Study on Availability Of PPTCT Services In Nagaur District Of Rajasthan

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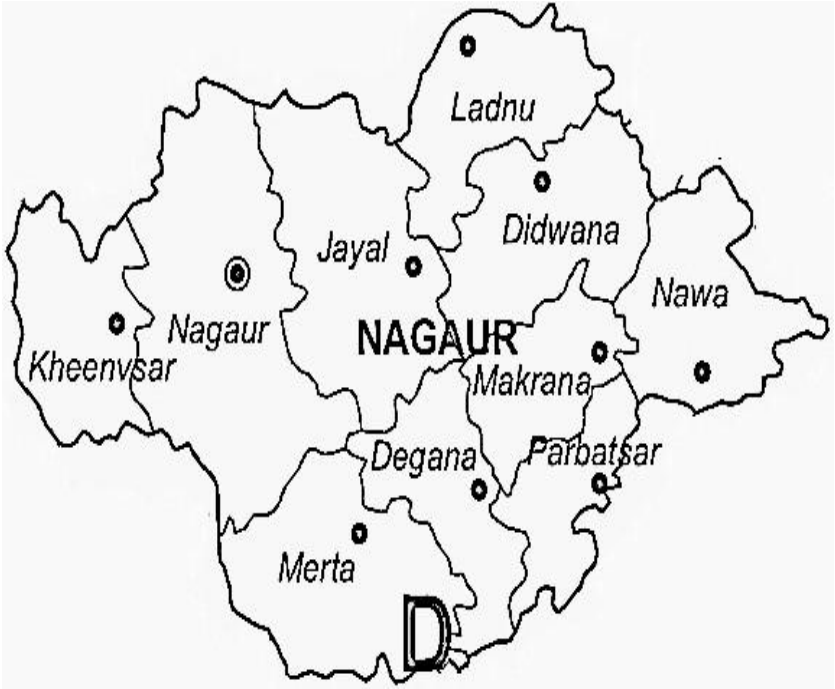
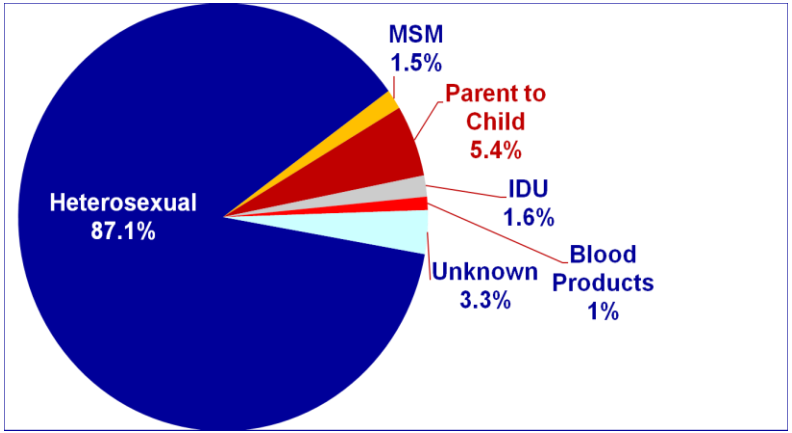
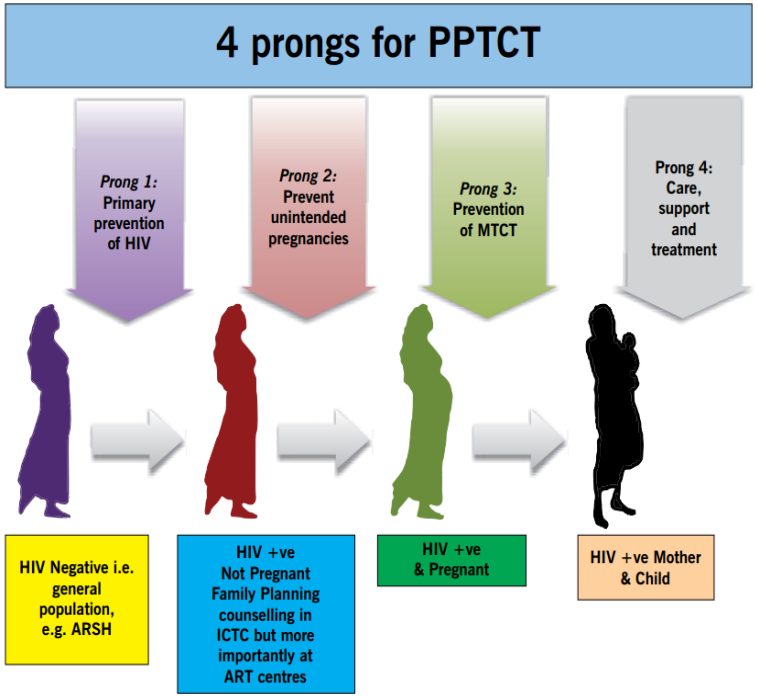


