Operational Guidelines for Integrated Counselling and Testing Centres

National AIDS Control Organization

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National AIDS Control Organization
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Foreword

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The HIV counselling and testing services, started in the year 1997, have been scaled up in the recent years. Today, there are more than 4000 Counselling and Testing Centres which are located at all levels of the public health-care system. The earlier Voluntary Counselling and Testing Centres (VCTCs) and facilities providing Prevention of Parent-to-Child Transmission of HIV/AIDS (PPTCT) services are now remodelled as a hub to deliver integrated services to all clients under one roof and renamed as "Integrated Counselling and Testing Centres" (ICTCs).

Though counselling and testing services have been implemented in India for the past ten years, not more than 25–30% of the people who are living with HIV/AIDS in the country are aware of their HIV status. Under the National AIDS Control Programme Phase III (NACP-III) it is planned to have 22 million clients counselled and tested through the ICTCs every year. An equal number of clients will be counselled and tested in the private and the not-for-profit health sector. The reach of PPTCT services will also be expanded to provide access to 7.5 million pregnant women every year. In addition, Provider-Initiated Testing and Counselling will be launched for patients referred from medical providers such as those with tuberculosis, STIs as well as pregnant women. These measures will not only strengthen the prevention and control of HIV/AIDS but also lead to clear benefits to the health outcome of people living with HIV/AIDS.

The new ICTC operational guidelines aim to ensure uniformity in counselling and testing services across the country. The guidelines are a guide on various administrative, financial and operational issues to all concerned so that the highest quality of services are offered to clients who visit ICTCs. The minimum physical infrastructure, equipment as well communication aids required in an ICTC are detailed. The training protocol for various categories of staff as well as the duties of different staff members in an ICTC are also described.

I take this opportunity to acknowledge the contribution made by the Technical Resource Group on ICTC in NACO as well as the Project Directors and the Joint Directors/Deputy Directors in charge of ICTC in the SACS in helping us develop these guidelines. I would also like to acknowledge the work done by Dr Ajay Khera, Joint Director, Dr Suresh K. Mohammed, National Programme Officer (ICTC) from NACO and Mr Binod Mahanty, Technical Officer from WHO-India. I hope these guidelines will help all concerned in delivering high quality counselling and testing services throughout the country and also in achieving the ambitious targets we have set for ourselves under NACP-III.

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Abbreviations and acronyms

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral treatment
BCC	behaviour change communication
CBO	community-based organization
CHC	community health centre
CSO	civil society organization
DAPCU	District AIDS Control and Prevention Unit
DHO	District Health Officer
FBO	faith-based organization
HIV	human immunodeficiency virus
I/C	in-charge
ICTC	Integrated Counselling and Testing Centre
IDU	injecting drug user
IEC	information, education and communication
LT	laboratory technician
MO	medical officer
MSM	men who have sex with men
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NGO	nongovernmental organization
OI	opportunistic infection
OPD	out-patients department
PEP	post-exposure prophylaxis
PHC	primary health centre
PID	patient identification digit
PMTCT	prevention of mother-to-child transmission
PPTCT	prevention of parent-to-child transmission
RNTCP	Revised National Tuberculosis Control Programme
SACS	State AIDS Control Society
STI	sexually transmitted infection
TB	tuberculosis
TI	targeted intervention
USP	universal safety precautions
VCT	voluntary counselling and testing
WHO	World Health Organization

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I. INTEGRATED COUNSELLING AND TESTING SERVICES

Introduction

An individual who is infected with the human immunodeficiency virus (HIV) will not develop the acquired immunodeficiency syndrome (AIDS) immediately. The immune system of the individual will wage a consistent and prolonged war with the virus, right from the day of infection, delaying the onset of AIDS by many years. The time lag between infection and manifestation of signs and symptoms of AIDS is approximately 5–7 years. It is important that an individual who is HIV-infected is aware of his/her status as otherwise he/she could unknowingly transmit the virus to others. The only way to diagnose the presence of HIV and get timely treatment is through a simple blood test.

HIV counselling and testing services were started in India in the year 1997. There are now more than 4000 Integrated Counselling and Testing Centres (ICTCs), which are mainly located in government hospitals. As of today, only 25–30% of the people who are HIV-positive in the country are aware of their HIV status. The challenge before us is to make all HIV-infected people in the country aware of their status so that they adopt healthy lifestyles and prevent the transmission of HIV to others, and access life-saving care and treatment. Thus, counselling and testing services are an important component of prevention and control of HIV/AIDS in the country.

HIV counselling and testing services are a key entry point to prevention of HIV infection, and to treatment and care of people who are infected with HIV. When availing counselling and testing services, people can access accurate information about HIV prevention and care, and undergo an HIV test in a supportive and confidential environment. People who are found HIV-negative are supported with information and counselling to reduce risks and remain HIV-negative. People who are found HIV-positive are provided psychosocial support and linked to treatment and care. Today, more than 75,000 people who are HIV-positive access the antiretroviral therapy (ART) programme and receive free treatment for HIV/AIDS.

What is an Integrated Counselling and Testing Centre?

An integrated counselling and testing centre is a place where a person is counselled and tested for HIV, on his own free will or as advised by a medical provider. The main functions of an ICTC include:

- Early detection of HIV.
- Provision of basic information on modes of transmission and prevention of HIV/AIDS for promoting behavioural change and reducing vulnerability.
- Link people with other HIV prevention, care and treatment services.

Ideally, a health facility should have one ICTC for all groups of people. However, an ICTC can be located in facilities that serve specific categories of people such as pregnant women. Accordingly, an ICTC can be located in the Obstetrics and Gynaecology Department of a medical college or a district hospital or a maternity home where the majority of clients who access counselling and testing services are pregnant women. The justification for such a centre is the need for providing prophylaxis to prevent the transmission of HIV from infected pregnant women to their infants. Similarly, an ICTC could be located in a tuberculosis (TB) microscopy centre or in a TB sanatorium, where the majority of clients are TB patients. As TB is the commonest co-infection in people who are infected with HIV, availability of HIV counselling and testing can help patients to have their status diagnosed for accessing early treatment.

Who needs to be tested in an ICTC?

It is not the mandate of an ICTC to counsel and test everyone in the general population. There are subpopulations who are more vulnerable or practise high-risk behaviour. These subpopulations include sex workers and their clients, men who have sex with men (MSM), transgenders, injecting drug users (IDUs), truckers, migrant workers, spouses and children of men who are prone to risky behaviour. HIV prevalence levels are typically higher among these subpopulations than in the general population. The personnel at ICTCs need to make concerted efforts to identify at-risk/vulnerable populations and ensure access for them to HIV counselling and testing services. Medical providers also refer patients who have a history of risky behaviour or have signs and symptoms suggestive of HIV/AIDS for counselling and testing to an ICTC.

Where can an ICTC be located?

An ICTC may be located in health facilities owned by the government, in the private/not-for-profit sector, in public sector organizations/other government departments such as the Railways, Employees' State Insurance Department (ESID), etc. and in sectors where nongovernmental organizations (NGOs) have a presence. In the health facility, the ICTC should be well coordinated with the Department of Medicine, Microbiology, Obstetrics and Gynaecology, Paediatrics, Psychiatry, Dermatology, Preventive and Social Medicine, etc. As the HIV test is a relatively low-cost test and since the risk perception is generally low, travelling a long distance to get tested could be a strong disincentive. Therefore, it is important to ensure that facilities for counselling and testing be located as close to the people as possible. ICTCs should ideally be located such that they provide maximum access to at-risk/vulnerable populations.

Some of the norms for setting up an ICTC are as follows:

Government health sector

An ICTC can be set up in any government health facility such as a medical college, district hospital, subdistrict hospital, community health centre (CHC) or a 24-hour primary health centre (PHC) which caters to a population of 30,000–40,000 and has:

- a minimum of 30 beds,
- >50 deliveries in a month, or
- a TB microscopy centre.

Private/not-for-profit sector

ICTCs can be set up in the private/not-for-profit sector in a facility which meets any of the criteria given below:

- Maternity homes/hospitals with >50 deliveries in a month in “A” and “B” category districts and >100 deliveries in a month in “C” and “D” category districts;
- Hospitals/clinics which treat >100 TB patients in a month;
- Hospitals/clinics which have a case load of >100 sexually transmitted infections (STIs) in a month;
- Diagnostic laboratories which perform >150 diagnostic HIV tests in a month;
- Industrial zones that employ a large number of people, particularly migrants/casual labour on an informal/contractual basis.

Public sector/other government departments

ICTCs can be set up by public sector organizations/other government departments. Some suggested locations are:

- Railway stations and bus terminals located at major junctions on trunk routes and handle a large volume of passengers every day;
- Central prisons with a large number of inmates;
- Health facilities run by State/Central Police Organizations/Armed Forces;
- Health facilities run by public sector organizations catering to large volumes of migrant workers;
- Health facilities run by public sector organizations which handle >100 deliveries in a month or have a TB microscopy centre;
- Public sector organizations such as those in the mining industry which employ large number of persons, particularly migrants/casual labour;
- University campuses.

NGO sector

ICTCs can be set up in the NGO sector in:

- Hot spots such as dhabas, halting points on highways, markets, fairs, etc. where there is a congregation of high-risk groups and their clients;
- TB microscopy centres/Reproductive and Child Health (RCH) centres run by NGOs.

What are the different types of ICTCs?

Broadly, ICTCs can be classified into two types:

1. Fixed-facility ICTCs
2. Mobile ICTCs

Fixed-facility ICTCs

Fixed-facility ICTCs are those that are located within an existing health-care facility/hospital/centre. A fixed-facility ICTC can be of two types:

1. "Stand-alone" ICTC having a full-time counsellor and laboratory technician who undertake HIV counselling and testing. Such facilities exist in medical colleges and district hospitals, and in some subdistrict hospitals. In the National AIDS Control Programme Phase-III (2007–12) it is envisaged to have such ICTCs established up to the level of 30-bedded CHCs throughout the country.

