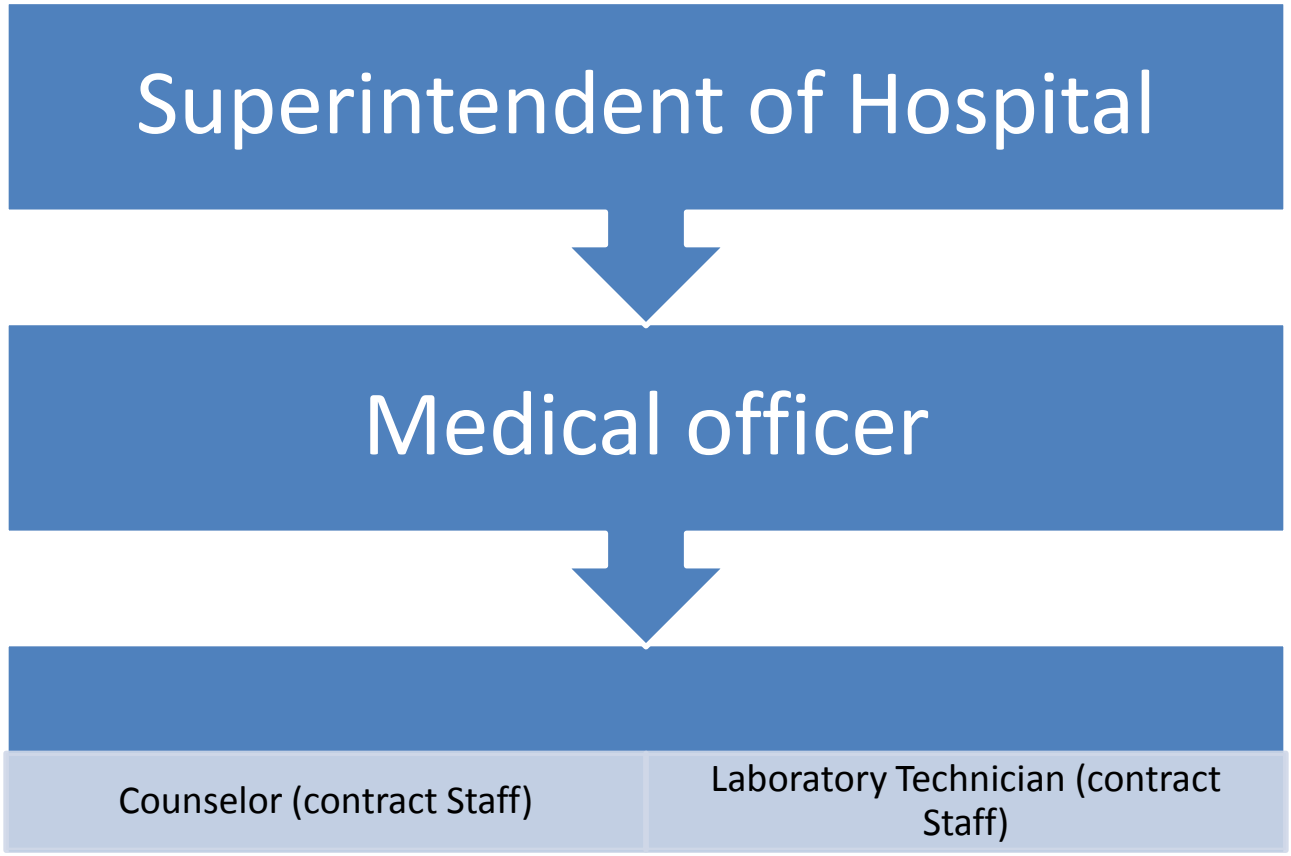
