

# **ASSESSMENT OF INTEGRATED COUNSELING AND TESTING CENTRES (ICTC) IN CHHATTISGARH**



**BY**

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## INTRODUCTION:

Ever Since the first detection of HIV in 1986 among a female sex worker in Chennai, the disease has penetrated into general population. It is no more the disease of only high risk population. Although its greatest spread reported in six high prevalence states namely Andhra Pradesh, Tamil Nadu , Karnataka , Maharashtra, Manipur, Nagaland there is sporadic spread in many other sister states.

The HIV epidemic in the state of Chhattisgarh is concentrated among high risk groups, though, there is an evidence of the infection spreading to the general population. According to the HIV Sentinel Surveillance 2012-13, NACO report, HIV prevalence among ANC clinic attendees in the state is 0.51, prevalence among FSW is 2.73, prevalence among MSM is 14.98, and prevalence among IDUs is 0.42. HIV prevalence among MSM in the state is highest in the country (India -4.43) and among FSW is 8th highest in the country (India-2.67).

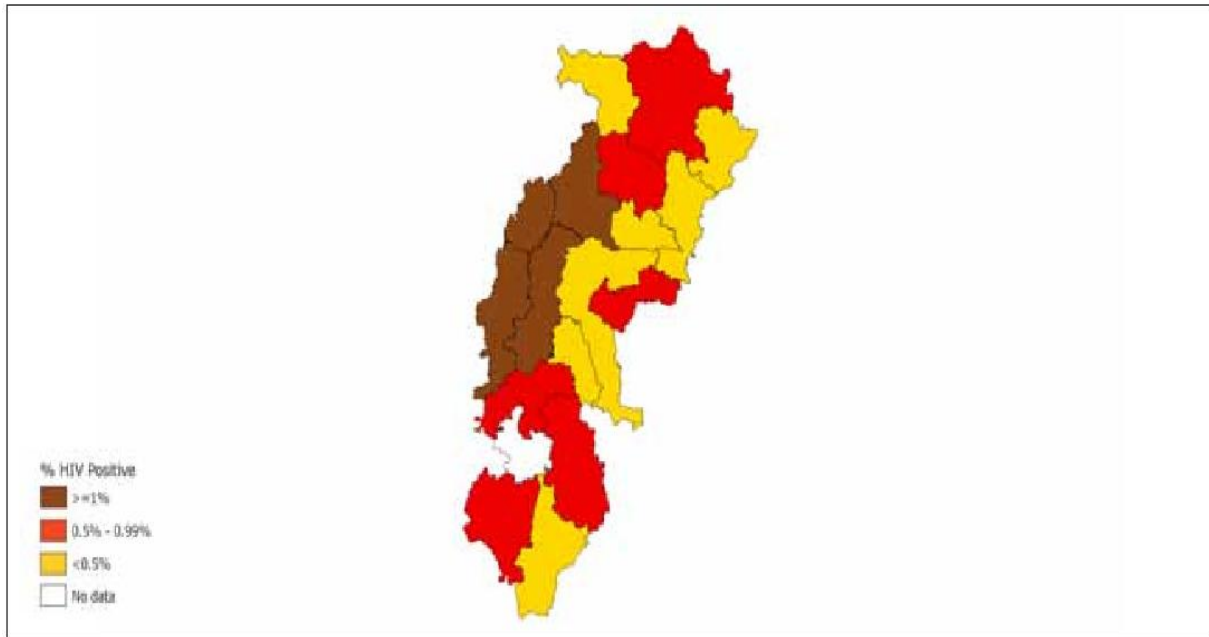
Though the prevalence of the disease is low in Chhattisgarh as compare to other states, CGSAC has put all effort to control new infections. Statistically, state has 22165 people living with HIV/ AIDS of these 63% are male. The age range of the disease is between 25-49 years.

