

Press release

Strengthening healthcare facilities for quality HIV care services to the people of Punjab

Chandigarh

21st Nov

Committed to providing better healthcare services to the people of Punjab, district-level facilities such as Stand alone ICTCs (Integrated counselling and testing centres) providing diagnosis and counselling for HIV , ART (Anti Retroviral Therapy) centres providing treatment, care and support for HIV and OST (Opioid Substitution Therapy) centres providing harm reduction services for injecting drug users located in district hospitals and Government Medical Colleges are being strengthened by providing additional human resources to such facilities.

HIV/AIDS is a communicable infection which if diagnosed early can considerably improve the quality of life of an infected person by timely linking him/her to a treatment facility. Human resource working in Punjab State AIDS Control Society (PSACS) facilities have been trained over the years to provide quality HIV care services which include counselling, testing, care support and treatment for HIV-infected persons.

HIV Counselling and testing services are being provided in more than 650 Government health facilities in Punjab. HIV screening is done by MLTs of general labs of 540 government health facilities designated as Facility Integrated Counselling and Testing Centres (F-ICTC). Confirmatory diagnostic service is provided in 115 facilities designated as stand-alone –ICTCs which have a counsellor and MLT provided by the Government of India's National AIDS Control Organization.

An official communication received from NACO on 9th Nov 2022 highlighted the need to strengthen facilities with high client load by rationalizing human resources available in all PSACS facilities. The goal of this exercise is to deploy counsellors and MLTs from facilities with less client footfall to facilities with high client load.

“NACO has initiated the SA-ICTC rationalization process to ensure more and effective utilization of the available human resources deployed at the SA-ICTCs.....The state may consider re-shuffling the additional staff(counsellor/Lab technician) to those centres which are a high burden”

NACO communication dated 9th Nov 2022

Established in 1999, Punjab State AIDS Control Society is committed to providing quality HIV care services to the people of Punjab. Over a period of two decades and with sincere efforts of our human resources 62,000 People Living with HIV/AIDS (PLHIV) are in active care. Facilities at the district hospital level and in Government medical colleges have footfall as high as 80 or more clients per day. The public coming to testing and treatment facilities needs focused counselling and support as being diagnosed with HIV affects the physical and mental health of a person. Adequate guidance and support improve the quality of life of infected persons. It is to be ensured that trained manpower is available to offer optimal quality service to the public. Counsellors and lab technicians working in PSACS facilities have been trained over years on updated technical guidelines for HIV testing, risk assessment, pre and post-test

counselling, care and support of HIV-infected people and HIV-exposed infants. The rationalization of manpower is an effort to optimally serve the public with such trained and efficient manpower.

In compliance with guidelines received from NACO, the performance of ICTCs was assessed and after analysing trends of client footfall and positivity for the year 2022-23 and 2023-24 (for a period of six months w.e.f 01.04.2023 to 30.09.2023, twenty-one stand-alone ICTCs have been identified which can be converted into screening facilities. It is important to note that HIV screening services will continue in these 21 selected facilities through general labs of these hospitals while NACO-supported manpower will be deployed in high client load ICTCs, ART centres and OST centres at the district level.

Based on rationalization criteria as per guidance note of NACO , facilities with a general client load of 10 or less per day, low “self-initiated” client footfall, with low positivity have been identified and selected for conversion into screening facilities. NACO-supported HR will be deployed to support high-burden PSACS facilities.

- SA-ICTC with Co- located ART centre or Link ART centre or those at district hospital will continue as confirmatory sites.
- SA-ICTC with positivity <1% or <12 clients detected HIV positive per year to be converted into screening site.
- SA-ICTC with Positivity <1% or < 12 pregnant women detected HIV positive per year to be converted into screening site.
- SA-ICTC with <700 self-initiated/walk-in clients annually to be converted into screening site.
- SA-ICTC with <2000 pregnant women tested annually to be converted into screening site

*****State has considered additional criteria of average daily General Client load of the facility.*

Secondly state has adopted criteria that if a health facility is detecting 2 or less general clients positive per month, these can be converted into screening sites as these 2 clients per month can be confirmed at nearby confirmatory facility.

PSACS has identified 21 such SA-ICTCs which have performed low in at least 4 out of five criteria mentioned above. It would be in the public interest to utilize the services of trained staff at high-client facilities where more people need HIV care.