Background

There are an estimated 2.1 million (2011) People Living with HIV (PLHIV) in India, with National adult HIV prevalence of 0.27% (2011). Of these, women constitute 39% of all PLHIV while children less than 15 years of age constitute 7% of all infections. . According to HSS 2012-13 in PW the rate of infection is .32% (per year 2000 PW are having HIV)

Mother-to-child-transmission of HIV is a major route of HIV infection in children. However, out of an estimated 27 million pregnancies in a year, only about 52.7% attend health services for skilled care during child birth in India. Of those who availed health services, 8.83 million ANCs received HIV counselling and testing (March 2013) out of which 12,551 pregnant women were detected to be HIV positive.


MSM
1.5%
Parent to
Child
5.4%
IDU
1.6%
Blood
Products
1%
Unknown
3.3%
Heterosexual
87.1%


4 prongs for PPTCT
Prong 1: Primary prevention of HIV
Prong 2: Prevent unintended pregnancies
Prong 3: Prevention of MTCT
Prong 4: Care, support and treatment
HIV Negative i.e. general population, e.g. ARSH
HIV +ve Not Pregnant Family Planning counselling in ICTC but more importantly at ART centres
HIV +ve & Pregnant
HIV +ve Mother & Child

Research Question

What is the availability and gaps of PPTCT services (Screening and treatment) in Nagaur district of Rajasthan?

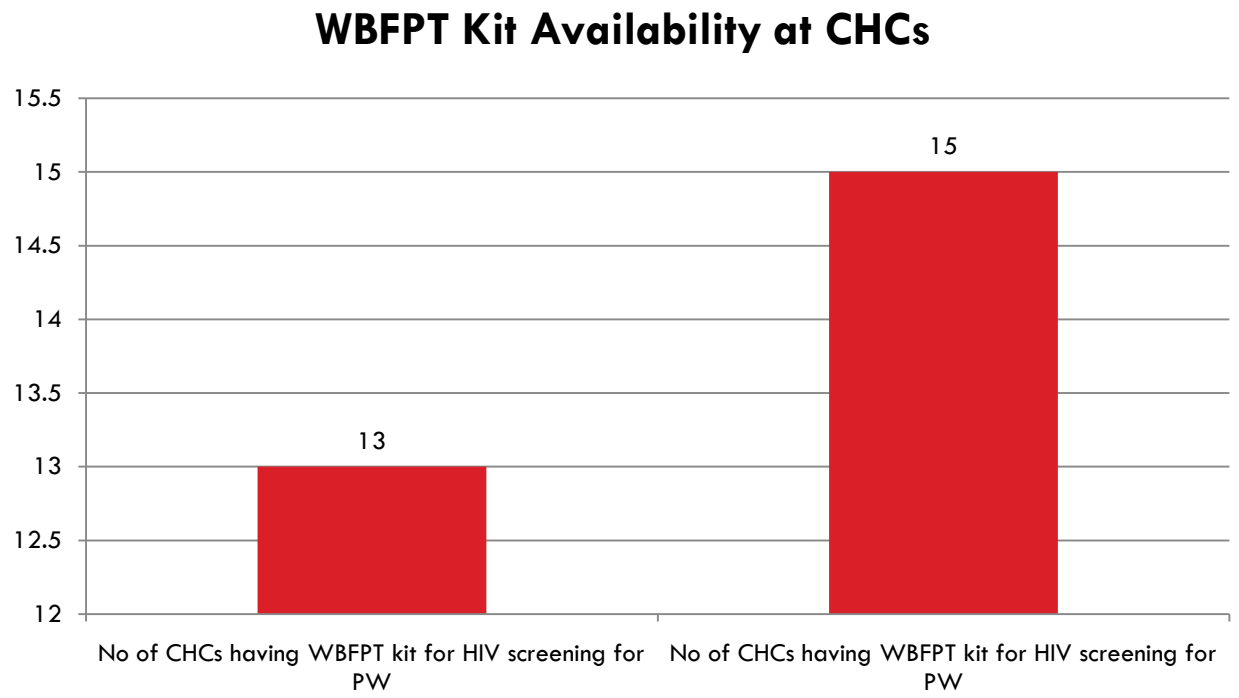
Objectives

- To study the availability and utilization of PPTCT services in Nagaur district.
- To conduct a situational analysis in terms of logistic and training of staff for PPTCT services in Nagaur district.
- To identify the gaps and problems in delivery of PPTCT services and suggest solution for them.