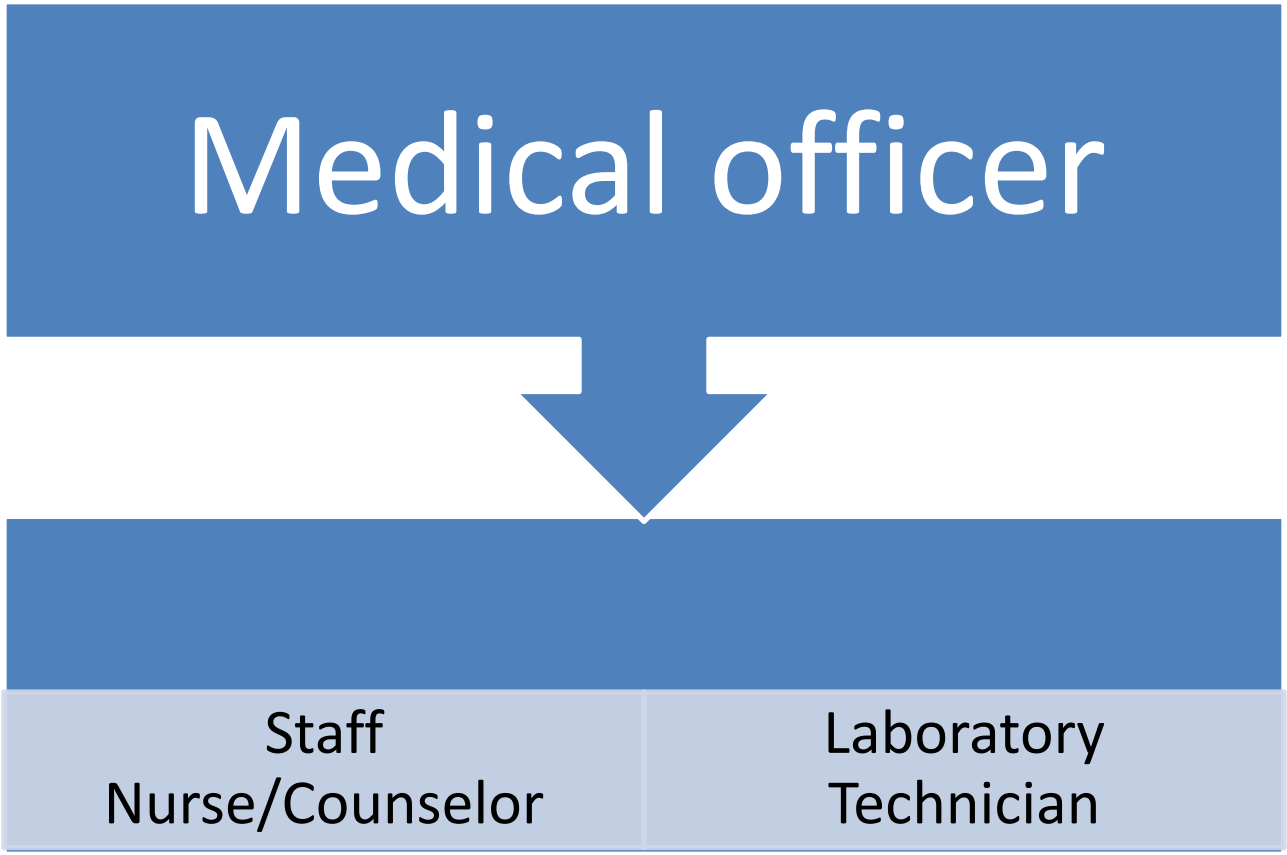
KSAPS