2. "Facility-integrated" ICTC which does not have full-time staff and provides HIV counselling and testing as a service along with other services. Existing staff such as the auxiliary nurse midwife (ANM)/staff nurse/health visitor/laboratory technician (LT)/pharmacist are expected to undertake HIV counselling and testing. Such ICTCs will usually be established in facilities that do not have a very large client load and where it would be uneconomical to establish a stand-alone ICTC. Typically, such facilities are 24-hour PHCs as well as private sector/not-for-profit hospitals, private laboratories, public sector organization-run hospitals or facilities, and in the NGO sector. Such ICTCs will be supported by the National AIDS Control Organization (NACO)/State AIDS Control Societies (SACS) to the extent of:

   - Supply of rapid HIV testing kits
   - Training of existing staff
   - Quality assurance
   - Supply of protective kits and prophylactic drugs for post-exposure prophylaxis (PEP) for staff
   - Supply of information, education and communication (IEC) material required for an ICTC such as flip charts, posters, etc.

Mobile ICTCs

It is often seen that high-risk/vulnerable populations are less likely to access fixed-facility ICTCs due to several impediments, the most important ones being distance and timing. Mobile ICTCs can be one way of taking a package of health services into the community.

A mobile ICTC consisting of a team of paramedical health-care providers (a health educator/ANM, counsellor and LT) can set up a temporary clinic with flexible working hours in hard-to-reach areas, where services are provided ranging from regular health check-up, syndromic treatment for STI/reproductive tract infection (RTI) and other minor ailments, antenatal care, immunization, as well as HIV counselling and testing services. Mobile ICTCs can thus cater to a larger audience and be a more effective preventive intervention by ensuring the reach of services.

A mobile ICTC will consist of a van with a room to conduct a general examination and counselling, and a space for the collection and processing of blood samples, etc.

Human resources for an ICTC

The ICTC requires a team of skilled persons consisting of the manager (medical officer), counsellor and LT. An outreach worker would be necessary in high-prevalence districts.

Functions of ICTC team members:

1. ICTC manager

The ICTC manager is responsible for the overall functioning of the ICTC. The administrative head of the facility where the ICTC is located must identify and nominate a medical officer as manager in-charge of the ICTC. The ICTC manager has the following duties:

Administrative

- Hire qualified staff for the ICTC on a contractual basis.
- Attend training programmes organized by SACS/NACO.
- Ensure that the recruited staff undergoes induction training and refresher training every year thereafter at centres of excellence designated by SACS/NACO.
- Maintain the attendance register and ensure timely payment of salaries for the ICTC staff.

Demand generation

- Ensure good client uptake in the ICTC by liaising with professional bodies such as the Indian Medical Association (IMA), Federation of Obstetricians and Gynaecologists of South India (FOGSI), associations such as truck owners associations, labour unions, youth clubs, etc. as well as with civil society organizations (CSOs) and community leaders.

Quality assurance

- Ensure that high-quality counselling services are provided in the ICTC by conducting client satisfaction surveys and assessing the knowledge and attitude of clients prior to and after counselling through interviews with a sample of clients.
- Ensure that test results are provided immediately to the client.
- Sign the counselling and testing report after duly verifying records. In the absence of the ICTC manager, any other doctor in the health facility is authorized to sign the counselling and testing report after duly verifying records.
- Make sure that HIV testing is of high quality by ensuring adherence to standard operating procedures (SOPs), use of test kits that are not past the expiry date, availability of laboratory internal quality control and regular calibration, monitoring and maintenance of equipment.

Supply and logistics

- Ensure that the minimum space, as well as equipment and communication material required for an ICTC are provided.
- Ensure the availability of an adequate stock of condoms, consumables and kits in the ICTC at all times.
- Ensure that an adequate stock of prophylactic nevirapine tablets and syrup are available in the facility. These are to be provided to HIV-positive pregnant women and their infants.

Monitoring and supervision

- Supervise the functioning of the ICTC through monthly meetings with the ICTC staff as well as frequent visits to the ICTC.
- Ensure the accuracy of the data generated by ICTC staff by cross-checking with the registers maintained in the ICTC.
- Ensure that monthly reports are sent to the SACS in a timely manner.

Others

- Ensure that all other staff at the facility is sensitized on the package of services available

for the prevention and control of HIV/AIDS so as to build ownership, remove myths and misconceptions and avoid instances of stigma and discrimination against people diagnosed to be HIV-infected.

As part of the professional development of the ICTC manager, they will be provided with a desktop computer and given training in surveillance. They will also be given the opportunity to attend two national/state-level conferences on HIV/AIDS in a year. Travel/dearness allowance (TA/DA) for this will be borne by the SACS as per state government rules.

2. Counsellors

The counsellor should be a graduate in Psychology/Social Work/Sociology/Anthropology/Human Development or hold a diploma in nursing with a minimum of 3–5 years of experience in the field of HIV/AIDS. In the case of those recruited from the community of people infected with or affected by HIV/AIDS, graduates from any field or those with a diploma in nursing may be considered if they have a minimum of one year of experience in the field of HIV/AIDS. It is desirable that the counsellor holds a postgraduate degree either in Psychology (MA/MSc) or Social Work.

The counsellor is the bedrock of the HIV/AIDS control programme and therefore the most important functionary in an ICTC. Each "stand-alone" ICTC will have at least one counsellor who is appointed on a contractual basis. In ICTCs with a very high client load, an additional counsellor may be appointed, on a case-to-case basis after thorough review of the client load by a committee constituted for this purpose with the Project Director (PD) of the concerned SACS as chairman, and experts from the field of counselling and testing as members. The counsellor reports to the ICTC manager. In ICTCs which do not have a doctor such as mobile ICTCs and ICTCs located in hot spots, the counsellor is authorized to sign the counselling and testing reports after duly verifying the records. The ICTC manager will however cross-check at regular intervals the reports signed by the counsellor.

The duties of the counsellor are as follows:

Preventive and health education

- Ensure that each client is provided pre-test information/counselling, post-test counselling and follow-up counselling in a friendly atmosphere.
- Be available in the ICTC as per the specified timings.
- Ensure that strict confidentiality is maintained.
- Ensure that all IEC materials such as posters, etc. are displayed prominently in the ICTC.
- Ensure that communication aids in the form of flip books and condom demonstration models, fliers, etc. are available in the ICTC.

Psychosocial support

- Provide psychosocial support to help HIV-positive clients cope with HIV/AIDS and its consequences.
- Ensure that the extended family of the HIV-positive client is sensitized on how to deal with HIV-positive members of the family.
- Conduct weekly visits after obtaining consent, to the homes of HIV-positive clients facing severe crisis.

Referrals and linkages

- Maintain effective coordination with the RCH and TB programmes as well as with the antiretroviral therapy (ART) programme, and visit key persons in the facilities run by these programmes once in a fortnight so as to strengthen linkages and minimize loss of clients during referrals.

Supply and logistics

- Report to the ICTC manager on the adequacy of stocks of condoms and prophylactic nevirapine tablets and syrup available in the ICTC as well as in the facility.

Monitoring

- Maintain counselling records and registers, and prepare monthly reports which are to be sent to the SACS.
- Facilitate the establishment of linkages and referrals to the ICTC from within and outside health-care settings.

The recommended daily work chart of a counsellor is given below.

8.30 AM–10.30 AM	10.30 AM–12.30 PM	1 PM–3 PM	3 PM–5 PM
Pre-test information for pregnant women attending the antenatal clinic (ANC) and for other provider-referred clients	Pre-test counselling for self-referred clients	Post-test counselling for ANC, other provider-referred clients and for self-referred clients	Follow-up counselling

On Saturdays in the afternoon session, counsellors will undertake outreach work and visits to the homes of HIV-positive clients facing severe crisis. TA/DA will be paid to the counsellors for the outreach activities/home visits as per the state government rules.

3. Laboratory technician

The LT should hold a Diploma in Medical Laboratory Technology (DMLT) from an institution which is approved by the state government. The services of existing LTs who do not hold a DMLT may be continued if they have done a Certificate Course in Medical Laboratory Technology and have more than 5 years' experience of working in the ICTC.

Each "stand-alone" ICTC will have at least one LT who is appointed on a contractual basis. In ICTCs with a very large client load such as in medical colleges, etc. an additional LT may be appointed on a case-to-case basis after a thorough review by a committee constituted for this purpose with the PD of the concerned SACS as chairman and experts from the field of counselling and testing as members. The LT reports to the ICTC manager.

The LT has the following duties:

- Undertake HIV testing according to standard laboratory procedure.
- Keep the facility neat and clean at all times.
- Ensure that adequate stock of consumables and rapid HIV diagnostic kits are available in the ICTC.
- Keep a record of HIV test results as well as a stock of rapid HIV diagnostic kits and consumables.
- Ensure the maintenance of all laboratory equipment.
- Scrupulously follow internal and external quality assurance procedures.
- Follow universal safety precautions and strictly adhere to hospital waste management guidelines.

4. Outreach workers

Outreach workers are recommended only in ICTCs which are located in high-prevalence settings such as in A and B category districts. Outreach workers should be educated at least till the eighth standard with reasonable writing and speaking skills, and should be from the community of people who are infected with or affected by HIV/AIDS. A person affected with HIV/AIDS may be the spouse or the son/daughter of a person infected with HIV/AIDS. It is desirable that outreach workers should have passed the tenth standard and are women. Outreach workers are appointed on a contractual basis either directly by the ICTC or through NGOs. The duties of the outreach worker are as follows:

- Mobilize pregnant women for prevention of parent-to-child transmission (PPTCT) services by visiting the homes of pregnant women and liaise with key functionaries such as the ANM, accredited social health activists (ASHAs) and anganwadi workers.
- Follow up HIV-positive pregnant women so as to ensure institutional delivery and antiretroviral (ARV) prophylaxis to both the mother and the baby. This will include regular monthly home visits from the second trimester onwards and weekly visits in the

last month of pregnancy as per the schedule of home visits given on page 11. Consent has to be obtained before carrying out home visits.