### Year wise HIV case detection in Chhattisgarh:

Year	No. of HIV tests	HIV Positive	% of results +ve
2003	3395	37	1.09%
2004	2725	209	7.69%
2005	4663	344	7.38%
2006	8369	639	7.64%
2007	25048	1119	4.47%
2008	51333	1508	2.94%
2009	108479	2184	2.01%
2010	147482	2287	1.55%
2011	144287	2563	1.78%
2012	208522	2910	1.40%
2013	251547	2838	1.13%
2014	283346	3246	1.15%
2015	308304	2281	0.74%
<b>Total</b>	<b>1547500</b>	<b>22165</b>	<b>1.43%</b>

Source: Data from CGSAC, Annual report 2015(till December, 2015)

## HIV positivity in Chhattisgarh:



*Source – Sentinel Survey, 2012-13, Percentage of HIV positive patients.*

### **RATIONALE OF THE STUDY:**

“Chhattisgarh State AIDS Control Society” is a dedicated organization to implement the National AIDS Control programme (NACP) in the state. It has total 129 Integrated Counseling and Testing Centers (ICTC) largely in district hospitals and Community health centers. These centres are supposed to be ideal locations where a person is counseled and tested for HIV, of his/her own free will or as advised by a medical provider. These centers are the key entry points to prevent spread of HIV infection, treatment and care of people who are infected with HIV. Hence the success of the HIV prevention programme is centered around the proper functioning of the ICTCs. The performance of each ICTC plays a vital role in the success of the programme.

### **OBJECTIVES OF THE STUDY:**

The objective of the study was to assess the ICTC in terms of physical infrastructure and staffing, services provided, level of utilization, quality of counseling, knowledge and skill of counselor so as to improve the ICTC services. The study was not only intended to assess their performance but also to provide information to support health care providers, administrators and policy makers for better service delivery.

### **METHODOLOGY:**

A Cross sectional facility based structure and process assessment was carried out in the state between June 2015 and August 2015 at ICTCs functioning under NACP III. Sample was selected from five divisions namely Raipur, Durg, Bilaspur, Surguja and Bastar. Random

sampling techniques were used for the selection of districts from each division. 101 ICTC were reported to have counselors posted which were eligible for sample selection. Once a district was randomly sampled convenient CHCs, Civil hospital and PHC were selected. Data was collected from 15 ICTCs located at district hospitals, 10 ICTCs located at CHCs, 2 ICTCs located at medical colleges, 2 ICTCs located at civil hospital and one ICTC located at PHC. Hence there were total sample of 30 reportedly functional ICTCs in the state.

**TOOLS AND TECHNIQUE:**

The study tools were developed based on the guidelines of ICTC provided by National AIDS Control Organization and the tools developed by UNAIDS to evaluate ICTC centres in the state. These tools were adapted and modified according to the needs of the service being evaluated for this study and were field tested before finalizing the tools. To assess the knowledge and skill of counselor semi structured questionnaires were developed. Data analysis made using excel sheet.

**ETHICAL ISSUES:**

A written informed consent was obtained from clients, counselors and laboratory technicians before assessing counseling content and counselors’ skills assessment. Before commencing the study, approvals from district health authorities and District AIDS control officer were obtained. At each ICTC, additional permission from concerned ICTC managers (medical officers) was also obtained.

**FINDINGS OF THE STUDY**

Data provided by state	Numbers
Total ICTC	129
Counselor sanctioned and name available	101
Laboratory technicians posted at ICTCs	84
Neither Counselor nor LT	17

### Staffing pattern in ICTC centers:

The ICTC requires a team of skilled persons consisting of the ICTC manager (medical officer), a counsellor and a LT.

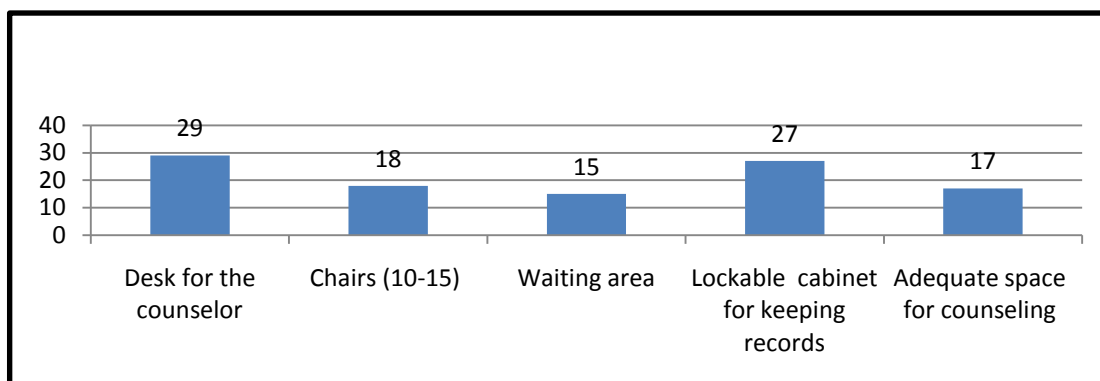
- Only 73 ICTC centers have both types of staff, Counsellor and LT.
- 45 ICTC centers have no Laboratory Technician.
- 10 Lab technicians have no counselor though there are 18 more counselors than laboratory technicians.
- 28 counselors are paid but cannot be utilized.