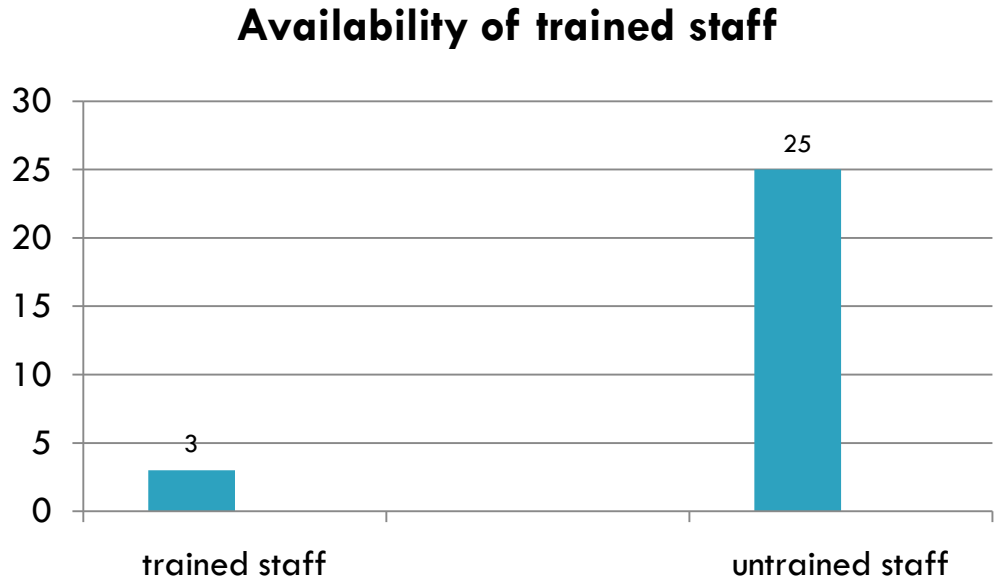
Research Methodology

- **Study type-** Cross sectional Descriptive study **Study Duration-** 3 months **(Feb-April)**
- **Study Area-** Nagaur district
- **Selection criteria-** high ANC load and low HIV screening
- **Study Respondents-** Medical officer, ANMs, LHVs, Lab technicians, PPTCT counsellor
- **Sample Size -**
- **Sampling technique -** all 28 CHCs covered and 4 ICTC center
- **Data collection:**
  - **Observation:** By health facility visit regarding availability of kit for HIV screening, training of lab technician for doing this testing and availability of Lab at these CHCs.
  - **Records and RCH register:** Data about HIV screening is collected by meeting ANM and lab technician and done verification by data entry in their register.
  - **Data collection tool** Situation need assessment checklist and other formats for collection of data about HIV screening of Pregnant women
- **Data Analysis:** The collected data was analyzed and accordingly required tables and graphs were generated and interpreted.