- Follow up the mother–baby pair till 18 months after delivery imparting knowledge on immunization, infant-feeding options as well HIV testing for the baby. Make home visits as per the schedule to ensure that the babies are brought for testing to the ICTC at the age of 6 weeks, 6 months, 12 months and 18 months.
- Identify a family member whom the HIV-positive woman can confide in and who will be a source of support and strength for her.
- Ensure that the HIV-positive mother and the baby are linked with the nearest ART centre.

Schedule of home visits for an outreach worker

Pre-delivery		Delivery
Up to eight months	Ninth month of pregnancy	Labour and immediately after labour
Monthly home visits to motivate the pregnant woman for institutional delivery. Also give nutritional counselling, identify family member for support and give infant-feeding counselling.	Weekly home visits to ensure institutional delivery.	Be with pregnant woman at the time of labour and ensure that prophylactic nevirapine (NVP) is provided to the mother and infant. Also give counselling on infant-feeding options with emphasis on exclusive breastfeeding from one hour after delivery till the infant is six months old.

Post-delivery				
Second day after delivery	Day 44 after delivery	Six months	Twelve months	18 months
Home visit to counsel on infant-feeding options with emphasis on exclusive breastfeeding till the infant is six months old	Home visit to ensure that the baby is brought for medical check up and follow up, including PCR test as per paediatric ART guidelines at 45 days and co-trimoxazole prophylaxis	Home visit to ensure that the baby is brought for medical check up and follow up, including PCR test as per paediatric ART guidelines at six months and co-trimoxazole prophylaxis	Home visit to ensure HIV antibody testing for the baby at 12 months	Home visit to ensure HIV antibody testing for the baby at 18 months

What is the minimum physical infrastructure required for an ICTC?

In a facility, the ICTC should be located in a place that is easily accessible and visible to the public. The ICTC should consist of a counselling room and a blood collection and testing room.

The counselling room

The counselling room should be an enclosed space, ideally 15' X 15' in area so that one-on-one and one-on-group counselling sessions may be undertaken in an atmosphere of privacy. The minimum requirement for furniture and equipment for a counselling room in an ICTC are:

- Desk for the counsellor
- 10–15 chairs for one-on-one and group counselling sessions as well as for the waiting area
- Lockable filing cabinet for keeping records
- Computer with printer and UPS
- Computer table, preferably with a chair
- Waste basket.

The aids to communication which must be available in an ICTC are:

- TV and DVD player in a lockable stand for provision of information on HIV/AIDS to clients
- Posters and information materials on the walls
- Communication aids such as flip charts
- Condom use demonstration models
- Leaflets/pamphlets as take-home material for clients.

Blood collection and testing room

The blood collection room should have an area of at least 10' x 10'. Blood testing could be done either in the blood collection room or in the main laboratory of the facility. The equipment required for testing in an ICTC are:

- Refrigerator
- Centrifuge
- Needle destroyer
- Micropipette
- Colour-coded waste disposal bins.

The consumables required for collection and testing of blood in an ICTC are:

- Sterile needles and syringes
- Disposable gloves
- Vials and tubes for collection and storage of blood
- Cotton swabs
- Cleaning material such as spirit/antiseptic lotion
- Bleach/hypochlorite solution
- Microtips for use in micropipettes.

In order to provide PPTCT services to pregnant women who are HIV-positive, all ICTCs are required to have an infantometer as well as adequate stock of nevirapine tablets and syrup.

Demand generation in an ICTC

The services delivered in an ICTC should be publicized so as to generate adequate demand. This should be jointly undertaken by SACS, district administrators, NGOs, CBOs and networks of people living with HIV/AIDS (PLHA).

Large and small media IEC interventions to promote ICTC services include:

- Publicizing ICTC services through public service announcements/advertisement spots on radio and TV;
- Developing products specifically designed for target audiences, including pamphlets, videos, hoardings and brochures;
- Conducting advocacy workshops for journalists on HIV/AIDS and HIV testing and counselling in particular;
- Conducting interviews with administrators, those in-charge of the ICTC or counsellors on radio/TV/print media to explain the process of counselling and testing, and to remove fears and misconceptions related to an ICTC in the public mind;
- Promoting the rapid HIV test and immediate availability of test results as well as confidentiality of test results.

Within a facility that hosts an ICTC, sign-boards and posters should be placed at prominent locations to publicize the ICTC services. Referral slips for referring patients to the ICTC can strengthen service. Signages should be placed across the facility to help clients easily locate the ICTC. At the ICTC a sign-board should be displayed which has the words "Integrated Counselling and Testing Centre" in bold letters in the local language. The sign-board should also contain other information such as working hours, name of staff, etc. Use of the NACO logo will help illiterate clients to locate the ICTC.

Client flow in an ICTC

The suggested client flow in an ICTC is shown below:

PRE-TEST

Client entering health facility
– Follow sign-board to
– Integrated Counselling and Testing Centre

↓

Referred by health-care provider → YES → Pre-test information giving
– Individual
– Group

↓ NO

Self-referred, walk-in client → YES → Pre-test counselling
– individual

↓ NO

Check for reason for HIV testing
– Explain about HIV test
– Refer to pre-test counselling

Client opts for HIV-test
– Draw blood sample
– Perform HIV rapid test following national HIV testing algorithm
– Laboratory sends sealed report to counsellor within 30 minutes
– Counsellor provides post-test counselling

HIV-positive → YES → Individual post-test counselling
– Refer to ART centre for registration and baseline investigation
– Pregnant women provided PPTCT services
– Offer referral to support group

↓ NO

Follow-up counselling
– Explain about how to remain HIV-negative
– Window period
– Refer out from ICTC

POST-TEST

II. HIV COUNSELLING

What is HIV counselling?

HIV/AIDS counselling/education is a confidential dialogue between a client and a counsellor aimed at providing information on HIV/AIDS and bringing about behaviour change in the client. It is also aimed at enabling the client to take a decision regarding HIV testing and to understand the implications of the test results.

The steps in HIV counselling are:

- HIV pre-test counselling/information: This involves provision of basic information on HIV/AIDS and risk assessment to direct walk-in clients.
- HIV post-test counselling: Here the client is helped to understand and cope with the HIV test result:

  In case of a negative test result, the counsellor reiterates basic information on HIV and assists the client to adopt behaviour that reduces the risk of getting infected with HIV in the future. In case the client is in the window period, a repeat test is recommended. Those clients with suspected tuberculosis are referred to the nearest microscopy centre.

  In case of a positive test result, the counsellor assists the client to understand the implications of the positive test result and helps in coping with the test result. The counsellor also ensures access to treatment and care, and supports disclosure of the HIV status to the spouse.
- Follow-up counselling: In follow-up counselling there is a re-emphasis on adoption of safe behaviours to prevent transmission of HIV infection to others. Follow-up counselling also includes establishing linkages and referrals to services for care and support including ART, nutrition, home-based care and legal support.

What are the settings in which counselling may be offered to clients

Counselling and testing services may be offered to clients who are referred by medical providers or to clients who come to an ICTC of their own volition. The two settings in which counselling and testing can be offered to clients are as follows:

- Provider-initiated counselling and testing
- Client-initiated counselling and testing or self-referred, direct walk-in.

1. Provider-initiated counselling and testing – "Opt out"

A clinician may offer HIV counselling and testing services to patients under his care. There are three varieties of patients who are offered provider-initiated counselling and testing:

- Patients who present at a health facility with symptoms suggestive of HIV infection. Examples include patients with pneumonia, TB or persistent diarrhoea.
- Patients attending the health facility with conditions that could be associated with HIV such as STI/RTI.
- Settings with large client numbers such as pregnant women who register at ANCs. These also include pregnant women who directly come in labour without any antenatal check-up.

In such cases, the client is given basic information on HIV, educated about testing for HIV, and provided the clinical and prevention benefits of testing and also informed about the potential risks such as discrimination. The client is also informed about their right to refuse testing and that declining an HIV test will not affect their access to services that do not depend upon knowledge of the HIV status. Clients are also informed about the follow-up services that will be provided, and thereafter they are routinely offered testing. Pregnant women are given additional information on nutrition, hygiene, the importance of an institutional delivery and HIV testing so as to avoid HIV transmission from mother to child, and thereafter routinely offered testing. The counsellor will ask each client, "Do you wish to test for HIV or not?" The client can "opt out" or choose not to test for HIV. If a client does not "opt out" then he/she is tested for HIV. HIV testing is followed by regular post-test counselling. Follow-up counselling is provided for those who are in the window period.

During post-test counselling for an HIV-positive pregnant woman, in addition to the regular post-test counselling procedure, the importance of institutional delivery and ARV prophylaxis to prevent mother-to-child transmission (PMTCT) of HIV is re-emphasized. The pregnant woman is given the option of medical termination of pregnancy. Additionally, the HIV-positive pregnant woman is counselled on the options for infant feeding, importance of regular follow up, immunization of the baby, and HIV testing of the baby at 45 days, 6 months, 12 months and 18 months. With the help of the outreach worker, a family member is identified whom the HIV-positive woman can confide in and who will be a source of support and strength for her. Thereafter, counselling sessions are arranged for this family member too. It is recommended that 3–4 follow-up counselling sessions are arranged for the HIV-positive pregnant woman before the date of delivery to counsel her on the issues mentioned above.

