Prevention of Parent to Child Transmission

Program Review Meet

Assessing Performance and Reviewing State wise performance

A three day Review Meeting on the PPTCT program was held in New Delhi on 9th - 11th March 2011 with a view to assess the overall performance of the program so far and also to review state specific performance.

The members included key members of the central and state teams and invitees like Mr. M. Krishna Kumar, Managing Director of INTRAD School of Executive Coaching (ISEC), Dr. Devashish Dutta from UNICEF, Mr. Taoufik Bakkali from UNAIDS and Partners in Development Initiatives (PDI) were present at the meeting. The occasion was also graced by Mr. RCM Reddy, Managing Director & Chief Executive Officer of IL&FS Education & Technology Services Ltd. (ETS) and IL&FS Cluster Development Initiatives Ltd. (CDI) who addressed and encouraged each of the members. The Review Meeting brought to light a number of vital issues regarding the program including prospects of improvement, strengthening of support and also the programmatic impact so far. Concerns of each state were addressed and the State Coordinators also shared their experiences in coordinating the activities of the program.
PPTCT – Health Monitoring and Management System (P-HMMS)

The pilot program of the mobile technology has been introduced in the state of Tamil Nadu across 3 NGO’s working on the PPTCT program. The program is to reinforce and facilitate the reporting of the data as well as cover the gaps in the reporting system. The design of the online monitoring system for PPTCT will form a base and will be the fulcrum of dashboard information system for the key stakeholders of the program. The pilot training workshop exclusively developed by IL&FS for the PPTCT program was held on 28th, 29th and 30th March 2011 at Hotel Vijay Park, Chennai. The training was conducted by Mr. A.V.Sethuraman, Vice President of Technology, Argu Soft India Ltd – the technology partner. The members of the meeting included Dr.Rachana William, UNICEF’s PPTCT Consultant and Ms. Sri Krishnapriya, M&E Expert, PPTCT Program, TANSACS. They attended the training program on all the three days and shared their valuable inputs. The training was conducted across 3 NGO’s and trained 14 ORW’s and 3 District Coordinators were trained. The PHMMS will roll out over 3 Phases across the States.

IL&FS reviewed the implementation of the RCC 2 PPTCT program in four states i.e. the first period in February 2011. This was done by Partners in Development Initiatives (PDI), the evaluating agency. The main objective was to identify the areas in each project where further improvement could be brought about in terms of service delivery, organizational capacity and financial management. It took place over a period of 2 days at each NGO where the evaluators interacted with all the staff involved in the project and evaluated the project related documents, registers, records along with books of accounts and other financial records. The reports were further scrutinised by the State Coordinators and sent to the Central Team for finalisation after seeking necessary clarifications from all the stakeholders. The final results were then compile and shared with IETS with a presentation of the overall assessment and findings.

### Monitoring & Evaluation

<table>
<thead>
<tr>
<th>State</th>
<th>Tamil Nadu</th>
<th>Andhra Pradesh</th>
<th>Maharashtra</th>
<th>Manipur</th>
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</thead>
<tbody>
<tr>
<td>No. of NGOs evaluated</td>
<td>30</td>
<td>38</td>
<td>33</td>
<td>18</td>
</tr>
<tr>
<td>Total no. of ORWs in each state</td>
<td>390</td>
<td>689</td>
<td>550</td>
<td>98</td>
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The Table shows the number of NGO’s and ORWs evaluated across 4 states.
The PPTCT program implemented by IL&FS has seen an increase in the coverage of States and Districts around the country. The program is currently covering 23 States (as of March 2011).

The PPTCT staff, ORW’s and Coordinators have also increased over and above which the rationalisation of outreach workers according the case load of the area is taking place. The staffs has also been trained on the trained on the PPTCT module.

Evaluation of the states in the first period (till September 2010) has taken place in February 2011. Accordingly, assessment of the performance of the NGO’s are being looked into. Moreover, there is increase in linkages and coordination with the district level DAPCU’s and Health Workers for closer harmonization and mobilisation of pregnant women.

An outline of the situation of each State till March 2011 according to the States handled by respective State Coordinators is given below.
Tripura and Puducherry

- Tripura has been signed on since February 2011. An NGO, Village Development Team has been identified as implementation partner covering 4 ICTC centres.
- Puducherry has been operational since January 2011 and monthly briefing is being done with PSACS officials. Two review meeting have been conducted so far.

Bihar and Jharkhand

- The IL&FS ETS PPTCT program has been operational since January 2011 and the staff have been trained in March 2011.
- Monitoring and Evaluation visits have been taking place.
- Reporting formats and documentation are currently being strengthened for capturing data.

