing HIV related services are (all) in general health facilities
- Involvement of communities (DIC,CCC, ORWs etc)
- HIV-TB linkages

Weakness

- Varying capacity of state health system
- Demand for integration only from HIV sector – Not from general health system
- Limited allocation for HIV services from National budget
- Access to counselling and testing services poor specially in low prevalence states

Opportunity

- Leverage funds from NRHM- State PIP
- Integration can be state specific and in phases
- Transition towards integration possible in states with stronger health system
- Relook at lessons from integration of other programmes
- Available HR & functional system & management structure of NRHM more spread- scale up possible

Threat

- Job insecurity of existing staff in case of integration
- Strong reluctance of NRHM to integrate

Recommendation

- Expand services with state specific strategies in collaboration with NRHM
- Community based screening for increasing access to services especially for the High Risk and Vulnerable population
- Flexible timings of ICTCs especially for the High Risk and Vulnerable population

Agenda No 3: Recommend a policy framework and guidelines for Provider Initiated HIV testing (PITC)

Strengths

- Informed testing
- PITC is well established in TB, ANC, STI clinics

Weakness

- M & E / Reporting
- Training capacity / logistics
- Referral (STI, Blood bank)

Opportunity

- High yield in some pilots studies (RNTCP operational research to study the yield of HIV among TB suspects in Vijayanagar district in Andhra Pradesh and Mandya district in Karnataka)
- Readily available clientele

Threat

- Rights
- Stigma and discrimination
- Consent/opt out

Recommendations

- PITC should be expanded to priority OPDs in priority states and districts following an operational cum feasibility study
- Increased Capacity building of Health Care Providers in these settings
- Intra – inter programme linkages
- To ensure opt out policy

Agenda No 4: Study the feasibility of using epidemiological surveillance data generated from ICTC analysis

Recommendations

- PPTCT data for ANC prevalence can be used when coverage is sufficiently large (more than 60 %?)
- Caution:
    - Address duplication
    - HIV case reporting at ICTC: Reporting from low burden states may not be representative of the epidemic in state
    - Reporting Quality of data from F- ICTCs (by Nurses/ANMs)

Agenda No 6: Assess quality related issues of programmes and suggest strategies to improve the same

Recommendations

- Better coordination between states and centre in NACP IV: States and Districts
- MD NRHM should be PD SACS
- Sensitize Principal Secy. Health, senior health officials at the State and District level and political leadership on HIV issues – address stigma in the system
- Counselling component in NACP- IV needs a fundamental shift in approaches used in terms of programme planning (updates, supportive supervision), capacity building (pre service and in-service trainings of counselors, nurses, doctors etc).
- Logistic , supply chain management strategy to be relooked
- Rationalize salaries of counselors recognizing the important role they play
- Strengthen monitoring, supportive supervision feedback etc.
- Promote "ownership" and accountability of Hospital Superintendents & District health officials in management and performance of ICTCs

Agenda No 7: Human Resource Issues

Recommendations

- Address weakness in selection of best candidates (aptitude, attitude etc.) for counselling (bribery, favoritism etc), besides qualification
- Relook and define (quality, qualifications, experience, track record etc) while selecting senior management staff at SACS
- Put in place performance appraisal system at all levels of progarmme and link this to career progression
- Job satisfaction and better pay- non monitory incentives, social recognition, participation in conferences etc.
- Clarify job descriptions- Rationalize staff structure
- Multi-tasking of ICTC Counselors and Lab technicians for mainstreaming them into the health system

Agenda No 8: Suggest capacity building measures in the delivery of various services related to testing

Recommendation

- Use round 7 institutes to train Counselors and Nurses
- Experiential Training of staff nurses in ICTCs
- Supportive supervision to nurses for counseling
- Prepare different training modules to train staff nurse and ANM
- Relook into the current training modules and strategy for ICTC staff and stakeholders

Agenda No 9: Suggest a strategic approach for service delivery in all its facets

Agenda No 10: Suggest innovations in implementation

Recommendations

- Sharing practical experience in the field
- PLHA mapping for making route maps for mobile ICTCs
- Supportive supervision for ongoing capacity building
- Pilot a quality assurance system of ICTC services- district focused. (For eg: Monitoring tools developed by Andhra Pradesh).

Agenda No 12: Other Issues

Recommendations

- Improve the infrastructure of existing facilities
- Packaging Number of HIV Rapid Testing Kits in packs of 10 tests
- Provision small refrigerator in labour room – NVP
- Quality of condom and distribution of lubricants
- Use of new testing technology
- IEC materials with more themes – display boards

Agenda No 13: Proposed Studies / Assessments

Recommendations

- Assessment of Mobile ICTCs implementation strategy
- Study to assess ICTC linkages and barriers
- Piloting HIV testing of all Out Patients and Indoor Patients in one or two districts (Operational cum Feasibility study)
- Assessment of Facility Integrated ICTC model and PPP model ICTC including assessment of recording and reporting strategy
- Quality of counselling –methodology
- HIV testing of TB suspects
- Access to testing of HRG – community screening
- Assessment of community based screening for HIV