2. Client-initiated counselling and testing – "Opt in" or Direct walk-in clients

These are clients who present themselves at the ICTC of their own free will. The motivation to visit and avail of the ICTC services could be based on individual risk behaviour or information and advice received, for example, from a friend, sexual partner, or outreach worker/peer educator in an NGO, or from advertisements in the mass media. Here the client is counselled for HIV and then "opts in" or actively agrees to be tested for HIV. Written consent has to be obtained from such clients before testing. HIV testing is followed by regular post-test counselling. Follow-up counselling is provided for those who are in the window period.

III. HIV TESTING AND QUALITY ASSURANCE

The most common and easiest way to diagnose HIV infection is based on the detection of antibodies to HIV which are generated in the blood of an HIV-infected person.

Rapid tests

Rapid tests are the most popular method of diagnosing HIV infection. They are user-friendly and can provide quick results to the client. A variety of rapid tests are available and these employ different principles. NACO recommends the use of rapid HIV test kits in an ICTC, which provide results to the client within 30 minutes of the test. The use of rapid test kits which detect >99.5% of all HIV-infected individuals and give false-positive results in <2% of all those who are tested is recommended for use in an ICTC. Testing will be done free of cost for all clients in all ICTCs in the government health sector and in all 'stand-alone' ICTCs supported by NACO/SACS.

A client who has a negative result in one test is declared to be HIV-negative. A client is declared to be HIV-positive when the same blood sample is tested three times using kits with different antigens/principles and the result of all three tests is positive. A detailed testing algorithm is presented in Annexure II.

HIV testing and the window period

The window period represents the period of time between initial infection with HIV and the time when HIV antibodies can be detected in the blood (6–12 weeks). A blood test performed during the window period may yield a negative test result for HIV antibodies. These cases may require further testing after 12 weeks.

Emergency testing

For women with an unknown HIV status and in labour, the labour room nurses, resident doctors, or medical officer will provide basic information on HIV/AIDS and about HIV testing. Thereafter, a single HIV test will be offered to determine the HIV status of the pregnant woman and requirement for ARV prophylaxis to prevent mother-to-child transmission. A repeat sample will be collected and tested on the next working day by the LT of the ICTC to confirm the HIV status.

HIV testing of blood samples received at the ICTC

In some situations, the patient may not be able to come to the ICTC and the blood sample is sent from the hospital ward or other department. In this case, the ICTC should ensure that the patient has been adequately counselled by the doctor and the blood sample is received with a requisition slip. Post-test counselling will be provided by the ICTC counsellor in the ward/department where the patient is admitted.

Estimating baseline CD4 count – HIV-positive pregnant women

Whole blood samples of all pregnant women who are diagnosed to be HIV-positive in an ICTC will be sent to the nearest ART centre with CD4 testing facility for estimation of the baseline CD4 count. This will help in determining the eligibility of an HIV-positive pregnant woman for ART. For this purpose, whole blood of the HIV-positive pregnant woman will be drawn on a fixed day in the week in consultation with the nearest ART centre. Whole blood is drawn in an EDTA vacuum tube and sent to the nearest ART centre in a cold box through a messenger. It has to be ensured that the whole blood sample reaches the nearest ART centre within 24 hours of drawing of the sample. The ART centre will send back the results of CD4 estimation through the same messenger.

Storage of kits and maintenance of the cold chain

Rapid HIV diagnostic kits should be stored at a temperature of 4–8 °C. Since the SACS will be keeping the buffer stock of the rapid kits it is advisable that walk-in cold rooms are established in all the SACS. While transporting kits from the SACS to the ICTC, care should be taken to maintain the cold chain using a thermos flask with ice packs.

Diagnosis of HIV in the newborn

HIV antibody tests cannot be used to diagnose HIV infection in the infant because of transmission of maternal antibodies via the placenta. Maternal antibodies may be present in the newborn for up to 18 months. Newborn infants may therefore test HIV antibody-positive even if they do not have HIV infection. Transmission of HIV to the baby is confirmed at 18 months of age by a positive HIV antibody test. HIV can be provisionally diagnosed in the newborn before this time-point by using a variety of non-antibody-based assays including DNA or RNA PCR. These tests are ideally done twice, the first one when the infant is six weeks old and the second one at six months of age or later, depending on whether the infant was breastfed or not as laid out in the paediatric ART guidelines.

Quality assurance

The ICTC staff will endeavour to maintain the highest standards of quality in the services they provide. They will be held personally accountable for any substandard delivery of services. All ICTCs should participate in an external quality assessment scheme (EQAS). Each ICTC will be assigned a "State Reference Laboratory" (SRL). EQAS involves sending of "coded" samples from the reference laboratories to the ICTCs twice a year for testing. In addition, ICTCs should send samples, which will include 20% of all positive samples and 5% of all negative samples collected in the first week of every quarter, for cross-checking to the SRL once every quarter. The LT will ensure that these samples are sent to the SRL in the first week of January, April, July and October. High-quality HIV testing services can be maintained by:

- Use of test kits that have not expired
- Adherence to standard operating procedures (SOPs)
- Correct interpretation of results
- Availability of laboratory internal quality control
- Regular calibration, monitoring and maintenance of equipment
- Proper documentation.

IV. FINANCIAL ASSISTANCE FOR AN ICTC

Financial support for an ICTC

The SACS will provide financial assistance to "stand-alone" fixed-location ICTCs in medical colleges, district hospitals, subdistrict hospitals and CHCs as well as maternity homes as per the following pattern:

S. No.	Item	Amount
1.	Salary of counsellor	Rs 6,500 – Rs 10,000 per month based on performance
2.	Salary of laboratory technician	Rs 6,500 – Rs 8,000 per month based on performance
3.	Salary of outreach worker (only in high-prevalence districts)	Rs 3,000 per month (including travel allowance of Rs 500)
4.	Equipment	Rs 30,000 (one time)
5.	Consumables, reagents and stationery	Rs 50,000 per annum
6.	Contingency for furniture and minor civil works while establishing an ICTC	Rs 60,000 (one time)

The SACS will provide assistance to "facility-integrated" fixed-location ICTCs located in 24-hour PHCs, private hospitals and maternity homes, private laboratories, public sector/ other government department facilities and those based in NGOs as per the following pattern:

S. No.	Item	Amount
1.	Supply of rapid HIV diagnostic kits as per annual requirement	To be supplied by the SACS/NACO
2.	Training of staff in HIV counselling and testing	To be done at SACS/NACO-designated centres of excellence and cost to be borne by the SACS
3.	External quality assurance scheme (EQAS) for HIV testing	Coordinated by the National/State Reference Laboratories and the cost to be borne by the SACS
4.	Supply of protective kits for delivery of HIV-positive pregnant women	Supplied by the SACS

5.	Supply of PEP drugs for protection of staff in the event of accidental exposure	Supplied by the SACS
6.	Supply of IEC materials required for an ICTC such as flip charts, posters, take-home materials and condom demonstration models	Supplied by the SACS

The "facility-integrated" ICTC will send reports as per the formats prescribed in these guidelines. "Facility-integrated" ICTCs in the private or not-for-profit sector may charge clients an amount which will cover the operational expenses for the counselling and testing services they provide. The SACS will enter into an agreement with the private sector/not-for-profit sector organization which is interested in starting a "facility-integrated" ICTC in partnership with the SACS. The agreement will stipulate the obligations on the part of SACS/NACO and those on the part of the private sector/not-for-profit sector organization. This will also include the amount that can be charged per client for provision of counselling and testing services.

The SACS will provide financial assistance to mobile ICTCs as per the following pattern:

S. No.	Item	Amount
1.	Salary of counsellor	Rs 6,500 – Rs 10,000 per month based on performance
2.	Salary of laboratory technician	Rs 6,500 – Rs 8,000 per month based on performance
3.	Salary of driver	Rs 5,000 per month
4.	Salary of attendant/cleaner	Rs 3,000 per month
5.	Equipment for laboratory	Rs 30,000 (one time)
6.	Consumables, reagents and stationery	Rs 50,000 per annum
7.	POL (including fuel for generator)	Rs 1,50,000 per annum
8.	Vehicle insurance	Rs 25,000 per annum
9.	Vehicle maintenance	Rs 18,000 per annum
10.	Contingency for purchase of vehicle	Rs 12,00,000 maximum (one time)
11.	Contingency for body works (exterior and interior, furniture and equipment including generator)	Rs 4,50,000 maximum (one time)

Criteria for fixing the salary of a counsellor

The salary of a counsellor will be fixed according to performance, regardless of the salary being drawn before the implementation of these guidelines, which will be judged as per the following criteria:

1. Number of clients counselled and tested per counsellor in an ICTC:

Criteria	Grade	Points
1–3 clients counselled and tested per counsellor per day (0–1 client in the states of Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura)	Poor	2.5
4–6 clients counselled and tested per counsellor per day (1–2 clients in the states of Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura)	Average	5
7–10 clients counselled and tested per counsellor per day (3–4 clients in the states of Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura)	Good	7.5
11–15 clients counselled and tested per counsellor per day (>5 clients in the states of Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura)	Excellent	10

2. Quality of counselling as assessed by drop-out rate of clients between testing and post-test counselling:

Criteria	Grade	Points
>80% of clients who underwent testing come for post-test counselling	Poor	2.5
>85% of clients who underwent testing come for post-test counselling	Average	5
>90% of clients who underwent testing come for post-test counselling	Good	7.5
>95% of clients who underwent testing come for post-test counselling	Excellent	10

3. Knowledge, attitude and skills of the counsellor, which will be tested once every semester by SACS through a written test which will be conducted by external experts based on criteria fixed by SACS/NACO. The grading will be as above with Poor, Average, Good and Excellent performers getting 2.5, 5, 7.5 and 10 marks, respectively.