Results

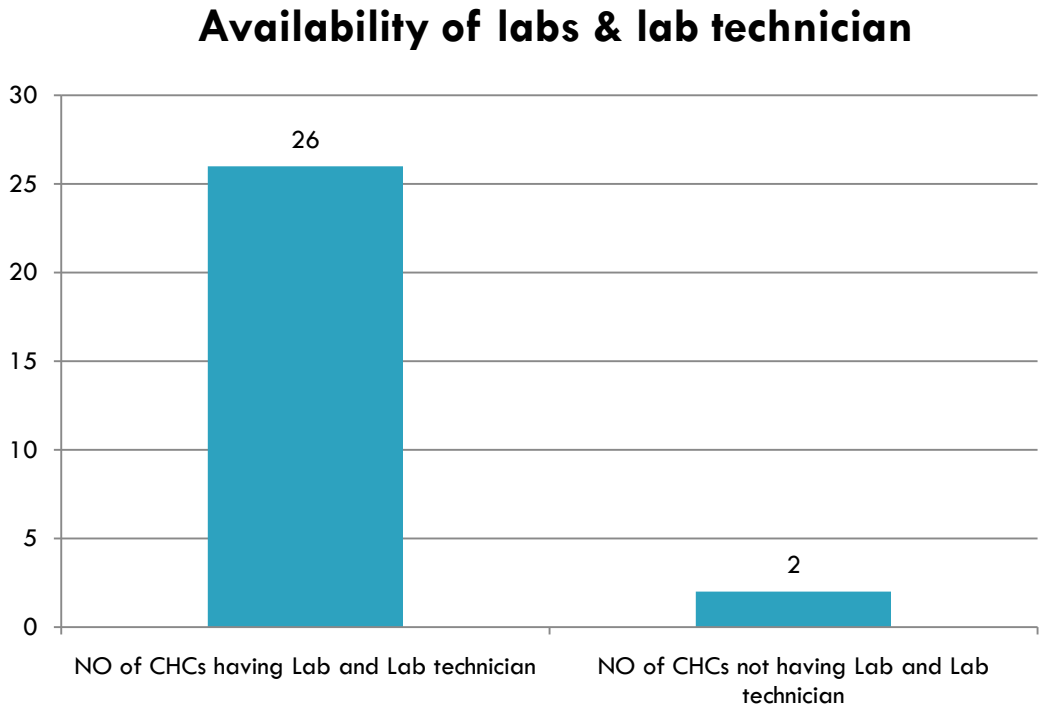

WBFPT Kit Availability at CHCs
15.5
15
14.5
14
13.5
13
12.5
12
13
15
No of CHCs having WBFPT kit for HIV screening for PW
No of CHCs having WBFPT kit for HIV screening for PW

Results



only 10% lab technician are trained for this HIV screening kit.

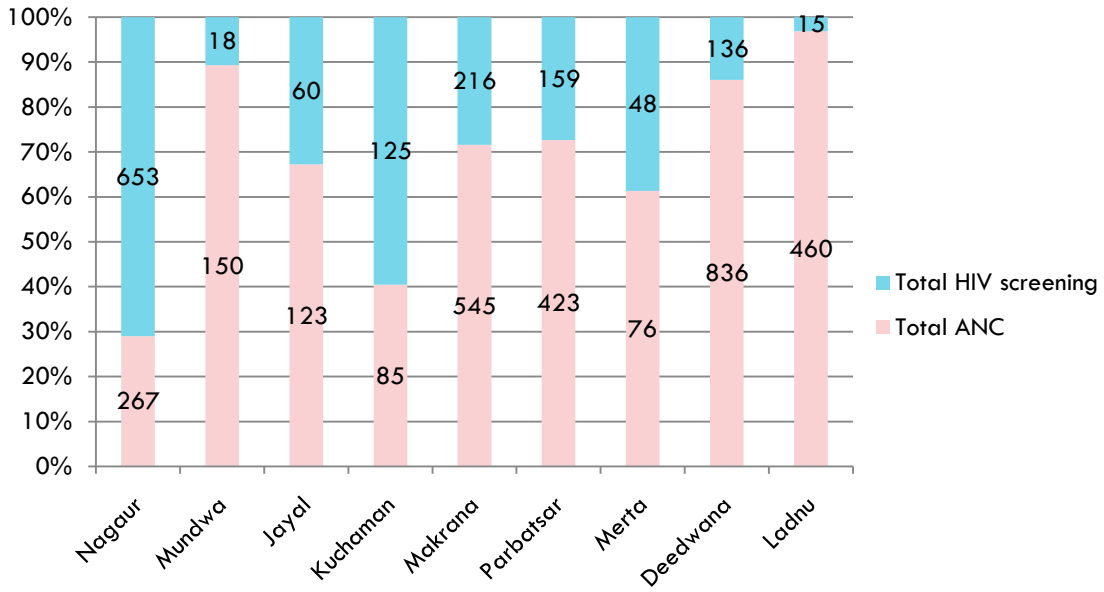
Results


Availability of labs & lab technician
30
25
20
15
10
5
0
26
2
NO of CHCs having Lab and Lab technician
NO of CHCs not having Lab and Lab technician

Results

Data collected for HIV screening in Nagaur district

(January 2016)