### PART A: ASSESSMENT OF COUNSELING ROOM & COUNSELOR

#### PHYSICAL INFRASTRUCTURE:

The counseling room should be an enclosed space, ideally 15' X 15' in area so that one on-one and one-on-group counseling sessions may be undertaken in an atmosphere of privacy. Following are the finding of the assessment of counseling room and counsellor:

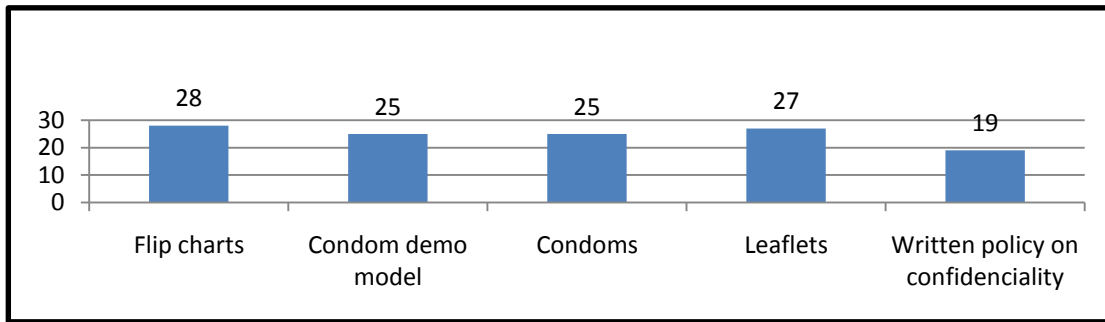
**Graph 1: Physical Infrastructure (n=30)**



According to the findings of the study only 57% of the ICTC centers have adequate space for counseling. Many places counseling space was shared by other services in the facilities which break the privacy and confidentiality of the clients and must be avoided as part of an essential requirement for HIV/AIDS counseling. Other areas of concern were the lack of adequate chair and adequate waiting area for clients.

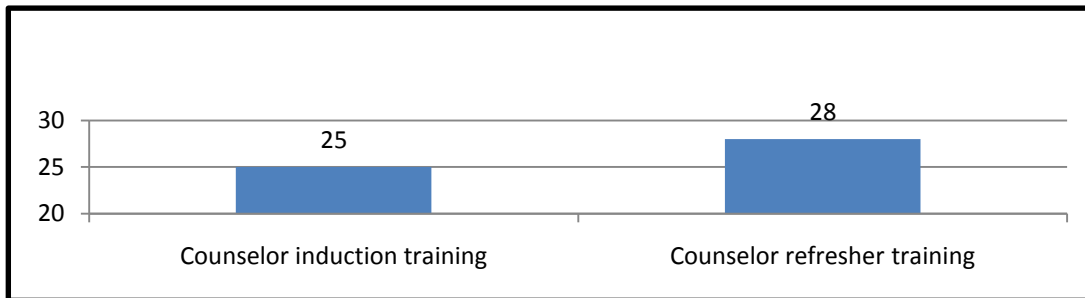
HIV/AIDS counseling/education is a confidential dialogue between a client and a counsellor which aims to bring about behavior change in the client and to enable the client to take a decision regarding HIV Testing and to understand the implications of the test results. About 43% ICTC centers fail to provide such facility to clients because of lack of privacy.