The salary of the counsellor will be fixed as follows based on the criteria mentioned above:

S. No.	Grading of counsellor	Score	Salary
1.	Excellent	24–30	Rs 8,500
2.	Good	16–23	Rs 7,750
3.	Average	8–15	Rs 7,000
4.	Poor	0–7	Rs 6,500

The services of counsellors who are graded "poor" for two semesters will be terminated. Counsellors are eligible for a salary hike of Rs 500 every year provided they have obtained a grade of "excellent" in both the semesters of the year. However, the maximum salary of a counsellor will not exceed Rs 10,000.

Criteria for fixing the salary of an LT

The salary of an LT will be based on performance, regardless of the salary being drawn before the implementation of these guidelines, which will be judged as per the following criteria:

1. Number of clients counselled and tested per LT in an ICTC:

Criteria	Grade	Points
<4 clients tested per LT per day (<1 client in the states of Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura)	Poor	2.5
4–6 clients tested per LT per day (1–2 clients in the states of Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura)	Average	5
7–10 clients tested per LT per day (3–4 clients in the states of Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura)	Good	7.5
>11 clients tested per LT per day (>5 clients in the states of Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura)	Excellent	10

2. Results from EQAS at the SRL:

Criteria	Grade	Points
>2 test results from the ICTC declared discordant by the SRL in a period of six months	Poor	2.5
1–2 test results from the ICTC declared discordant by the SRL in a period of six months	Average	5
1 test result from the ICTC declared discordant by the SRL in a period of six months	Good	7.5
All test results in the ICTC declared concordant by the SRL in a period of six months	Excellent	10

3. Knowledge and testing skills of the LT will be tested once every semester by the SACS through a written and practical test which will be conducted by external experts based on the criteria fixed by SACS/NACO. The grading will be as above with Poor, Average, Good and Excellent performers getting 2.5, 5, 7.5 and 10 marks, respectively.

The salary of the LT will be fixed as follows based on the criteria mentioned above:

S. No.	Grading of laboratory technician	Score	Salary
1.	Excellent	24–30	Rs 7,500
2.	Good	16–23	Rs 7,000
3.	Average	8–15	Rs 6,750
4.	Poor	0–7	Rs 6,500

The services of LTs who are graded “poor” for two semesters will be terminated. LTs are eligible for a salary hike of Rs 500 every year provided they have obtained “excellent” grades in both semesters of the year. However, the maximum salary of an LT will not exceed Rs 8,000.

V. INFECTION CONTROL AND PROTECTION OF STAFF

Universal safety precautions (USP)

Staff working in the blood collection room and laboratory should observe simple precautions while handling blood and blood products. These include:

- Using gloves when handling blood samples
- Using disposable needles and syringes for drawing blood
- Practising routine hand-washing before and after any contact with blood samples
- Disposing of sharp instruments safely as per procedure, e.g. discard disposable syringes in a puncture-resistant container after disinfection with bleach solution. In areas where such work is undertaken a source of clean water should be maintained.

Post-exposure prophylaxis (PEP)

Drugs for PEP should be made available to any staff member who is accidentally exposed to HIV in all facilities which have an ICTC as early as 2 hours and within 24 hours of the accidental exposure and not later than 72 hours. The protocol for administration of PEP drugs is available on the NACO website. The facility should have an assigned PEP focal point/person. It is important to ensure that health-care staff are aware of the hospital PEP procedures, and the name and contact information of the PEP focal point/person as well as the location where the PEP drugs are stored.

Kits for handling delivery of an HIV-positive pregnant woman

Kits will be made available in all ICTCs, which will enable medical staff such as doctors, nurses and attenders, etc. to handle the delivery of an HIV-positive pregnant woman without being exposed to the risk of accidental exposure to HIV. The kit will consist of the following:

- Plastic disposable gowns
- Disposable goggles for protection of the eyes
- Face mask
- Disposable shoe covers
- Two pairs of long gloves

Disinfection and sterilization

The laboratory should adhere to disinfection and sterilization standards. All re-usable supplies and equipment should be disinfected by sterilization or washing with soap and bleach solution.

Waste management

Hospital waste refers to medical waste, clinical waste, pathological waste, infectious waste, non-hazardous waste, biodegradable kitchen waste and non-biodegradable waste. It is advisable to use colour-coded containers as defined by the State Government to dispose of waste material.

Disposable items such as gloves, syringes, IV bottles, catheters, etc. have to be shredded, cut or mutilated. This ensures that they are not recycled/reused. They have to be dipped in an effective chemical disinfectant for a sufficient amount of time or autoclaved or microwaved so that they are disinfected. A good disinfectant such as bleach/hypochlorite solution should be used. Liquid pathological waste such as blood, serum, etc. should be treated with a chemical disinfectant. The solution should then be treated with a reagent to neutralize it. This can then be flushed into the sewage system.

VI. TRAINING OF STAFF

Induction training

All counsellors and LTs who are newly appointed to an ICTC need to undergo training as per the NACO-recommended training curriculum at NACO-designated centres of excellence. This includes counsellors and LTs who have been appointed on a full-time basis as well as other staff who have been assigned the duties of a counsellor/LT in addition to their existing work, as may be the case in a 24-hour PHC.

Ongoing/refresher training

ICTC counsellors and LTs should undergo refresher training provided by NACO at least once a year to upgrade their knowledge and skills

Full-site sensitization

All the staff in a facility which has an ICTC, including superintendents of hospitals, civil surgeons, nurses, administrative staff, pharmacists, X-ray technicians and ward boys need to be sensitized about specific issues related to HIV/AIDS such as the importance of HIV counselling, confidentiality, PEP, universal precautions and maintaining a respectful and non-discriminatory attitude towards PLHA. The person in-charge of the ICTC will be responsible for undertaking a full-site sensitization at least once a year. The SACS will make a financial allocation of Rs 15,000 to ICTCs located in district hospitals and medical colleges, and of Rs 10,000 to ICTCs in other locations for conducting the full-site sensitization.

ICTC team training

The ICTC team consisting of the manager of the ICTC, counsellor, LT along with a staff nurse in the labour room will undergo team training once a year on all aspects of functioning of an ICTC including PPTCT, and HIV–TB coordination and team building.

A summary of training activities to be undertaken for ICTC staff and others is given on the following pages.

Training matrix for ICTC

Training	Staff to be trained	Training duration	Training frequency	Training provided at
ICTC team training	ICTC manager, counsellor, LT and labour room nurse	5 days	Yearly	SIHFW
Counsellor induction training	ICTC counsellor	12 days	Once at the time of appointment	NACO-designated centres of excellence
Counsellor refresher training	ICTC counsellor	5 days	Yearly	NACO-designated centres of excellence
Laboratory technician induction training	ICTC laboratory technician	5 days	Once at the time of appointment	SACS-designated institutes (preferably Department of Microbiology of premier institutes)
Laboratory technician refresher training	ICTC laboratory technician	3 days	Yearly	SACS-designated institutes (preferably Department of Microbiology of premier institutes)

Training manual	Main training topics
ICTC team training manual	▪ Basic information on HIV/AIDS ▪ Basic information on NACP-III and the package of services for prevention and control of HIV/AIDS ▪ ICTC operational guidelines ▪ Emphasis on PPTCT and HIV–TB coordination ▪ Reporting formats and monitoring ▪ Team Building
NACO counsellor training modules 2006	▪ Basic information on HIV/AIDS, HIV testing and counselling ▪ Basic counselling techniques ▪ PPTCT ▪ Counselling for specific target groups ▪ Counselling for care and treatment ▪ Counselling for other issues ▪ Advanced counselling skills
NACO counsellor training modules 2006	▪ Review of counselling skills ▪ Review of the pre-test and post-test counselling process ▪ Technical updates, administrative issues, M&E
NACO laboratory manual for technicians (ICTC, PPTCT, blood banks and PHCs)	▪ Basic information on HIV/AIDS ▪ Laboratory biosaftey and standard work precautions ▪ Collection, transport and storage of specimens for HIV testing ▪ Laboratory diagnosis of HIV infection ▪ Performance of rapid tests, ELISA tests ▪ SOP for routine investigations ▪ Quality assurance ▪ Laboratory management ▪ Laboratory infrastructure ▪ Equipment maintenance and calibration
NACO laboratory manual for technicians (ICTC, PPTCT, blood banks and PHCs)	Same as above

(contd.)

Training matrix for ICTC (contd.)

Training	Staff to be trained	Training duration	Training frequency	Training provided at
Sensitization programme for all staff in a facility	All staff in a facility having an ICTC	1 day	Yearly	ICTC manager
Outreach worker induction training	ICTC outreach worker (only in category A and B districts)	3 days	Once at the time of appointment	Reputed NGOs/PLHA network
Outreach worker refresher training	ICTC outreach worker (only in A and B districts)	2 days	Yearly	Reputed NGOs/PLHA network
District supervisors induction training	ICTC district supervisor (only in A and B districts)	5 days	Once at the time of appointment	SIHFW
District supervisors refresher training	ICTC district supervisor (only in A and B districts)	3 days	Yearly	SIHFW

Training manual	Main training topics
–	▪ Basic information on HIV/AIDS ▪ Myths and misconceptions about HIV/AIDS ▪ ICTC ▪ PPTCT ▪ HIV–TB coordination ▪ Package of services for prevention and control of HIV/AIDS ▪ Care and support for PLHA
–	▪ Basic information on HIV/AIDS ▪ ICTC, PPTCT and HIV–TB ▪ Conituum of care for HIV-positive mother and baby ▪ Functions of an outreach worker ▪ Mobilization of pregnant women for PPTCT services ▪ Home visits as part of outreach ▪ Linkages with the RCH programme
–	Same as above
–	▪ Basic information on HIV/AIDS ▪ HIV testing and counselling ▪ ICTC, PPCTC and HIV–TB ▪ Functions of district supervisor ▪ Supervision and monitoring ▪ Quality assurance ▪ Linkages with other programmes
–	Same as above

VII. SUPERVISION AND MONITORING

Supervisory protocol

The supervisory mechanism in an ICTC will consist of the following:

- District ICTC supervisors
- Review of monthly reports from ICTC
- Quarterly review meetings with counsellors of ICTC at the SACS
- Visits to ICTC by Joint Director/Deputy Director in charge of ICTC in SACS.