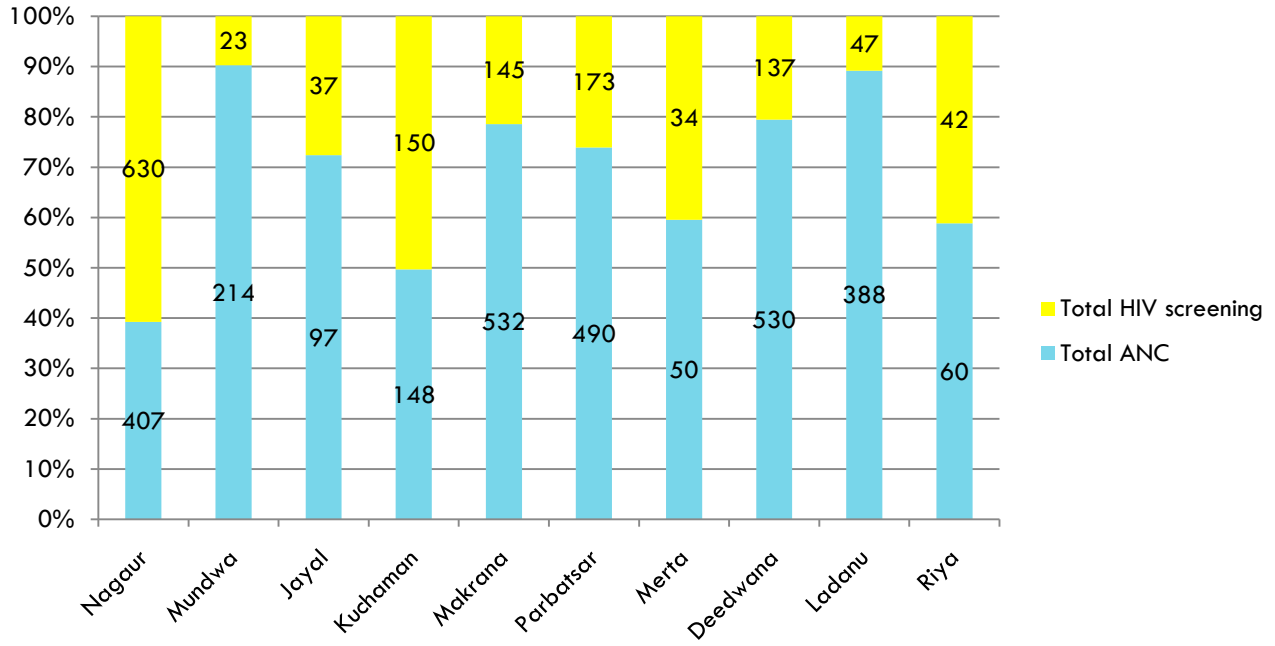


In month of January the **situation of** HIV screening is very low as compared to ANC registered on different CHC in Nagaur District