Andhra Pradesh

- The IL&FS ETS PPTCT program has been operational since September 2010 covering all the 23 districts.
- Evaluation of the 38 NGO’s took place in February 2011.
- Rationalization has taken place based on Assessment report.

Manipur

- IL&FS ETS is operating in 18 districts of Manipur working with 18 NGO’s and 98 ORW’s since August 2010.
- The follow up activities have also increased specifically and Antiretroviral Therapy (ART) and TB linkages have been strengthened.
- According to ICTC CMIS report the NVP coverage in the Manipur for the FY 2010-11 is 80.6% which was 75% in the FY 2009-10.

Mumbai

- 4 NGO’s have been working since September 2010, 3 since October 2010 and 1 NGO was signed on since December 2010.
- Advocacy and linkages both at the State and district level including regular monitoring visits to the NGO’s are taking place for effectiveness of the program.

Maharashtra

- Evaluation of NGO’s have taken place in February 2011 and accordingly being downsized based on performance in consultation with MSACS.
- Intensive monitoring visits and linkages with the District level DAPCU’s for coordination & cooperation with NGOs about referrals are taking place.

Tamil Nadu

- Out of a target of 2800 for detection of positive pregnant women (2010 – 11), from April – September 2010 the program has achieved 35% detection of positive pregnant women and 61% MP pairs have received ARV prophylaxis.
- Training of staff on the program for the absentees also have been planned to take place.
- 98% administration of NVP in second quarter (October, November and December 2011).
- Review meeting is held regularly with TANSACS and DAPCU’s. Some outcomes were:
  - It was decided that there shall be NGO review meeting once in four months to be conducted by IL&FS and TANSACS.
  - It was decided to analyze the Performance Indicators collated by TANSACS and IL&FS to understand if there are any gaps in the reports from the NGOs.
  - DAPCU’s have agreed to invite the DC’s and ORWs to all the monthly meetings at the district level.

Nagaland

- PPTCT programme rolled out in all the 11 districts of Nagaland since January 2010.
- Nagaland has 82 ORWs and 11 District Coordinators (1DC per district).
- The staff training has been completed in 10 districts of in February 2011.
**Rajasthan>>>**

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- Evaluation of the 38 NGO’s took place in February 2011.
- Rationalization has taken place based on Assessment report. story.

**Chandigarh, Delhi, Haryana, Himachal Pradesh and Chandigarh>>>**

- Agreement with Chandigarh NGO was signed in the month of December 2010, and in the month of January 2011 training was held for 11 ORWs & 1 Project Coordinators in Chandigarh.
- Agreement with two NGOs has been signed in the State of Himachal Pradesh for two districts viz. Kangra & Hamirpur in the month of December 2010 and a combine training was conducted in month of December 2010.
- In Haryana, Agreements with three NGOs for five districts was signed in the month of November 2010 and training was organized in the month of December 2010, at Chandigarh, for all three NGOs’ ORWs & Coordinators.
- Punjab is currently covering 2 districts. All the ORW’s and District coordinators have been trained on the PPTCT module. Punjab SACS has recommended 5 more districts to roll out PPTCT project.

**Gujarat>>>**

- The PPTCT program is covering all the districts if the state.
- There is a high rate of migration in the state from neighbouring areas.
- At the district level, areas where there are no DAPCU’s they have peer support groups.
- Review Meeting at the State level, District Level and ICTC’s have also been carried out.
- Many centres has reported that because of ORW’s intervention, HIV testing of ANCs has been increased (Eg: Patan Dist. Civil hospital - prior to ORW’s intervention testing was around 100 to 120 per month.
- ORWs are motivating Ante Natal Cases for HIV testing and meeting the private doctors to find cases and make the services more effective.

**Madhya Pradesh>>>**

- The program started in January 2011 after the staff training in December 2010.
- 22 MB pairs are receiving a complete course of ARV prophylaxis.
- 128 HIV positive women and 58 infants are being regularly followed by ORW’s.

**Odisha and West Bengal>>>**

- In West Bengal the program state rolled out in December 2010. The ORWs were deployed in the field on Jan 2011.
- Visit to the ICTCs of Kolkata was made and positive response from counselors acknowledged.
- In Odisha, the program is to be roll out in 10 districts by April 2011.
- Odisha PPTCT program is under one mother NGO as suggested by OSACS.