District ICTC supervisor

A district supervisor is provided in high prevalence districts to support and supervise ICTC services in the district. The district supervisor will be provided with a motorcycle to increase his/her mobility. The duties and responsibilities of the supervisor are as follows:

- Undertake on-site visits to an ICTC at least once a month to ensure quality ICTC services and provide technical support, administrative assistance.
- Take necessary steps to retain staff and reduce occupational stress.
- Conduct review meetings of all the ICTCs in the district on the 3rd day of every month and send reports to the SACS as well as the District AIDS Prevention and Control Unit.
- Grade all ICTCs based on criteria such as client uptake, HIV–TB coordination, coverage of HIV-positive pregnant women with nevirapine, etc. and maintain a list of all ICTCs in the district as per grading.

The weekly work chart for a district supervisor is shown on page 33.

Work chart of a district supervisor

Week 1	Week 2	Week 3	Week 4
Conduct review meeting of all ICTC counsellors on the 3rd of the month	Participate in monthly review of ICTCs at SACS on the 7th of the month	Visit 5–6 ICTCs depending on ranking, reporting of problems, etc.	Visit 6–8 ICTCs depending on ranking, reporting of problems and bottlenecks, etc.
Assess the monthly performance and revise ranking of ICTCs	Visit 2–3 ICTCs depending on ranking, reporting of problems, etc.	Liaise with civil society organizations, professional bodies, youth associations, SHGs, etc. to generate demand for ICTC	
Participate in monthly meeting with link workers in the district	Liaise with civil society organizations, professional bodies, youth associations, SHGs, etc. to generate demand for ICTC		
Participate in DAPCU monthly performance review of all package of HIV/AIDS services in the district			
Participate in DHO/District TB Officer monthly meeting with all Medical Officers in the district and raise issues/ bottlenecks faced by ICTC staff			

Monthly review

The monthly reports which are being generated in an ICTC will be reviewed by the ICTC Manager, District ICTC Supervisor and the SACS on the 3rd of every month. Ranking of ICTCs will be done and poorly performing ICTCs will be supervised closely. This will be followed by monthly meeting of all ICTC District Supervisors at the SACS when district-wise review of ICTC performance will be made by the Joint Director/Deputy Director of the SACS.

Quarterly review meetings at the SACS

Once in a quarter the Joint Director/Deputy Director of SACS will organize a review meeting of all the counsellors of the ICTCs at the SACS. Performance of the ICTCs will be reviewed centre-wise and problems, bottlenecks faced by the counsellors will be discussed.

Visits by JD/DD ICTC

The Joint Director/Deputy Director in charge of ICTC in SACS will undertake frequent tours and visits to ICTCs in the state and closely supervise the functioning of poorly performing ICTCs. Poorly performing ICTCs will be closely monitored and supervised by the officers.

Programme monitoring

Programme monitoring is the ongoing assessment of routine activities and progress achieved. This facilitates early detection of warnings and taking corrective actions. Monitoring involves documenting all key aspects of services offered. The core indicators for monthly monitoring of ICTC services are as follows:

- Number of ICTCs established (established means having administrative approval, staff appointed and trained, equipment installed and centre fully functional)
- Number of persons pre-counselled
- Number of persons tested for HIV
- Number found positive among those tested
- Number of persons post-counselled
- Number of pregnant women provided counselling
- Number of pregnant women tested for HIV
- Number of pregnant women found positive among those tested
- Number of deliveries of pregnant women found HIV-positive
- Number of mother–baby pairs provided prophylactic treatment
- Number of infants followed up after delivery at 6 weeks, 6 months, 12 months and 18 months
- Number of infant samples sent for PCR testing
- Number of HIV-positive persons on DOTS.

For getting this information, different records in the form of registers are to be maintained and monthly reports submitted.

The data collected provide:

- Information on the how effectively a centre is functioning.
- Information for managing the health facility (e.g., for forecasting and ordering drugs and supplies or for making quality improvements).
- Information for individual case management.

All formats/registers for programme monitoring are given in Annexure III.

The main registers to be maintained in an ICTC and the monthly formats are as follows:

1. PID Register for General Clients and Pregnant Women (Annexure III.a)

The purpose of this register is to have records for identifying the client visiting the ICTC. This is the first register where client details would be recorded when the client visits ICTC. Each client is registered as per a number called Patient Identification Digit (PID). This is a unique number assigned to each individual and helps identify the client and the centre where the client is tested. It records the contact details of the clients so that the follow-up is possible. This record is confidential and needs to be kept safely. The PID number of a particular client assigned in this register continues in the rest of the register and the client details can be accessed as and when needed.

2. ICTC Register for General Cleints (Non-ANC Cases) (Annexure III.b)

The purpose of the register is to collect in a single record all information relating to a client. Each client is registered as per Patient Identification Digit (PID). This is a unique number assigned to each individual and helps identify the client and the centre where the client is tested. A brief history of the client is also maintained in the register. From this register the following information can be extracted for the monthly report:

- Clients who receive HIV pre-test counselling
- Clients who receive HIV post-test counselling
- Total number of clients undergoing HIV testing
- Male and female distribution of clients
- Age-wise distribution of clients
- Follow-up counselling
- Partner counselling, testing
- Advise on family planning and condom use, demonstration
- The positivity status of clients and partner if undergone testing
- Referral linkages – including in and out referrals.

3. ICTC Register for ANC Clients (Annexure III.c)

The purpose of the register is to collect in a single record all information relating to an ANC client. Each client is registered as per a number called Patient Identification Digit (PID) which is unique for ICTC with flag indicating ANC cases. This is a unique number assigned to each individual and helps identify the client and the centre where the client is tested. A brief history of the client is also maintained in the register. From this register the following information can be extracted for the monthly report:

- Total number of women who register at the ANC
- Antenatal women who receive pre-test counselling/information
- Antenatal women who receive post-test counselling
- The positivity status of ANC clients
- Details of ANC including parity, EDD, plan of delivery
- Counselling and testing of women directly coming into labour
- Spouse or partners counselled, tested and their HIV status
- Positive women who delivered and received NVP
- Unregistered ANC women accessing HIV service
- Referrals to and from TB and details regarding the same
- Referrals to other care and support services
- Stock of NVP, kits and condoms.

4. ICTC Post-natal Follow-up Register (Annexure III.d)

The purpose of this register is essentially Mother–baby follow-up. This register would provide information on critical follow-ups and status of babies with PCR testing and administration of treatments including CTX. The counselling including feeding practices for babies are recorded in this register.

5. ICTC HIV–TB Collaborative Activities Register (Annexure III.e)

The register records the details of HIV–TB collaborative activities. The following information would be available from this register.

- Number of HIV-positive clients referred to RNTCP
- Number of clients referred from RNTCP
- Number of HIV-positive clients put on DOTS.

There is a Line Listing form (Annexure III.e) for HIV–TB which would be a reference document for RNTCP and VCTC.

6. Laboratory register (Annexure III.f)

This register provides information on the samples collected as well as the test results. The following information can be extracted for the monthly report from the laboratory register:

- HIV status of clients (positive, negative, indeterminate)
- Kit utilization
- External Quality Assurance.

7. Stock Register (Annexure III.g)

This register provides information on the stock of critical test kits, drugs and other essential consumables. The information that can be exctracted from this register is:

- Opening stock
- Receipts
- Utilization
- Closing balance

This register is to be maintained at ICTC by the Laboratory Technician.

8. Monthly reports (Annexure III.h)

Data for the monthly report is extracted from the above-mentioned registers and staff details. The monthly ICTC formats comprises information on:

- **Monthly ICTC report** on the number of clients counselled, tested, HIV status, NVP administration, and gender and age-wise distribution
- **Monthly HIV–TB report** on HIV–TB collaborative activities
- **Details of referrals** to and from various facilities
- **Stock of drugs, equipment and consumables**
- **Critical staff positions**

9. Monthly dashboard (Annexure III.i)

The purpose of this format is to give a snap-shot view of performance of a SACS to NACO. A section of this format deals with ICTC. The complete format need to be forwarded to NACO by each SACS by the 5th of every month.