Results

Data collected for HIV screening in Nagaur district

February

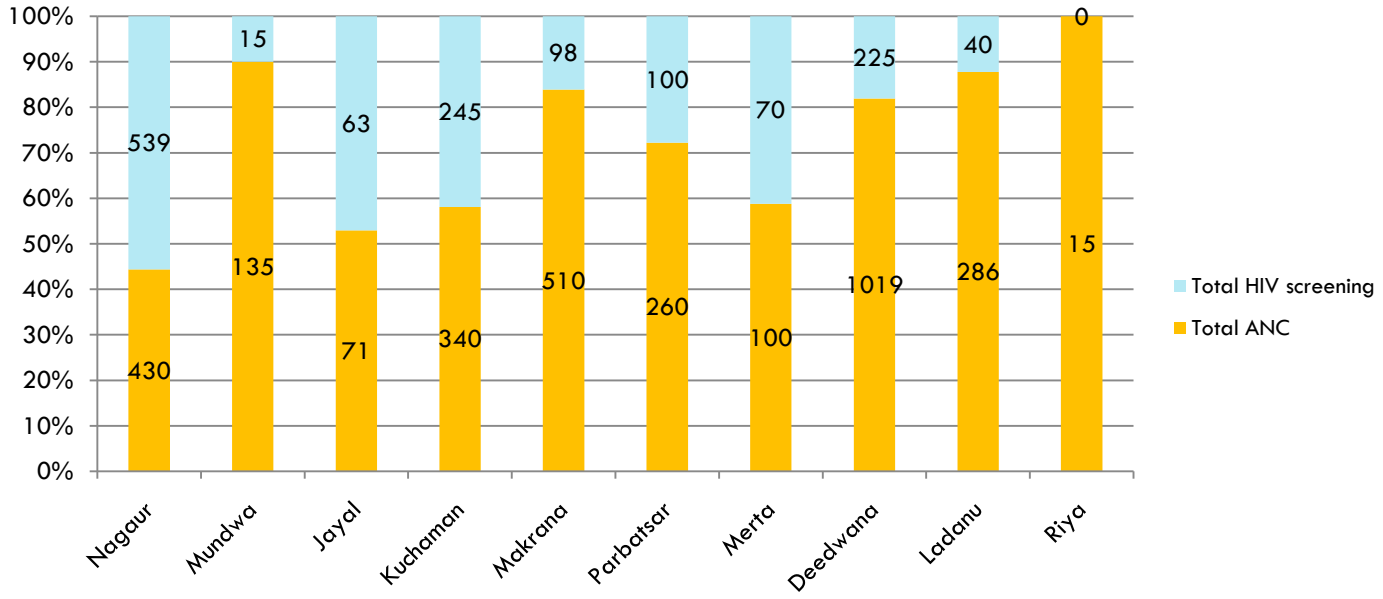


During project intervention it is visible that HIV screening is increased a bit in Nagaur district, the intervention were community mobilization meetings to create awareness in peripheral health staff about importance of HIV screening of pregnant women. Advocacy is done at Block and CHC level to motivate and to give priority to this HIV screening to prevent transmission in children.

Results

Data collected for HIV screening in Nagaur district

March

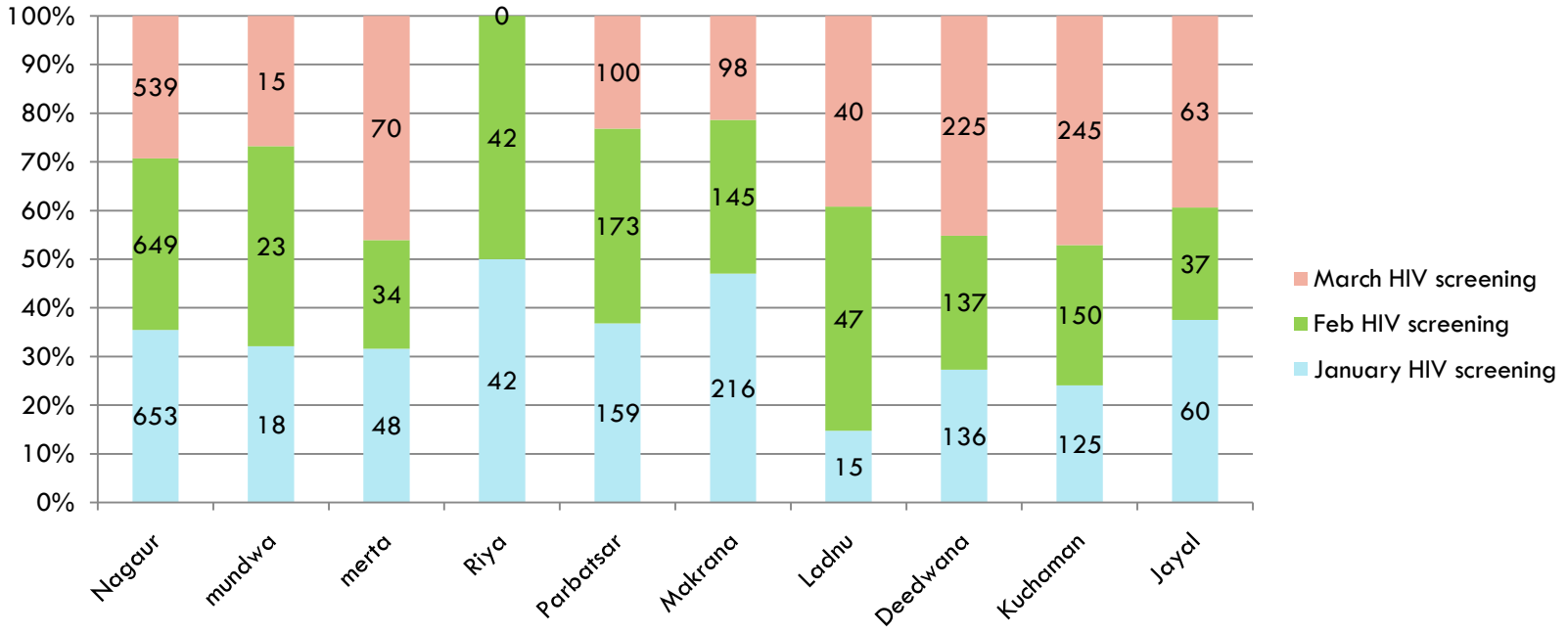


In month of March the HIV screening of pregnant women was less, tried to find out the reason for that