BASIC SERVICE DIVISION

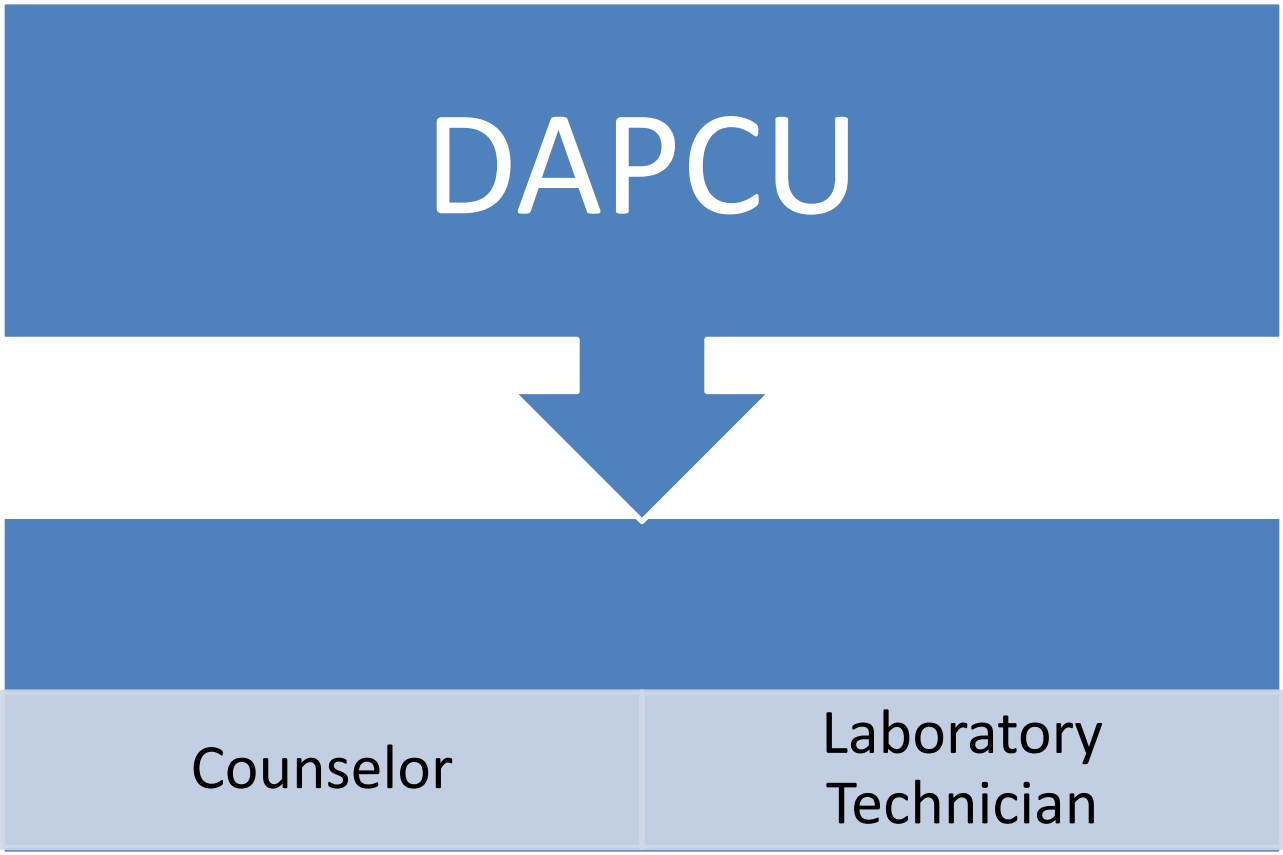
Staffing structure in ICTC (Stand Alone)