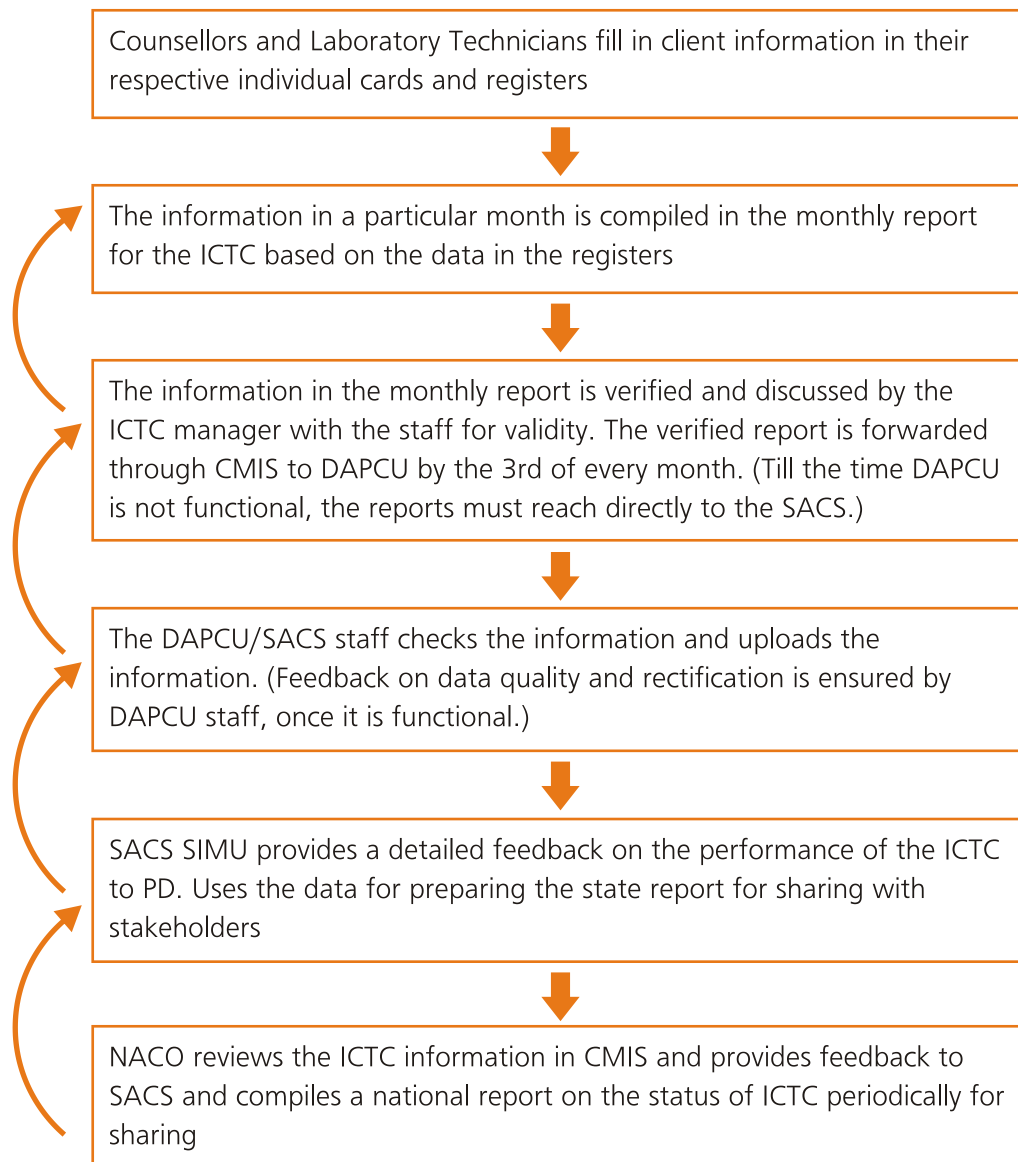
Training of ICTC Staff on Monitoring and Evaluation

All the staff including ICTC manager, counsellors and laboratory technicians would undergo training on Monitoring and Evaluation. The ICTC manager's training would include the indicators for monitoring functioning of ICTC and use of the data for

performance, various monthly formats and registers and the software. The training of counsellors would include understanding the basic data of ICTC and hands-on practice on filling-in the information and handling the software including data entry.

Data flow

Data flow from the facility to the district level to the national level is depicted in the following diagram:



ANNEXURES

Annexure I: Definitions and key principles

Voluntary

Seeking knowledge of the HIV status is voluntary. The decision to pursue testing for HIV must be made by the client who seeks counselling and testing services.

Client

A person seeking health-care services, including in an ICTC, is a client and not a patient. Patients are considered passive recipients of treatment/care/hospitalization, whereas clients are "consumers" who make a choice whether or not to avail of a certain service.

Self-referred and health-care provider-referred clients

Clients accessing counselling and testing services in ICTCs can be either self-referred (client-initiated or direct walk-in) or they can be referred by health-care providers (provider-initiated). The client profile depends on the location of the ICTC; counsellors located in STI or TB settings will receive mostly clients referred by health-care providers. ICTC counsellors located in OPD settings (traditional voluntary counselling and testing centres [VCTCs]) will receive predominantly self-referred or direct walk-in clients.

"Self-referred clients" or direct walk-in clients are clients who present themselves at the ICTC of their own volition and free will. The motivation to visit and avail of ICTC services could be based on individual risk behaviour or information and advice received, for example, from a newspaper advertisement, a friend, sexual partner or NGO.

"Provider-referred clients" are clients who are referred by health-care providers to the ICTC for HIV counselling and testing based on clinical symptoms suggestive of an HIV infection. An HIV test as part of the medical investigation can be beneficial for their ongoing medical care and treatment. The decision to undergo an HIV test is voluntary but should be encouraged in view of the clinical benefits. Not undergoing an HIV test should not lead to withholding required medical investigations or operations.

Client-centred

Based on client needs and the risk situation, "client-centred HIV counselling" refers to a counselling process aimed at achieving risk reduction for an individual based on specific needs and abilities. Counselling for behaviour change usually needs to be tailored to the client's unique situation and capacity to deal with stress and trauma.

Confidential

Information gathered during counselling must not be shared with others. The HIV test result must be reported only to the client unless the client states the desire to share the test result with a family member, partner or close friend. Confidentiality is defined as the state of being "private". Maintaining the client's privacy by restricting access to personal and confidential information, especially HIV test results, demonstrates sensitivity towards and respect for the basic rights of the client.

Shared confidentiality

This refers to sharing of HIV status and other health information of a client among health-care providers involved in the treatment and care of the client. The purpose of sharing information is to ensure that the client receives better treatment and care.

Informed consent for HIV testing

The client agrees to HIV testing through giving his/her informed consent. Informed consent is a deliberate and autonomous permission given by a client to a health-care provider to proceed with the proposed HIV test procedure. This permission is based on an adequate understanding of the advantages, risks, potential consequences and implications of an HIV test result, which could be both positive and negative. This permission is entirely the choice of the client and can never be implied or presumed.

Informed consent for HIV testing of minors

The law gives paramount importance to the best interests of the child. In the context of HIV/AIDS, the best interests of the child are served by promoting access to information and services including counselling and testing services. Whenever possible, minors are encouraged to involve their parents/guardians in supervising their health care. However, unwillingness to inform parents/guardians should not interfere with the minor's access to information and services. Access to ICTC services should be available to children and young people under the age of 18 years based on an assessment of their evolving capacities and their ability to comprehend the nature and implications of HIV/AIDS and an HIV test result. It is the role of the trained counsellor to assess these abilities.

However, the informed consent of parents/guardians is required prior to testing minors for HIV.

Disclosure

In the context of HIV/AIDS, disclosure refers to the act of informing any individual or organization (such as health authority, an employer or a school) of the HIV status of an infected person, or it refers to the fact that such information has been transmitted, by

any means, by the person or by a third party, with or without consent. Except in circumstances when disclosure to another person is required by law or ethical considerations, the person with HIV has the right to privacy, and also the right to exercise informed consent in all decisions about disclosure in respect of his/her status.

Medical disclosure

In a health-care setting, staff that is directly involved in caring for the HIV-positive person such as the attending nurse or the operating physician should be informed of the HIV status by the counsellor after seeking the consent of the client. This is to protect both the right of the client to confidentiality and the right of the hospital staff to a safe work environment.

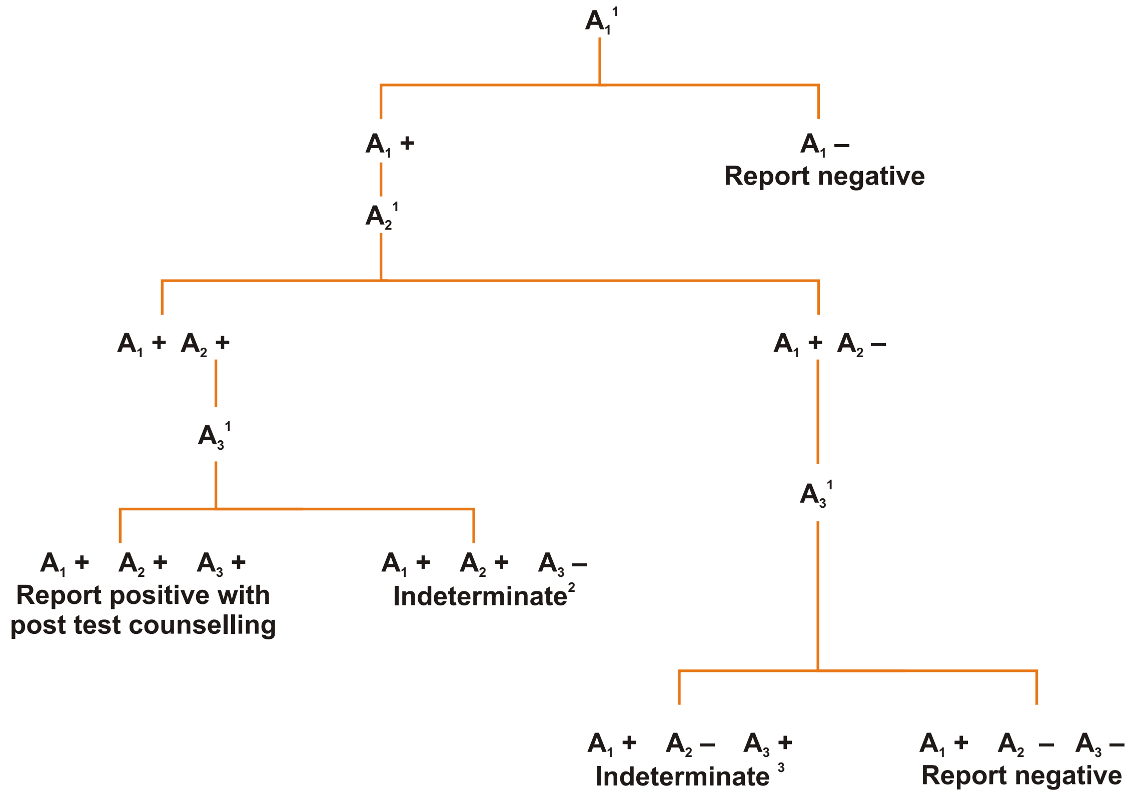
The disclosed information must be kept confidential by the attending hospital staff.