**Graph 2: Availability of Communication IEC material (n=30)**



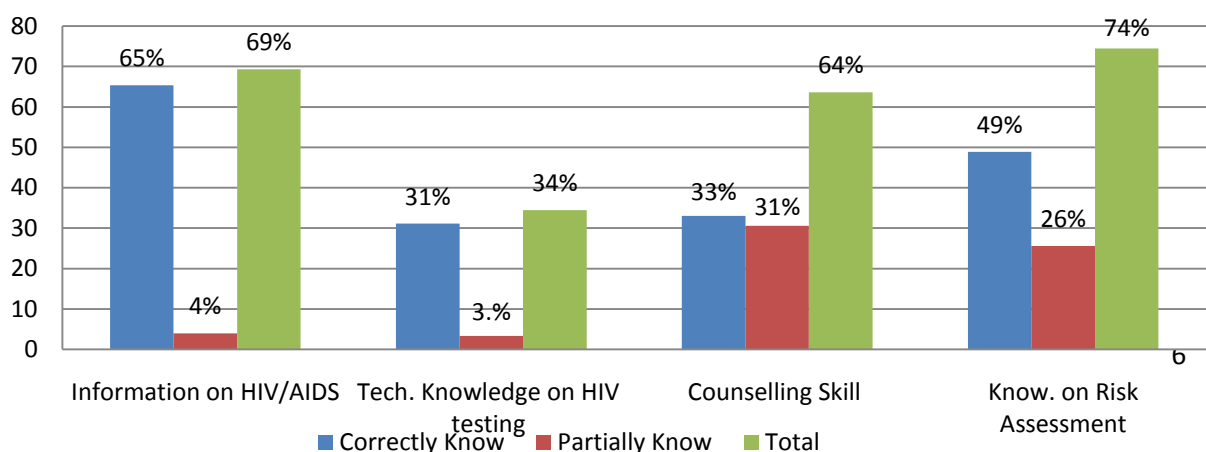
All ICTC centers must have compulsorily minimum communication aid like flip chart condom demonstration model, condom, leaflets/ pamphlets and written policy in the counseling room. According to the findings of the study about 90% to 93% ICTC centers had flip chart and leaflets. Condom and condom demonstration models were available at 83% and written policy on confidentiality were available at 63% ICTC centers. Therefore all ICTC centers did not have minimum communication aid at the centers which are essential communication aids for counseling /education at the ICTC centers.

**Graph 3: Training of counselor**



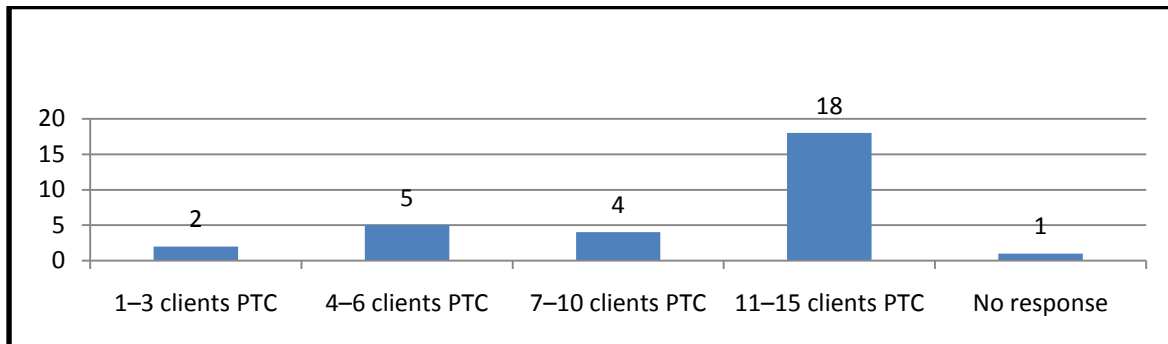
All the counselors must have induction training for 12 days before they are posted at designated ICTC centers and they must have refresher training for 5 days yearly. The study findings indicate that about 83% counselors had induction training and 93% of them had in service training. During the interview the counselors commented on the quality of training. As per them the training should be conducted in Hindi or local language rather than in English. Even the training materials provided to them should in Hindi.