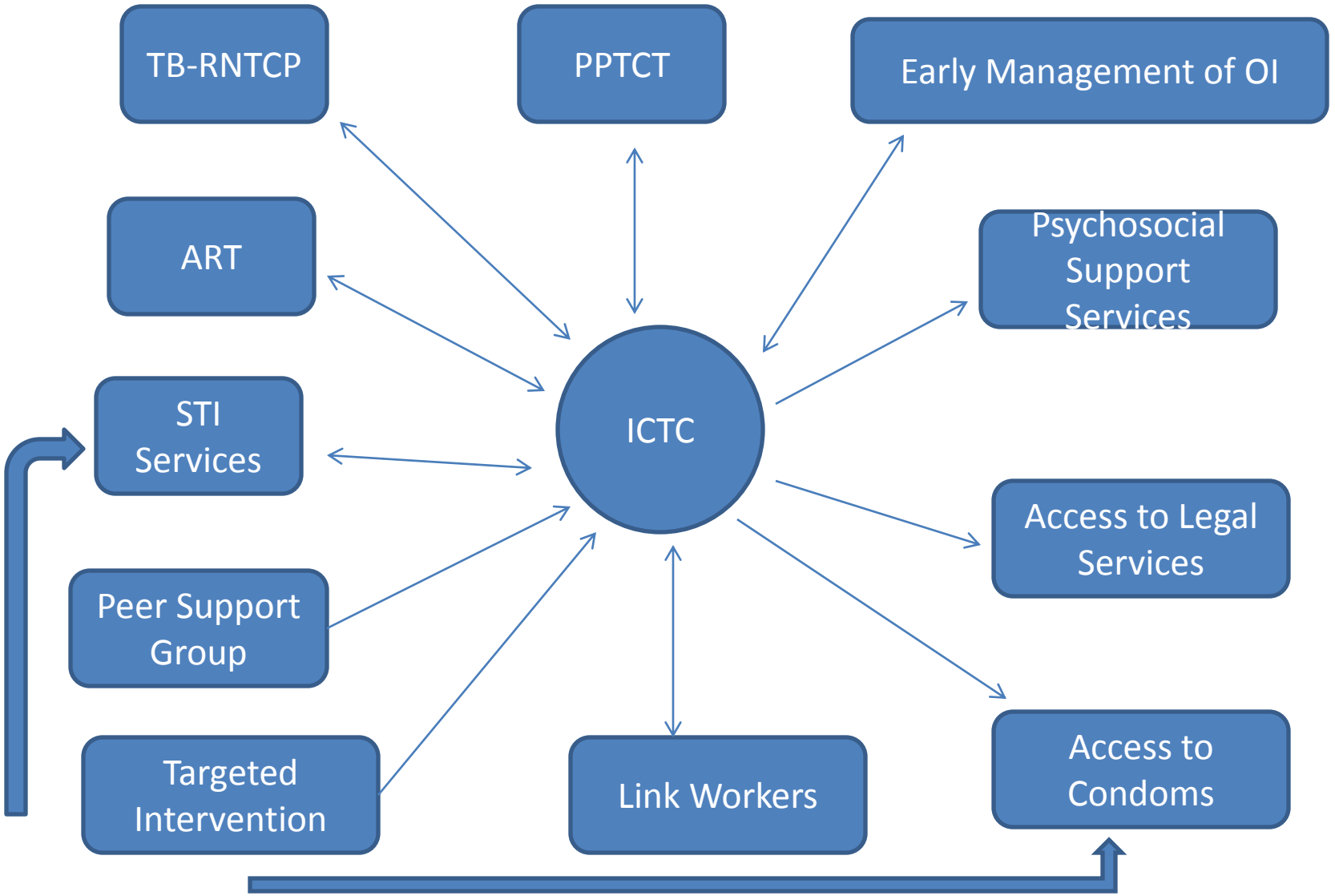
Staffing structure in F-ICTC

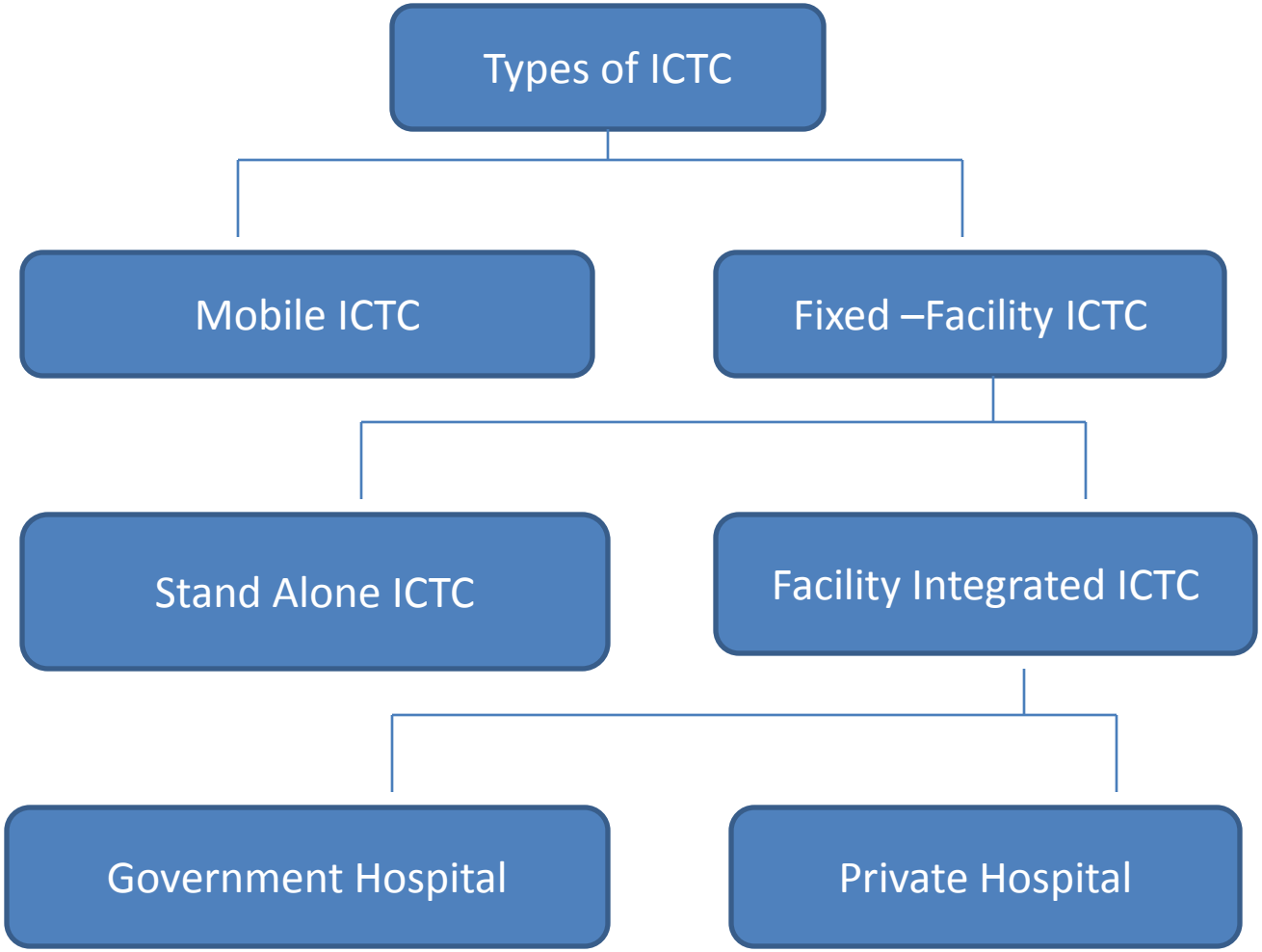


Staffing structure in Mobile-ICTC



Integrated Counseling and Testing Centers (ICTC) and its linkages




Types of ICTC
Mobile ICTC
Fixed –Facility ICTC
Stand Alone ICTC
Facility Integrated ICTC
Government Hospital
Private Hospital

Integrated Counseling and Testing Services

- ICTC are a key entry to preventing HIV infection and to treating and caring for those already infected.
- At this centers give accurate information about HIV prevention and care, and undergo an HIV test in a supportive and confidential environment.
- Found HIV +ve benefit from psychological and psychosocial support, and are linked to care, support and treatment services.

The main function of ICTC include:

- Early detection of HIV;
- Provision of basic information on modes of transmission and prevention of HIV/AIDS so as to promote behavioral change and reduce vulnerability;
- Linking HIV positive persons with other HIV prevention, care, support and treatment services.

Fixed-Facility ICTC

- Fixed-Facility ICTC are located within existing government health facilities and private hospitals.
- They are tow types 1. Stand Alone ICTC 2. F-ICTC
- Stand Alone ICTC exists in medical college and district hospitals, and in some sub district hospitals.
- They employ a full time counselor and laboratory technician who undertake HIV counseling and testing.
- F-ICTC are usually established in facility that do not have very large client load and where it would be uneconomical to establish a 'Stand Alone' ICTC .
- F-ICTC are located in 24 hour PHCs as well as private sector and public sector run hospital, facilities, or laboratory , or those in the NGO.
- They do not have a full-time staff but through an Auxiliary Nurse Midwife (ANM)/Staff Nurse/Health Visitor/Laboratory Technician/ and Pharmacist offer HIV counselling and testing as a service along with others. Such ICTCs are supported by the DAC/SACS to the extent of:
- - Supply of rapid HIV testing kits and registers for documentation;
- - Training of existing staff on HIV counselling and testing;
- - Quality assurance;
- - Supply of protective kits and prophylactic drugs for Post-Exposure Prophylaxis (PEP) for staff;
- - Supply of IEC material required for an ICTC such as flip charts, posters etc;

-Additionally, the centers are provided with ARV prophylaxis drugs to be administered to HIV positive pregnant women and the HIV exposed infant and delivery kits for normal/C-Section deliveries of HIV positive pregnant women..