- At some CHCs the kit supply was less as compared to demand.
- Lots of holiday in this month(lab technician)

Results

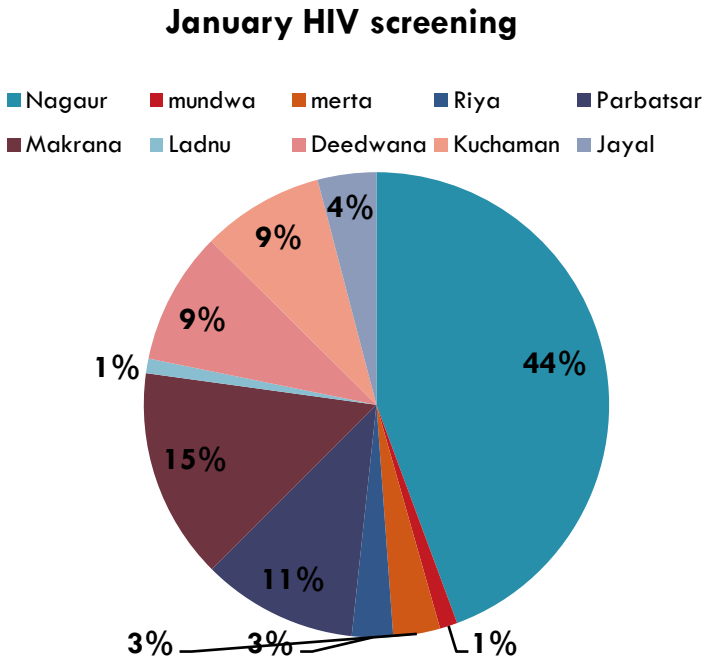
Data collected for HIV screening in Nagaur district



Month wise HIV screening analysis of pregnant women at different blocks

Results

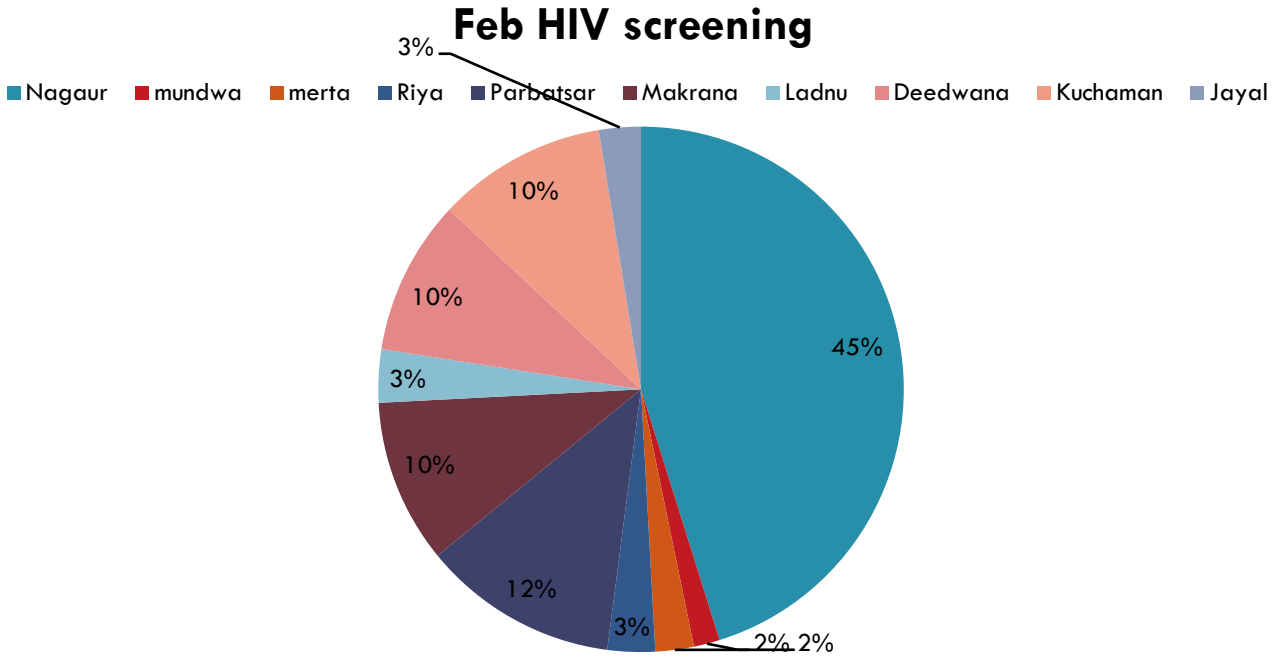
Data collected for HIV screening in Nagaur district