**Graph 4: Technical knowledge of counselors on HIV/AIDS and Counseling**



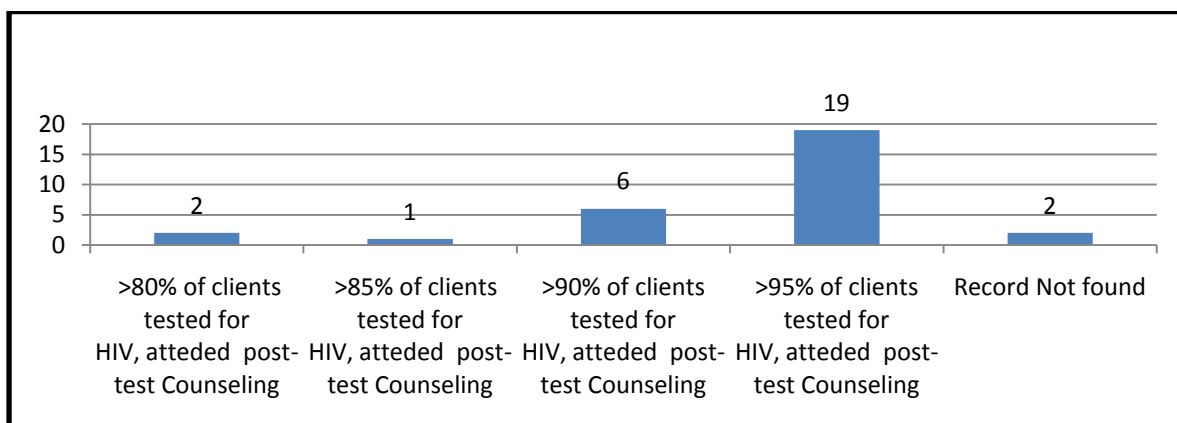
According to the finding of the study the counselors had average technical knowledge on HIV/AIDS and counseling. Only 31% of respondents had correct knowledge on HIV testing and 33% had correct counseling skill. The knowledge on risk assessment and HIV/AIDS ranges between 49% to 65%. The quality of the ICTC services is compromised due to inadequate and lack of proper training. These skills should be tested once every semester by SACS through a written test which is lacking currently in the state.

**Graph 5: Performance of counselor (n=30)**



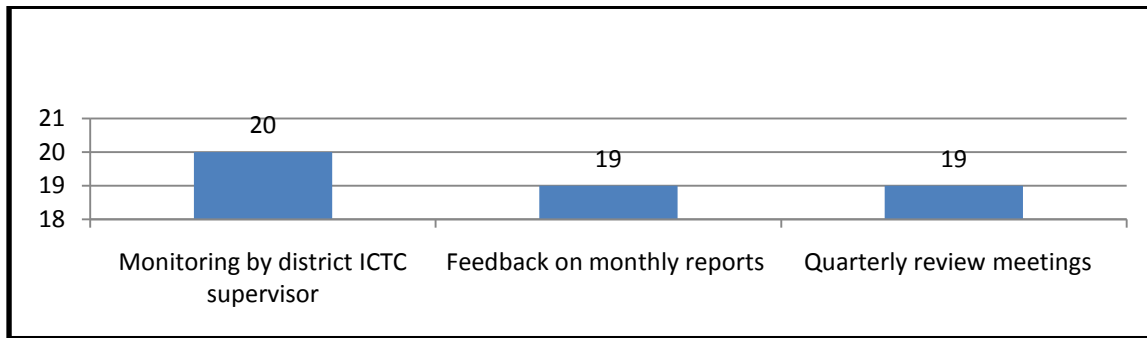
The performance of the counsellor was measured on the number of clients counseled and tested by the counsellor in an ICTC per day. About 60% of the counselors scored excellent grading, 13% of them scored good grading and remaining 17% and 7% of them scored average and poor grading. Hence the performance of about 24% counselors is below satisfactory.

**Graph 6: Quality of counseling (30)**



The quality of the counseling was assessed by the drop-out rate of clients between testing and post-test counseling. According to the findings of the study about 83% counselors maintain the quality of counseling and about 17% of the counselors perform below average in maintaining the quality of counseling. As clients counseled and tested by them were not turning up for post test counseling. No effort was taken by the counsellor to contact these clients for post test counseling as none of the counsellor make field visit.