Mobile ICTCs

- Mobile ICTC services reach places where there are no facilities for HIV testing such as urban slums or hard-to-reach areas.
- A Mobile ICTC consists of a van with a room to conduct a general examination and counselling, and space for the collection and processing of blood samples.
- Its team comprises paramedical healthcare providers [a health educator/ANM, Counsellor and Lab Technician(LT)]. Its services range from regular health check-up, syndromic treatment for STI/Reproductive Tract Infection (RTI) and some minor ailments, antenatal care, immunisation, as well as HIV counselling and testing services.

Prevention of Parent-To-Child Transmission of HIV

- Mother-to-child transmission of HIV is a major route of new infections in children.
- The objective being to ensure that pregnant women diagnosed with HIV be linked to HIV services in the interests of their own health, as also to prevent HIV transmission to newborn babies under the PPTCT programme.
- **The goals of the National PPTCT Programme in India are:**
- 1. Primary prevention of HIV, especially among women of child bearing age;
- 2. Integration of PPTCT interventions with general health services such as basic Antenatal Care (ANC), Sexual Reproductive Health and Family Planning, Early Infant Diagnosis (EID), Pediatric ART, and Adolescent Reproductive and Sexual Health (ARSH), TB and STI/RTI services;
- 3. Strengthening post-natal care of the HIV infected mother and her exposed infant;
- 4. Provide an essential package of PPTCT services.

- **<u>This essential package includes:</u>**
- **• Routine HIV counselling (Group/Individual counselling) and testing to all pregnant women attending Antenatal Care clinics, but with an 'opt-out' option;**
- **• Ensure involvement of spouse and other family members, thus moving from an 'ANC-centric' to a 'family-centric' approach;**
- **• Separate counselling services for discordant couples on disclosure of HIV status;**
- **• Provide appropriate ART prophylactic regimen to HIV infected pregnant women;**
- **• Promote institutional deliveries of all HIV infected pregnant women. ANMs, ASHAs, Community Outreach Workers must accompany HIV positive pregnant women for institutional delivery;**
- **• Provide treatment for associated medical conditions (STI/RTI, TB and other Opportunistic Infections);**
- **• Provide nutrition counselling and psychosocial support for HIV infected pregnant women (linkages with ANMs, Anganawadi Workers (AWWs), ASHAs, Community Outreach Workers, District-Level Positive Networks (DLNs) to advise them on the right foods to eat, to approach Anganawadi Centers for nutritional support, and DLNs for peer counselling and psychosocial support);**
- **• Provide counselling and support for commencing exclusive breastfeeds within an hour of delivery as the preferred option, to be continued for six months. Thereafter, complementary feeding should be given alongside breastfeeding. Only a small number of babies born to HIV infected mothers who have serious illness or who have died, and a few reluctant mothers (who at their own risk despite counselling) do not provide breastfeed but adopt exclusive replacement feeding instead;**
- **• Provide ARV Prophylaxis to infants from birth up to a minimum of six weeks;**
- **• Integrate follow-up of HIV exposed infants into routine healthcare services including immunization;**
- **• Ensure initiation of Cotrimoxazole Prophylactic Therapy (CPT) and EID using the HIV-DNA Polymerase Chain Reaction test at six weeks of age as per EID guidelines;**
- **• Strengthen follow-up and outreach through ANMs, ASHAs and DLNs and other outreach workers to support HIV infected pregnant women and their families**

Role and Responsibilities of DAPCU (ICTC/PPTCT)

Co ordination;

- Coordinate with the ICTC/PPTCT counselors, outreach workers, and ART center staff, to ensure that all HIV positive pregnant women receive prophylactic treatment and that mother.
- Coordinate demand generation campaigns for ICTCs, STI clinics, HIV and TB services by involving health and other line departments within the district as per guidance from SACS/DAC.
- Coordinate with ICTC counselors, care & support centers (CSC)/help Desk/DLN to prepare line listing of all HIV positive clients (general , pregnant women, and DBS-reactive infants) and ensure linkages with CST services;
- Coordinate with SACS and facilities to ensure 100% training of ANM/ASHA/LT in all F-ICTC's on whole blood screening and reporting
- Coordinate with SACS and other facilities for uninterrupted supplies like test kits, consumables, etc. to ICTCs/PPTCT centers
- Establishment of new F-ICTC in coordination with SACS including PPP ICTCs

Role and Responsibilities of DAPCU (ICTC/PPTCT)

Monitoring;

- Monitor and support ICTCs/PPTCT centers to achieve their targets
- Review cross referrals between ICTC,STI, revised National TB control Programme (RNTCP), ART and TI;
- Review pre-ART registrations among HIV positives identified at all ICTCs in the district
- Conduct monthly review meetings with all HIV facilities in the district and
- Monitor mobile ICTC activities and prepare route map for mobile ICTC based on the need of the district.