Contribution of different blocks for HIV screening of pregnant women

Results

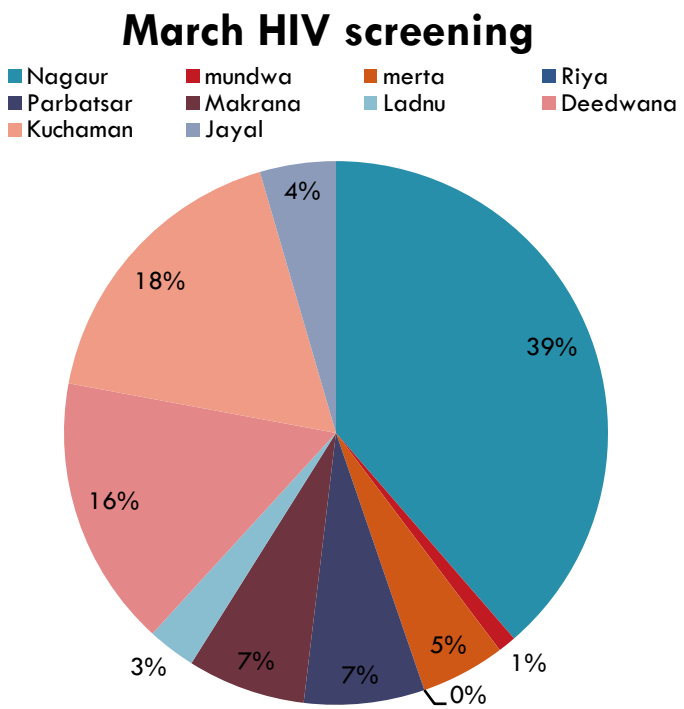
Data collected for HIV screening in Nagaur district



Contribution of different blocks for HIV screening of pregnant women

Results

Data collected for HIV screening in Nagaur district



Contribution of different blocks for HIV screening of pregnant women

Results

Contribution of different blocks for HIV screening of pregnant women

The three months thorough analysis of all blocks HIV screening, this conclusion can be given that only those blocks are performing well for HIV screening of pregnant women who are having ICTC facility otherwise all other center are under performing.

Reasons/ challenges

- Irregular or interrupted supply of HIV screening kit at all center
- The untrained staff is not having enough knowledge about HIV screening
- Beneficiaries are less aware about facilities that should be available on these center(less demand generation)
- Improper documentation
- Less referral of HIV reactive pregnant women

No counseling after screening in case of reactive Pregnant women(Lab technician is not having time because he is the only person collecting prescription, taking sample, applying test and reporting and delivering the report to the beneficiaries

Suggestions

- At each CHC at least one lab technician should be available with one nursing staff, so in absence of lab technician that person can take sample and the visit of those beneficiaries will not go in vein. Because each visit to these centre are resource consuming in terms of time and money.

- Timely training of the staff so they can perform with full confidence.

- Proper orientation of all cadre health staff about PPTCT services should be done on a priority basis so at least the provider can put a choice in front of beneficiaries. By this we can aware and motivate them and can achieve the target of Zero infection in children.

Suggestions continues……

- Availability of laboratory should be ensured as soon as possible so the beneficiaries can avail services.
- The supply chain should be maintained properly and more important that in the beginning of the year the pregnant women are estimated for whole year so monthly requirement is already known to us so that much of supply should be provided on time.
- All RCH registers should be maintained and checked by LHV and block resource person for completion of data in register because when these registers will be filled properly then only the data entry operator can provide the real picture of the situation.

Conclusion

- After doing a thorough analysis of all CHCs (in term of manpower, HIV screening kit, training and infrastructure) it is revealed that most of the beneficiaries (Pregnant women)are not able to avail the HIV screening at these CHCs due to shortfall of one of the above mentioned components.

- It is very alarming when we are trying to achieve zero infection in children, how it will be possible when we are not able to screen the pregnant women for this HIV infection. Less than 50% CHCs are having kit for screening, only 10% manpower is trained for this screening test, and then what should be our expectations.

- The whole system should work together to improve the situation and to make India HIV free,because the condition is very demanding for achieving the target; that is all pregnant women should be screened for HIV.

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Thank you