Table 1. Performance of Centres in 2022-23 as per rationalization criteria:

Sr No	Name of ICTC	<700 self initiated / walk in clients tested in one year	< 2000 pregnant women tested in one year	< 24 clients detected HIV positive in one year ** see footnote	Positivity <1%	<12 pregnant women detected HIV positive in one year	Positivity <1%	Average daily General Client load <10 (criteria adopted by State)
1.	Garshankar	0	1354	37	0.88	3	0.22	14
2.	Ictc Moonak	55	1398	10	0.40	2	0.14	8
3.	Lambi	328	1255	6	0.31	2	0.16	6
4.	Ghanaur	260	1030	3	0.18	0	0.00	5
5.	Ictc Lehragaga	0	344	5	0.17	2	0.58	10
6.	ICTC Bholath	19	377	8	0.51	0	0.00	5
7.	Bhunga	0	1453	2	0.09	0	0.00	7
8.	Kalanor	0	1612	8	0.36	0	0.00	7
9.	Khamano	0	822	14	0.71	1	0.12	6
10.	Chc Bundala	0	429	14	0.40	1	0.23	12
11.	Nangal	0	1965	10	0.19	0	0.00	18
12.	Machhiwara	0	1789	14	0.53	3	0.17	9
13.	Ahmedgarh	0	1606	29	1.15	4	0.25	8
14.	Ghudda	0	726	17	0.85	0	0.00	7
15.	Bhagta Bhai Ka	0	1681	23	0.79	2	0.12	10
16.	Jaito	0	931	21	0.74	1	0.11	10
17.	Chamkaur Sahib	0	621	11	0.35	1	0.16	10
18.	Nathana	0	1722	20	0.98	6	0.35	7
19.	Mahilpur	57	980	27	0.85	3	0.31	11
20.	Ictc Sultanpur Lodhi	0	1934	32	0.78	2	0.10	14
21.	Badal	19	245	23	0.67	0	0.00	12

*Source : Monthly reports submitted by SA-ICTC

** State adopted criteria of < 24 clients detected positive annually to be considered for converting into screening facility as 2 clients per month can be confirmed in nearby confirmatory facility.

Table 2. Performance of Centres in 2023-24 (six months) as per rationalization criteria:

Sr No	Name of ICTC	< 350 self initiated / walk in clients tested in six months	< 1000 pregnant women tested in six months	< 12 clients detected HIV positive in six months ** see footnote	Positivity < 1%	<06 pregnant women detected HIV positive in six months	Positivity < 1%	Average daily General Client load < 10 (criteria adopted by State)
1.	Garshankar	0	522	10	1.05	0	0.00	6
2.	Ictc Moonak	0	0	0	--	0	--	0
3.	Lambi	0	690	2	0.19	1	0.14	6
4.	Ghanaur	90	505	2	0.22	1	0.20	6
5.	Ictc Lehragaga	0	150	2	0.16	0	0.00	8
6.	ICTC Bholath	2	160	4	0.45	0	0.00	5
7.	Bhunga	7	656	5	0.48	1	0.15	7
8.	Kalanor	19	656	7	0.52	1	0.15	9
9.	Khamano	0	539	8	0.65	1	0.19	8
10.	Chc Bundala	7	242	8	0.42	2	0.83	12
11.	Nangal	61	934	9	0.59	0	0.00	10
12.	Machhiwara	11	982	10	0.71	1	0.10	9
13.	Ahmedgarh	0	742	11	1.03	3	0.40	7
14.	Ghudda	2	407	45	4.21	3	0.74	7
15.	Bhagta Bhai Ka	0	589	22	1.82	1	0.17	8
16.	Jaito	64	362	70	6.21	1	0.28	7
17.	Chamkaur Sahib	6	259	21	1.71	0	0.00	8
18.	Nathana	0	922	21	1.47	2	0.22	9
19.	Mahilpur	58	553	32	2.10	0	0.00	10
20.	Ictc Sultanpur Lodhi	9	832	21	1.35	1	0.12	10
21.	Badal	0	137	10	0.44	0	0.00	15

* Source : Monthly reports submitted by SA-ICTC

*** State adopted criteria of < 24 clients detected positive annually to be considered for converting into screening facility as 2 clients per month can be confirmed in nearby confirmatory facility.*

Table 3. Average daily client load of ART centres and OST centres at district level.