**Graph7: Supervision and monitoring (30)**



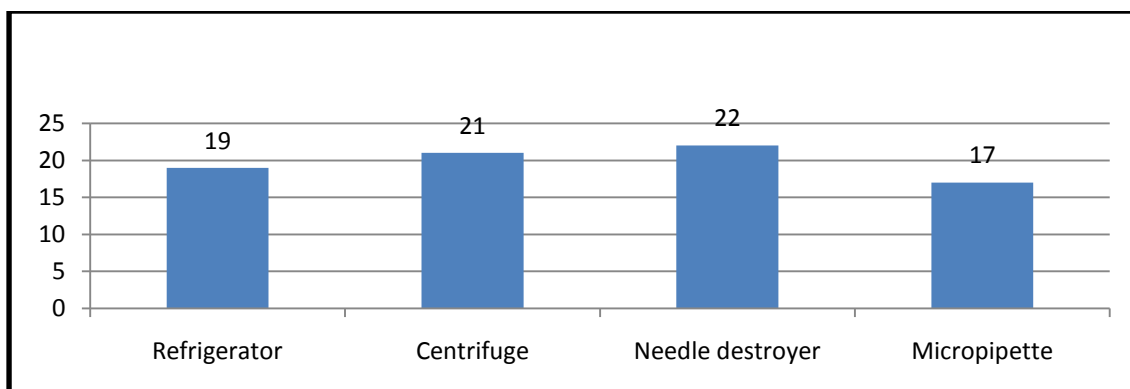
The monitoring and supervision is a must to improve the quality of ICTC services. It could be in different form. According to the findings of the study about 33% of the respondents said that there was a lack of monitoring by district supervisors, they had not received feedback on monthly report and quarterly review meeting were not held regularly.

## **PART B: ASSESSMENT OF LAB SERVICES & LTs**

### **PHYSICAL INFRASTRUCTURE IN BLOOD COLLECTION AND TESTING ROOM**

The minimum equipment required in the blood collection and testing room at the ICTC centers are refrigerator, centrifuge, needle destroyer, micro pipette and color coded bin. Blood testing could be done either in the blood collection room or in the main laboratory of the facility. Following are the finding of the equipment assessed in the 24 ICTCs centers. Laboratory technicians were not posted at 6 ICTC centers of 30 centers which were sampled for data collection. Thus they are not included in the study.

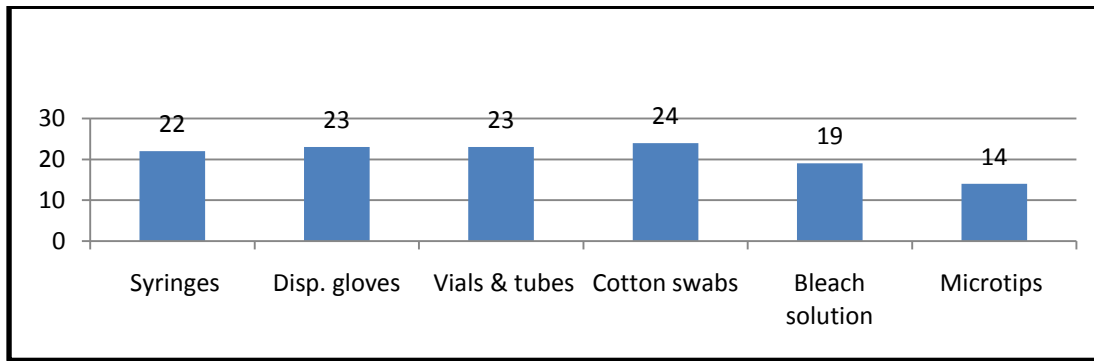
**Graph: 1 Infrastructure (n=24)**



A blood collection and testing room is an integral part of an ICTC centers. To maintain the quality of HIV testing minimum infrastructure is to be upheld at these centers. According to the findings of the study average 82% ICTC centers had minimum equipment in the blood collection and testing room. About 18% of the ICTC centers lacked minimum equipment which is essential to provide basic and quality services at the functional ICTC centers.

