INTEGRATION OF PPTCT SERVICES WITH RCH UNDER NRHM-KARNATAKA EXPERIENCE

Problem Statement

About 430,000 children aged under age 15 became infected with HIV in the world, in 2008. Almost all of these infections occurred in developing countries, and more than 90 per cent are the result of mother-to-child transmission during pregnancy, labour and delivery or breast feeding (UNAIDS, 2009). Parent-to-child transmission accounts for about 4.3 per cent of the overall HIV transmission in the country. According to the NACO Annual Report 2009-2010, between April and December 2009, 44 lakh (69 per cent) pregnant women have been tested for HIV under the PPTCT services, against an annual target of 63 lakh. Of those tested, 15,089 were detected HIV positive. Among those detected positive pregnant women, 9,398 (62.28 per cent) mother-baby pairs received Nevirapine prophylaxis to prevent the mother to child transmission of HIV.

Program Description

The PPTCT programme was initiated in India in 2002 following the feasibility study in 11 centers in the six high prevalence states. There has been remarkable improvement in the uptake of pregnant women under this programme in the past five years, especially in the six high prevalence states of Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland and Tamil Nadu, with funding support from the Global Fund.

In 2007, the Government of Karnataka initiated the efforts to integrate PPTCT services with the existing RCH and other components of primary health care. The following steps were followed:

1. Formation of a technical team supported by NACO to draft the components of the model and operational guidelines. The technical team included key staff from KSAPS, NRHM, RCH and the TSU.

2. Fostered dialogue among collaborators to identify entry points, resources, roles and responsibilities.

3. Leverage 'Yeshaswini Scheme' for cashless institutional delivery to HIV+ mother. This has ensured supervised delivery, administration of Nevrapine to mother-baby pair and counselling.

4. Getting buy-in from the district RCHOs through consultative meeting chaired by MD, NRHM.

5. Orientation and sensitization of staff including District RCH Officer (DRCHO), District AIDS Programme Managers, ANMs and ASHAs.

6. RCH Officers to enter the data on HIV+ pregnant women data in the Master Register – monthly EDD wise.

7. Camps by Counsellors and Lab Technicians to cover pregnant women in last trimester of pregnancy

8. Untied funds of NRHM leveraged for (i) travel and daily allowances for Lab Technicians and Counsellors for conducting camps at PHCs; (ii) food and refreshments for pregnant women when they come for testing; (iii) transportation for delivery when needed; and iv) purchase of refrigerators and centrifuges at PHCs wherever they are unavailable and dysfunctional.

9. Public-private partnerships for expanding coverage for institutional deliveries.

10. Effective monitoring systems are introduced at the state and district level. Key features of the monitoring include (i) Daily reporting from DRCHO to KSAPS to MD (NRHM) in the beginning; (ii) Monthly review meetings of District Collectors, Commissioner of Health and the Director, Health and Family Welfare Services; (iii) State level co-ordination committee; (iv) Monthly and quarterly review meetings and (v) Field based supervision.

11. For the universal access to treatment and care for all HIV infected pregnant women, a circular signed by MD (NRHM) and Director, KSAPS was sent to all districts.

The package of services included:

- ANMs, ASHAs and Anganwadi Workers mobilize pregnant women for testing in the second trimester at the Primary Health Centers (PHCs).
- Counsellors and Lab Technicians offer counselling and testing at PHCs.
- Link up HIV positive pregnant women with the ANM/ASHA/AWW.
- Information to Medical Officer (MO) of PHC, RCH Officer, DAPCU Officer, and District Supervisor.
- Shared confidentiality maintained among Medical Officer PHC, RCHO, District AIDS Prevention and Control Unit (DAPCU Officer), and District Supervisor.
- Birth Planning and follow-up of HIV positive pregnant women by ANM and MO.
- MO issues Yeshaswini Cards for cashless institutional delivery to HIV positive pregnant women.
- Referrals to the District ART centre for CD4 estimation and Pre-ART registration

Program Impact

Table 1 shows that as a result of integration of both the programmes, pre Test counselled ANC mothers have increased almost ten times since 2000. Almost every ANC cases registered in the district are counselled and tested for HIV during last 10 years.

Scalability

This program can be scaled in other states to ensure that 100% of Pregnant Women registered are counselled and tested for HIV.

Table 1: ANC Cases Counselled and Tested in District Mysore (2002-2010)

Sl No.	Year	Pretest Counselled	Tested	Posttest Counselled	Positive	Positive deliveries	Mother-baby pairs provided NVP	Infants followed up
1	2002	4238	870	466	6	1	1	0
2	2003	12860	4842	3171	42	20	20	1
3	2004	17391	12154	10197	97	43	43	8
4	2005	17115	15583	14169	91	54	48	16
5	2006	17512	16004	14515	89	57	45	42
6	2007	24901	23945	22321	117	74	66	32
7	2008	31055	27838	27728	173	106	104	83
8	2009	35343	35229	34983	110	107	102	194
9	2010 Jan - Aug	22554	22523	22454	57	58	52	204
Total		**182969**	**158988**	**150004**	**758**	**520**	**481**	**580**