**Mizoram>>>**

- The program has been operational since January 2011 in 8 districts where 1 NGO is working with 35 ORW’s and 3 District Coordinators.
- Training of its staff has been imparted in the month of February.
In April intimate 2010, Sita (Name Changed) found out that she was pregnant and went to the hospital for a routine check up. The Doctor advised her to get her blood tested. When the results arrived, she was tested HIV Positive. This news made Sita very depressed. On reference, she came in contact with an ORW Ms. Deepa (Name changed) who gave her lot of support and counselled her on various issues like Partner Management, Hygiene, Diet, Condom Use and staying healthy and also registered her in the Community Care Centre in her district. Sita was brought to the centre for routine checkups where she was given Iron, Calcium and folic tablets and also made to understand why these medicines were important for her.

On 24th December’ 2010, Sita was registered with the PPTCT program and the ORW visited her twice a week, also personally accompanying her on the routine checkups. The delivery date was due on 26th January’ 2011. On 20th January ’2011, during a routine checkup, the Doctor informed Sita that the delivery had to be done by C-Section on 22nd January’2011. Sita was admitted in CCC that day itself and taken to the General Hospital the next day. The ORW, Deepa was with her throughout and made sure that the procedure went smoothly. On the day of the delivery, Sita was given Nevirapine at 8:15 am and thereafter taken to the Operation Theatre for delivery. At 11:30 AM, Sita gave birth to a healthy baby boy who was administered Nevirapine at 11:40 am under the observation of Deepa. She also counselled the family members on feeding the child and eventually the family came to a consensus to top feed instead of breast feed the child. Deepa also demonstrated how to feed the child and Lactogen was provided to family free of cost by liaisoning with DAPCU Office. Sita and her family were very thankful to the PPTCT Staff for their dedicated Cooperation and Support.

Mrs. Anjali (name changed) aged 34 years married to Mr. Vikash (name change) when she was 25 years old. Her husband was a farmer and the sole bread earner of the family. When the outreach worker mobilized her for attending ANC, she already had 2 children and was pregnant with the 3rd child. During the ANC, she was found to be retro reactive and was counselled by the project counsellor. She was informed about her status and the future action to be taken for the well being of herself and her baby. One challenging factor which the service provider faced was to notify to her husband because she was so afraid that he would disown her. During this course of time the CD4 Count of Mrs. Anjali dropped to 94 but she was still reluctant to start the treatment for the ill consequences she might face. However, with frequent counselling she agreed to let the outreach worker meet her husband. The outreach worker visited her home, met her husband and discussed the result of his wife and the need of testing for himself. At first he silently listened to the outreach worker with astonishment but eventually he was convinced and was ready for the test for himself. His result came out negative and Mrs. Anjali was also put on ART.
Rohini (Name changed) during her sixth month of pregnancy went to the Government Hospital for her ANC testing, in her Blood Test report she was tested positive. She was referred to the ICTC and visited the counsellor who counselled her and convinced her for institutional delivery also advising her to come for retesting after a month. Rohini agreed but never visited the ICTC again even though the Counsellor tried to contact her many times. The counsellor contacted the District Coordinator who referred the case to Sana, an ORW. Sana visited Rohini’s place and met her and the family members. She found out that Rohini delivered her baby a week ago in government Hospital but both the mother as well as baby were not given Nevirapine. Also, she found out that Rohini’s husband had not done his HIV test and was not aware about HIV. Sana counselled the couple on HIV, its effects and what precautions had to be taken. Rohini was very depressed on learning about the gravity of the situation. However, Sana counselled her for almost an hour and convinced her to go for HIV testing along with her husband, she also referred the baby to ICTC so that Cotrimaxazole could be provided to baby if required. Sana left her place after reassuring them of any other assistance and they agreed to follow precautions. Rohini’s In-laws also spoke to the Project Coordinator and thanked her for sending Sana for helping and guiding them.

**Best Practices**

- The intervention of ORW’s has resulted in higher HIV testing among ANC cases (As in the case of Gujarat)
- ORW’s have established a good linkage with DLN networks and other facilities for positive women. Positive mothers are been regularly motivated and assisted by ORW to get registered at DLN networks and avail the facilities by government like Palanhar Yogana for children of positive mothers
- Owing to the good linkages and networking with District level DAPCU’s, some ORW’s are ensuring the provision of food supplements to babies like Lactogen.
- Government facility like free 1 unit blood for positive pregnant women are been availed with the assistance and awareness provided by our ORW’s.
- In some states, ORW’s have linked many of the positive mothers and their families to various government schemes like Vidhva pension Yojana, Anna Suraksha Yojana, Free travelling to ART centers, Free DBS test for babies etc.
- In addition to all these, pregnant women are getting basic support and care; be it getting an HIV test done, a routine check up or just someone willing to listen to them.

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