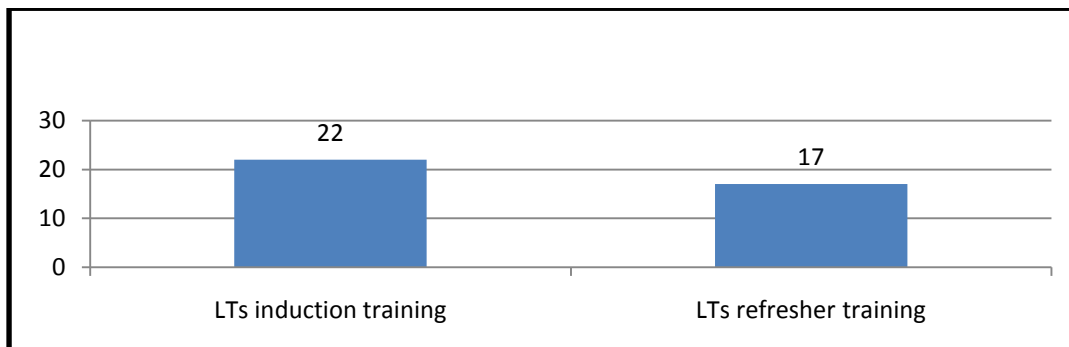


**Graph: 2 Consumables (n=24)**



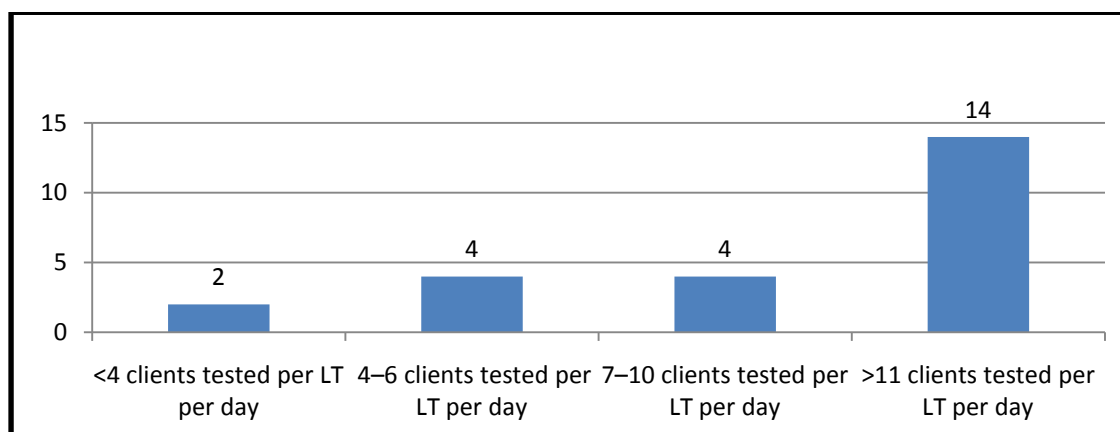
The minimum consumables required for the collection and testing of blood in an ICTC were not readily available across all ICTC centers in the state. The findings of the study at 24 centers suggest that three centers where micropipette was available, Microtips were not found. Overall only 58% ICTC centers had microtips. The second essential consumable which was not available at centers was bleaching solution. Only 79% ICTC centers had bleaching solution at the time of study. Similarly only 92% ICTC centers had sterile needles and syringes at the time of study. There is a need to equip all ICTC centers with necessary consumables throughout the year.

**Graph: 3 Training of LT (n=24)**



All the laboratory technicians must have induction training for 5 days before they are posted at designated ICTC centers and they must have refresher training for 3 days yearly. According to the findings of the study only 73% LTs had induction training and 53% LTs had in service training. All LTs compulsorily to be trained yearly to upgrade their skill so as to improve the quality of the lab services at the ICTC centers.

**Graph: 4 Performance indicator of LT (24)**



The performance of the LT is also measured on the number of clients tested by the LT in an ICTC per day. According to the findings of the study about 60% of the LT had scored between good to excellent grading scale for their performance and remaining about 40% of the LTs had scored below averages who test less than 6 clients in a day. Quarterly review of the programme is needed to improve the performance of the LTs.

#### **CONCLUSION:**

The assessment of the ICTC centers has given an idea in identifying some of the strengths and weaknesses of the ICTCs in the state. Over all the study findings revealed satisfactory results; however the assessment identified some key gaps of the ICTC centers which need to be addressed to improve the functioning of ICTCs. The quality of ICTC centers cannot be improved without addressing these gaps. Some key recommendations to improve ICTCs are:

- Rationalization of the human resources to operationalize key services of ICTC.
- Immediate recruitment of staff to replace vacant positions or delisting of ICTC without HR.
- Regularization of quality training to ICTC staff.
- Strengthening monitoring and supervision of ICTC centers and its services.

#### **LIMITATIONS OF THE STUDY**

The primary data collection was made between June 2015 to August 2015. The finding of the study may not reflect the true picture of the ICTC centers if corrective measures to improve the ICTC centers have been made during this period. District Hospital sampling is probably representative, but other institutions were those which were easy to access

#### **ACKNOWLEDGMENT**

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