Key Monitoring Indicators (ICTC/PPTCT)

- Total general clients: Target vs. Tested
- Total ANC clients; Target vs. Tested
- Total found positives vs. Linked to ART centers
- Total ANC positive vs. Initiated on ART
- Total tested vs. out-referrals to RNTCP

Four pronged strategy for HIV/TB Coordination activities to reduce mortality

Prevention

1. Isoniazid Preventive Treatment
2. Air Borne Infection Control
3. Awareness Generation

Early Detection of TB/HIV

1. 100% coverage of PIT in TB patients
2. PIT in presumptive TB case
3. Rapid diagnostics for detection of TB and DR-TB in PLHIV
4. ICF activities at all HIV settings- ICTC, ART, LAC and TI settings

HIV/TB co-ordination to reduce morality

Prompt Treatment of HIV/TB

1. Early initiation of ART
2. Prompt initiation of TB treatment

Management of special HIV/TB cases

1. HIV/TB patients on PI based ARV
2. HIV/TB in children
3. HIV/TB pregnant women
4. Drug resistant HIV/TB

- **HIV testing of TB patients**
- Provider-initiated HIV Testing and Counselling of TB patients implemented across the country, is part of the intensified HIV/TB package implemented jointly by NACP and RNTCP. It is critical that the offer of HIV testing be made early after TB diagnosis and results promptly communicated to referring Provider (doctor), so as to ensure early linkage to HIV care and support. HIV testing of TB patients is done at ICTC (stand alone or F-ICTC or PPP ICTC). It is envisaged by NACP and RNTCP that all DMCs conducting quality assured sputum microscopy, will have a co-located HIV testing facility. DMC is the most peripheral lab under the RNTCP network which serves a population of around one lakh (50,000 in tribal and hilly areas). At present there are more than 13,500 DMCs with more than 7,500 co-located HIV/TB testing facilities in the country. The DAC and RNTCP have been successful in increasing access and uptake of HIV testing and counselling for all TB patients.

- **Overview of the RNTCP**
- Actual TB diagnosis, assignment of treatment, and treatment initiation can be done by a doctor at any health centre, no matter how large or small. The Government of India provides free diagnostic and treatment services to all TB patients. Under the RNTCP, for every one lakh population (0.5 lakh in tribal/hilly areas) there is one RNTCP DMC, which is a health centre or hospital offering quality-assured microscopy.
- Five DMCs constitute one TB Unit. Each TB Unit is staffed by a Medical Officer (designated from the health facility), a Senior Treatment Supervisor and a Senior TB Laboratory Supervisor. The overall responsibility for implementation of RNTCP in the district is with the District TB Officer or City TB Officer in case of a Corporation.

- **Role of ICTC in HIV/TB**
- ICTC Counsellors identify persons with symptoms suggestive of TB disease amongst the clients and depending on the symptoms, are referred for appropriate investigation. All clients suffering from a cough for more than two weeks duration, irrespective of their HIV sero status, are referred to a DMC for sputum examination. In case of symptoms suggestive of extra-pulmonary TB, the patient is referred to the appropriate doctor.
- The Counsellor imparts information/counselling on TB to all ICTC clients, irrespective of whether they have signs or symptoms of TB or not. S/He fills in all the required details in the RNTCP sputum examination form, including the name of ICTC, taking special care to record the correct residential address as also registering the referral. The sputum examination form is given to the patient with specific instructions on the location and timings of the DMC. The Counsellor does not mention the HIV status of patient on the form or elsewhere, but encourages the patient to voluntarily disclose his HIV status to the treating physician, in the interest of better case management.

