CHAPTER: 11

A STUDY ON SITUATION ASSESSMENT OF THE AVAILABILITY OF PPTCT SERVICES IN NAGAUR DISTRICT OF RAJASTHAN

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DOI: https://doi.org/10.52458/9788196919580.2024.eb.ch-11
Ch.Id:- IIHMR/GRF/EB/AHMHM/2024/Ch-11

INTRODUCTION

In 2011, India recorded approximately 2.1 million individuals living with HIV (PLHIV), with a national adult HIV prevalence of 0.27%. Women constituted 39% of PLHIV, and children under 15 represented 7% of infections. By March 2013, the antiretroviral therapy (ART) program had enrolled 0.1 million HIV-positive children, of whom 38,579 received free ART. The preceding five years witnessed substantial growth in HIV counseling, testing, Prevention of Parent-to-Child Transmission (PPTCT), and ART services nationwide. Between 2004 and 2013, the annual number of pregnant women tested under the PPTCT program surged from 0.8 million to 8.83 million, extending to rural areas. During the same period, there was notable decentralization and expansion of ART services, with 734,000 PLHIV accessing free ART through 409 ART centers and 860 Link-ART centers (LAC) across the country [1,2].

Mother-to-child transmission of HIV has emerged as a significant mode of HIV infection in children. Despite an annual occurrence of around 27 million pregnancies in India, only about 52.7% sought skilled care during childbirth. Among those accessing healthcare services, approximately 8.83 million pregnant women underwent HIV counseling and testing by March 2013, leading to the identification of 12,551 cases of HIV-positive pregnant women. To broaden this coverage, a collaborative directive from the National AIDS Control Programme and the National Rural Health Mission was issued in July 2010. This directive explicitly outlined the integration of the two program components, emphasizing the inclusion of universal HIV screening as a routine aspect of antenatal care check-ups. The primary objective was to ensure that pregnant women diagnosed with HIV were connected to HIV services for their well-being and to facilitate the prevention of HIV transmission to newborns under the Prevention of Parent-To-Child Transmission program [3].

RESEARCH QUESTION

What was the availability of PPTCT services (screening and treatment) in Nagaur, Rajasthan?

RESEARCH OBJECTIVES

1. To assess the accessibility and usage of Prevention of Parent-To-Child Transmission (PPTCT) services in Nagaur district.
2. To conduct a situational evaluation concerning the logistics and staff training related to PPTCT services in Nagaur district.
3. To Recognize deficiencies and challenges in the provision of PPTCT services and suggesting remedies for them.

RESEARCH METHODOLOGY

The study conducted was a descriptive, cross-sectional investigation that spanned a duration of three months. The focus area for the study was Community Health Centers (CHCs) in Nagaur district. The selection criteria for this study centered around instances of low HIV screening among pregnant women. The study respondents included Medical Officers, ANMs (Auxiliary Nurse Midwives), LHVs (Lady Health Visitors), Lab Technicians, and PPTCT Counsellors. A total of 28 CHCs were covered in the study, and the sampling technique involved including all of them in the analysis. The data collection process consisted of on-site observations at health facilities to assess the availability of HIV screening kits, the training status of lab technicians for conducting these tests, and the overall presence of labs at the CHCs. Additionally, records and Reproductive and Child Health (RCH) registers were scrutinized to gather data on HIV screening. Meetings with ANMs and lab technicians were conducted for data verification, and entries were made in the registers. The tools employed for data collection included a situational needs assessment checklist and other formats to gather information on HIV screening. Subsequently, the collected data underwent analysis, and relevant tables and graphs were generated

and interpreted to draw conclusions from the study.

RESULTS & DISCUSSION

It was observed that, despite having all the necessary essentials at Community Health Centers (CHCs), such as WBFPT kits, training, and the availability of staff, the HIV screening of pregnant women remained very low. This was attributed to a lack of understanding among the healthcare providers regarding the importance and gravity of HIV testing for pregnant women. They were unaware of the benefits of timely screening for HIV during pregnancy and the potential to prevent transmission to the baby.

At the higher district level, it was noted that most health providers did not consider HIV screening for pregnant women as a compulsory component of Antenatal Care. This reluctance stemmed from a lack of knowledge about PPTCT services, leading to a failure to motivate beneficiaries to utilize these services. The absence of proper infrastructure, specifically laboratory facilities, emerged as a crucial hindrance to providing diagnostic health services. During visits to CHCs like Chhoti Khatu (Deedwana) and Bharnawa (Ladnu), it was discovered that these centers lacked laboratory facilities, making testing impossible. Consequently, all patients, including pregnant women, were referred to private centers, ultimately increasing the out-of-pocket expenditure for families.

CONCLUSION

After conducting a comprehensive analysis of all Community Health Centers (CHCs), considering factors such as manpower, availability of HIV screening kits, training, and infrastructure, it was determined that a significant number of beneficiaries (pregnant women) were unable to access HIV screening at the CHCs due to deficiencies in one or more of the components. This situation raised concerns, especially in the context of efforts to achieve zero infections in children. The inability to screen pregnant women for HIV poses a significant challenge. Less than 50% of the CHCs had the necessary

kits for screening, and only 10% of the manpower was trained to conduct these screening tests. Given these circumstances, the expectations for effective HIV screening were not being met. It became evident that a collaborative effort from the entire system was essential to improve the situation and work towards making India HIV-free. The urgency of the situation called for collective action to meet the target of screening all pregnant women for HIV.

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