

Evaluation of NACP in coastal Karnataka, based on field observations at a Community Health Centre

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I. Introduction

In 1992, India's first National AIDS Control Program (NACP) was launched and National AIDS Control Organization (NACO) was constituted to implement the program. NACP was a scientifically well-evolved program, grounded on a strong structure of policies, programs, schemes, operational guidelines, rules and norms. The NACP is divided into phases of five years, with separate plans for each phase; it started as a NACP in 1992, subsequently NACP II was from 1999-2006, NACP III was during 2007-2012, and currently NACP IV is in action (2012-2017).

Right now NACP IV is going on and it is running successfully in every part of India. This observation was from coastal region of Karnataka state. The main components of the programs are to Intensifying and Consolidating Prevention services with a focus on HRG and vulnerable populations, in which program have to scaling up to reaching out hard to reach group who are yet not access to this program and specially for bridge population like truck drivers, migrants etc. after which program has second component in which focused was given to IEC material for normal population as well as high risk group for behavior change and demand generation. In third component of program extend to compressive care, support and treatment part for those who are in need through with wide network of treatment facilities and collaborative support from PLHIV and civil society groups. In last two components program were focused on strengthen the institutional group by which the program planning and management responsibilities will be strengthened at state and district levels to ensure high quality, timely and effective implementation of field level activities, and in last they were focused on strategic information management system which is one of the important key component of the program. The Objectives of NACP IV are 1) To reduce new infections by 50% (2007 baseline of NACP III), 2) Provide comprehensive care and support to all persons living with HIV/AIDS and treatment services for all those who require it and 3) To reduce parent to child transmission to less than 5%.^{1,2}

II. Material And Methods

Observation was done during the field in various Primary Health Care and Community Health Care centers in coastal region of Karnataka. Guide was provided for every visit where program was explained by them and then chance was given to every student to observe on their own understanding and find what has to be improved on their observation basis.

III. Result And Discussion

A Community Health Centre (CHC) in coastal Karnataka was visited and observations were made specific to the activities under NACP. As per records from the health center, there were 13 general cases of HIV/AIDS in 2015, while there were zero cases, which tested positive in 2016. Different registers/records were maintained for pregnant women and general population, and no cases of HIV/AIDS were diagnosed in pregnant women in the last 3 years. Patients suspected to have an HIV/AIDS infection, are referred to the CHC, and diagnosis is done using techniques like; ELISA, Bio-line and Coombs test. In case a Western Blot test is to be used, 3 samples are taken from one patient; from which one test was sent to the State Referral Laboratory nearest to the CHC and two tests were sent to the central facilities in Bangalore.

The Integrated Counseling and Testing Center (ICTC) is a place where a person is tested and counselled for HIV.³ There are 22 ICTCs with 24*7 facilities, located in the district where the CHC was observed. There are 2 types of ICTCs: stand-alone and facility ICTC. The CHC visited has a facility ICTC Centre attached to it.

While the CHC is not an ART centre, medication was available. Drugs and kits for syndromic management of STD/RTI (like zidovudine, saquinavir, lamivudine and indinavir, colour coded STD/RTI drug kits) were present in health centre.⁴ Condom promotion activities: NACO condom promotion strategy focuses on two aspects; ensuring availability and creating demand for condoms. The availability of condoms is addressed through three sub-components of condom promotion program; free condom, socially marketed condom (paid subsidized) and female condom. During health care center visit and observation it was found that free condoms were available in health centers and, promotion of consistent use of condoms through awareness camps and counseling of patients were given by the hospital staffs.⁵

Other facilities (under NACO) at CHC were that there is routine offering of HIV counseling (group/individual counseling) and testing to all pregnant women attending antenatal care, with “opt-out” option is provided. Provide Anti Retroviral Therapy to all HIV infected pregnant women, promote institutional delivery for all HIV infected pregnant women, provision of care for associated conditions (STI/RTI), TB and other opportunistic infection, provide nutritional counseling and psychosocial support for HIV infected pregnant women (linkages with ANM and ASHA), Provide counseling and support for initiation of breastfeeds within an hour of delivery and continue for 6 months, Provide ART prophylaxis to infants from birth up to a minimum period of 6 weeks, Integrated follow-up of HIV exposed infants into routine healthcare services including immunization.

IV. Conclusion

On the basis of observation the Community Healthcare Centre (CHC) is accessible and has essential facilities. But there were many gaps recorded which exist mainly because of unavailability of permanent staff by which most the work load came to other staff and after having good ability they didn't performed well in their respective works as they have to handle many other activities too. The existing staff is inefficient in many places; the CHC has inflow of patients. The CHC has a good IEC system with lots of information through wall charts, pictures, pamphlets, and posters providing information to the patients and community members which is one of the very important medium for community to get educated by this materials as this was the best approach to reached all community people. The ASHA and community health workers relentlessly work to raise awareness as they mobilize people of needed and raise awareness among community to understand the problem as most the time they are the one whom community get there first contact. The community health care workers give follow- up care to mother and child. Regarding health education, there is active participation of community too which is very important to eliminate this disease from world. If people are continuously active, about the awareness regarding the problem then it can be cured at an early stage which lessens the huge problem which we face today.

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