Sr No	District	Average Daily client load of SA-ICTC at in District Hospital	Average daily client load of ART centre in District Hospital	Average daily client load of OST centre in District Hospital
1.	Amritsar	68	350	452
2.	Barnala	45	--	--
3.	Bathinda	74	320	187
4.	Fatehgarh sahib	39	--	--
5.	Fazilka	40	--	--
6.	Faridkot	46	100	87
7.	Ferozepur	64	150	249
8.	Gurdaspur	49	80	368
9.	Hoshiarpur	77	63	368
10.	Jalandhar	99	180	236
11.	Kapurthala	51	40	580
12.	Ludhiana	134	350	219
13	Moga	71	100	551
14	Mohali	85	55	125
15	Malerkotla	41	--	--
16	Mansa	53	--	183
17	Nawashehar	38	34	--
18	Pathankot	62	120	313
19	Patiala	69	250	180
20	Ropar	45	150	664
21	Sangrur	71	120	--
22	Sri Muktsar Sahib	55	--	--
23	Tarntaran	50	140	345

Source: Data as per monthly reports of centres submitted to NACO.

It is relevant to mention that rationalization of human resource working in Stand alone ICTCs is an initiative being implemented Pan India during which many UP, Telangana, Tamilnadu, Rajasthan, Odisha, Maharashtra, Madhya Pradesh, Kerela, Karnataka, Haryana, Gujrat, Goa, Bihar, Chattisgarh, Delhi, Assam, ,Arunachal Pradesh and Andhra Pradesh have cumulatively converted 593 SA-ICTCs into screening sites during 2022-23. During the same year on 29.03.2023, Punjab SACS wrote NACO to give time to improve performance of SA-ICTCs of Punjab and did not convert any centre to screening site. NACO issued a follow up communication with directions that 73 facilities of Punjab will be observed closely for rationalization.

“.... As part of continuity to rationalization process, around 2119 facilities identified as potential for rationalization will continue to be assessed routinely for performance, reporting and record keeping. These facilities will be considered for rationalization after six months”

Communication from NACO dated 5th July 2023

State Wise Stand Alone ICTCs

S.No	State	Total Facilities	Confirmatory Facilities after rationalization	Converted to Screening Sites	To be reviewed closely during 2023-24
1.	Andaman & Nicobar Islands	13	13	0	12
2.	Andhra Pradesh	225	218	7	11
3.	Arunachal Pradesh	39	31	8	23
4.	Assam	109	106	3	60
5.	Bihar	209	185	24	110
6.	Chandigarh	13	13	0	0
7.	Chhatisgarh	150	140	10	99
8.	Delhi	87	85	2	60
9.	DD & DNH	5	2	3	0
10.	Goa	16	12	4	3
11.	Gujarat	322	261	61	115
12.	Haryana	117	104	13	51
13.	Himachal Pradesh	49	49	0	0
14.	J& K(Ladakh)	45	45	0	39
15.	Jharkhand	110	110	0	71
16.	Karnataka	457	432	25	86
17.	Kerala	150	88	62	53
18.	Lakshyadeep	1	1	0	0
19.	Madhya Pradesh	246	206	40	132
20.	Maharashtra	515	494	21	191
21.	Mumbai	50	50	0	22
22.	Manipur	54	49	5	20
23.	Meghalaya	34	34	0	27
24.	Mizoram	41	41	0	18
25.	Nagaland	63	63	0	34
26.	Odisha	214	167	47	110
27.	Puducherry	12	12	0	9
28.	Punjab	117	117	0	73
29.	Rajasthan	184	157	27	82
30.	Sikkim	13	13	0	0
31.	Tamil Nadu	377	295	82	104
32.	Telangana	158	118	40	0
33.	Tripura	24	24	0	10

34.	Uttar Pradesh	498	397	101	248
35.	Uttara Khand	50	42	8	21
36.	West Bengal	314	314	0	225
	Total	5081	4488	593	2119

Communication from NACO dated 5th July 2023

This effort to strengthen services in high client-load facilities will not result in either abolishing or posting counsellors and MLTs to far-off districts. Preference has been given to deploy manpower against vacant posts in high load facilities. PSACS' effort to strengthen high client-load health facilities and the judicious utilization of manpower is strictly in accordance with NACO guidelines.