- **Designated Microscopy Centre**
- Once the patient reaches the DMC, the patient has to undergo the same process as any other TB suspect, that is, follow RNTCP's diagnostic algorithm. The Laboratory Technician enters the details of the patient, including the correct residential address, in the lab register and clearly mentions the name of ICTC as the referring unit. Once the results of the two sputum tests are given to the patient, he or she consults the Medical Officer, who decides on further management.
- In case of extra-pulmonary TB, the Medical Officer, refers the patient for further investigations and, on obtaining the results, decides on the further course of treatment.

- **Coordination mechanisms between RNTCP and NACP**
- There are established mechanisms for HIV/TB collaborative activities at the national, state and district level. At the national level, there is a National TB HIV Coordination Committee, National Technical Working Group for HIV/TB, while at the State level there is state HIV/TB Coordination Committee and State Working Group for HIV/TB. At the district level, District HIV/TB Coordination Committees are established to strengthen the coordination between the two programmes.

- Newer initiatives in HIV-TB 2013-2014:
- • The National Framework for Joint HIV/TB Collaborative activities (November 2013) was published and released during Launch of NACP-IV;
- • Operational Guidelines for Provider Initiated HIV Testing and Counselling among presumptive TB cases have been developed and implementation of this initiative is going on in phased manner;
- • Use of Rapid Diagnostics for early diagnosis of TB for ART attendees at the existing Cartridge Based Nucleic Acid Amplification Test sites has been endorsed by National Technical Working Group for HIV/TB in India and its implementation is in progress;
- • Isoniazid Prevention Therapy implementation plan has been approved by the NTWG for HIV/TB in India;
- • Implementation of National Airborne Infection Control guidelines in HIV care settings has been prioritised, as recommended by NTWG for HIV/TB;
- • Joint Supervisory visits and review meetings by Nodal officers from DAC and Central TB Division.

Role and Responsibilities of DAPCU (HIV/TB)

Co ordination;

- Coordinate with DMCs to prepare TB positives line list.
- Coordinate with the District TB officer to ensure HIV testing for all TB-notified and suspected TB cases in the district.
- Coordinate with the LT of both ICTC and DMCs to ensure HIV testing to all presumptive TB cases visiting DMCs in the district;
- Facilitate referral of clients from ICTC to RNTCP.
- Coordinate with DTO to conduct District Coordination Committee (DCC) meeting once in a quarter.

Monitoring;

- Facilitate provision of CPT to all known HIV/TB co-infected patients at the earliest
- Facilitate initiation of ART to all HIV/TB co-infected patients irrespective of cluster of Differentiation 4(CD4) count
- Ensure provision of first line TB treatment before initiation of ART for all the HIV/TB cases
- Facilitate identification of chest-symptomatic PLHIV visiting ART centers and refer to RNTCP for TB diagnosis at the earliest. If tested negative for TB, initiate Isoniazid prophylaxix for six months.

Integrated Counseling and Testing Centre (ICTC) current status

Target Group	Facilities Functioning as on 31-8-2014
Stand Alone ICTCs	533
Mobile ICTCs	12
Facility Integrated ICTCs	1350
PPP ICTCs	226

Physical Coverage

Target Group	Target	Achievement till date	%
Testing for General clients	15,40,494	7,66,509	49.75
Testing for ANC clients	12,53,456	5,23,439	41.75

Linkages

Target Group	HIV +ve Detected	Linked to ART	%
General clients	11,549	10,059	87.09
ANC	577	399	69.15

Trainings

- **3 SAKSHAM training institutes working in the State providing training to Counselors**
- **10 SRL and 1 NRL working in the State and SRL's are providing training to lab technicians**
- **4 Indian Nursing Council Institutes working in the State providing training to Staff Nurses and ANMs working at FICTC and PPP ICTC**

Trainings from Apr-14 to Aug-14

Target Group	Trained	Remarks
Induction (Stand alone (Inc. Mobile)		
Refresher (Stand alone (Inc. Mobile)		
Induction (FI- ICTC) (staff Nurse)	837	
Refresher (FI- ICTC)		
Induction (PPP)		
Refresher (PPP)		
Induction/ Refresher		
Sensitization (No.facilities to be mentioned)		
Multi Drug Regimen Training for PPTCT (others)	24	
Training on whole blood screening		
ICTC Team Training		
Other (*Specify)*		

THANKS