Partner notification

An HIV-positive person should be encouraged through counselling and tools such as role-play to share the positive test result with his/her spouse, sexual or needle-sharing partner(s), and bring the spouse or partner for counselling to an ICTC. This process of helping the client to share the test result might take more than one visit. If after repeated visits the counsellor feels that the client is not ready to share his/her status and the regular sexual partner of the client is deemed to be at risk, the partner can be notified of the person's positive status. This communication with the partner should be, without exception, in a face-to-face setting. Wherever possible, the counsellor could contact positive network groups to facilitate the disclosure.

Annexure II: Testing algorithm

For the purpose of diagnosis three rapid HIV test kits based on different antigens/principles are to be used. Blood samples are processed for HIV. The test result may be positive, negative or indeterminate to HIV as described below:



[1] Assays A_1, A_2, A_3 represent 3 different assays.

[2] Testing should be repeated on a second sample taken after 14–28 days. In case the serological results continue to be indeterminate, then the sample is to be subjected to a Western blot/PCR if facilities are available or refer to the National Reference Laboratory for further testing.

Annexure III.a

PID Register for ICTC (Clients excluding Pregnant Women)

ICTC Code: ICTC Name:

Block: District: State:

S. No.	PID No.	Date of visit	Name	Address	District	Phone
1	2	3	4	5	6	7

PID Register for ICTC (for Pregnant Women)

ICTC Code: ICTC Name:

Block: District: State:

S. No.	PID No.	Date of visit	Name	Address	District	Phone
1	2	3	4	5	6	7

Annexure III.b

ICTC Register for General Clients (excluding Pregnant Women)

ICTC Code: ICTC Name:

District: State:

S. No.	PID No.	Date of visit	Referred by	Mark of identification	Age	Sex	Education	Occupation	Martial status
1	2	3	4	5	6	7	8	9	10
			1. NGO /CBO TI's			1. M	1. Non-literate	1. Daily wage	1. Married
			2. Non-TI NGOs			2. F	2. Primary School	2. Salaried	2. Single
			3. ANC/O and G/PPTCT				3. Secondary School	3. Business	3. Divorce/ Separate
			4. RNTCP				4. College and above	4. Housewife	4. Widowed
			5. Blood Bank					5. Retired	
			6. Government health faclities					6. Student	
			7. ART centre					7. Other	
			8. STI clinics						
			9. Care centres (CCC) and DIC						
			10. Private health facilities						
			11. Others						

Continued...

Date of pre-test counselling done/ information given	Type of risk behaviour	Consented for HIV testing?	Test report	Date when post-test done and test report given	Follow-up due date (for partner counselling)
11	12	13	14	15	16
	1. Heterosexual	1. Yes	1=Positive		
	2. Homosexual	2. No	2=Negative		
	3. History of blood transfusion		3=Not tested		
	4. History of use of infected syringe and needles in health facility		4. Indeterminate		
	5. Parent to child				
	6. Not sepcifed				
	7. Injecting drug user				

Continued...

Annexure III.b

ICTC Register for General Clients (excluding Pregnant Women) (contd.)

Patient referred to	Whether spouse tested (Y/N)	PID No. of spouse/ partner	HIV status of spouse (tested at ICTC or elsewhere in last 6 months)	Condom counselling and demonstration (Y/N)	Condom given (Y/N)
17	18	19	20	21	22
1. NGO/CBO TI's	1. Yes		1=Positive		1. Yes
2. Non-TI NGOs	2. No		2=Negative		2. No
3. ANC/O and G/PPTCT			3=Not tested		
4. RNTCP			4=Indeterminate		
5. Government health faclities					
6. ART centre					
7. STI clinics					
8. Care centres (CCC) and DIC					
9. Private health facilities					
10. Others					

Continued...

Continued...

Confirmation of referral done? (Y/N)	Follow-up I (date)	Subsequent follow-up (dates)
23	24	25
1. Yes		
2. No		

Annexure III.c

ICTC Register for Pregnant Women*

ICTC Code: ICTC Name:

District: State:

S. No.	PID No.	Date of Visit	Whether an ANC case/direct delivery	Referred by	Mark of identification	Age	Education
1	2	3	4	5	6	7	8
			1. ANC	1. NGO/CBO TI's			1. Non-literate
			2. Delivery	2. Non-TI NGOs			2. Primary School
				3. ANC/O and G/PPTCT			3. Secondary School
				4. RNTCP			4. College and above
				5. Blood Bank			
				6. Government health faclities			
				7. ART centre			
				8. STI clinics			
				9. Care centres (CCC) and DIC			
				10. Private health facilities			
				11. Others			

Continued...

* To be filled in for all ANC cases.

Annexure III.c

ICTC Register for Pregnant Women (contd.)

Marital status	Occupation	Month of pregnancy at the time of registration	Parity	Expected date of delivery (EDD)	Pre-test/ group counselling done	Consented for HIV test
9	10	11	12	13	14	15
1. Married	1. Daily wage				1. Yes	1. Yes
2. Single	2. Salaried				2. No	2. No
3. Divorce/ Separate	3. Business					
4. Widowed	4. Housewife					
	5. Retired					
	6. Student					
	7. Other					

Continued...

HIV test results	Post-test counselling done and received test result	Patient referred to	Partner PID No.	Partner test date	Partner test result	Where is the delivery planned?
16	17	18	19	20	21	22
1=Positive	1. Yes	1. NGO/CBO TI's			1=Positive	1. Same facility
2=Negative	2. No	2. Non-TI NGOs			2=Negative	2. Other govt. nursing home
3=Not tested		3. ANC/O and G			3=Not tested	3. Private nursing home
4. Indeterminate		4. RNTCP			4. Indeterminate	4. Home delivery
		5. Government health facilities				
		6. ART centre				
		7. STI clinics				
		8. Care centres (CCC) and DIC				
		9. Private health facilities				
		10. Others				

Continued...

Annexure III.c

ICTC Register for Pregnant Women (contd.)

In case outside – details of referral – slip number	Date referred to ART centre for assessment	Assessment results (CD4 count)	ART centre registration number of pregnant woman	Date of delivery / MTP	Outcome of pregnancy
23	24	25	26	27	28
					1. Live birth
					2. Still born
					3. MTP

Continued...

Outcome of pregnancy	Baby weight (gm)	Mother's condition after delivery	ARV prophylaxis/ NVP given to woman	NVP given to newborn	Type of infant feeding given?	Advise for visit at 6 weeks given	Reference page no. in follow-up register
29	30	31	32	33	34	35	36
1. Male		1. Alive	1. Yes	1. Yes	1. EBF	1. Yes	
2. Female		2. Dead	2. No	2. No	2. Alternative	2. No	

Annexure III.d

ICTC Post-natal Follow-Up*

ICTC Code: ICTC Name:

District: State:

S. No.	PID No. of mother	Id for the child	Sex of child	Date of registration of the mother	Date of delivery	Follow-up counselling details
						Follow-up at 6 weeks (date of visit)
1	2	3	4	5	6	7
			1. M			1. Advise/demo of condom use
			2. F			2. Family planning
						3. Infant feeding
						4. HIV testing for baby
						5. Nutrition counselling
						6. Psychosocial support

Continued...

* To be maintained only for positive cases.

Follow-up counselling details					
Date of sending blood sample for DNA/PCR	Result of PCR	Current feeding practice	Follow-up at 6 months	Date of sending blood sample for DNA/PCR	Result of PCR
8	9	10	11	12	13
	1. Positive	1. BF	1. Mother		1. Positive
	2. Negative	2. FF	2. Baby		2. Negative
	3. Not tested	3. Other	3. Both		3. Not tested

Continued...

Annexure III.d

ICTC Post-natal Follow-Up (contd.)

Follow-up counselling details					
Current feeding practice	Follow-up at 12 months	Follow-up at 18 months	HIV test at 18 months	Date baby referred to ART centre	ART centre registration number of child
14	15	16	17	18	19
1. BF	1. Mother	1. Mother	1. Positive		
2. Alternative	2. Baby	2. Baby	2. Negative		
	3. Both	3. Both	2. Not tested		

Annexure III.e

ICTC HIV–TB Collaborative Activity Register

S. No.	PID No.	HIV status	Suspected to have TB (Y/N)	Date of referral to RNTCP	Person reached at RNTCP? (Y/N)	Person undergone complete investigation? (Y/N)
1	2	3	4	5	6	7
		1. Positive				
		2. Negative				

Continued...

Annexure III.e

ICTC HIV–TB Collaborative Activity Register (contd.)

Outcome of investigations			Whether put on DOTS?		Referral from RNTCP	
Sputum positive TB (Y/N)	Sputum negative TB (Y/N)	Extra-pulmonary TB (Y/N)		Y/N	Tested for HIV (Y/N)	Tested positive (Y/N)
8	9	10	11	12	13	14

Annexure III.f

Laboratory Register for ICTC

S. No.	Date	PID No.	Name of referring ICTC	Lab sample no.	HIV test results			Final test result given
					Test 1	Test 2	Test 3	
1	2	3	4	5	6	7	8	9

Continued...

Quality control no. Sent to SRL/NRL	Confirmation result received from lab	Signature
10	11	12

Annexure III.g

Stock Register for ICTC

Name of Test/Drug/Consumable* :___________________________

Date	Opening stock	Number received this month	Number of tests performed	Wastage (If any?)	Closing stock	Number requested	Date of placing request
1	2	3	4	5	6	7	8

***As per the list :**

1. HIV test kit 1 (Number of tests)
2. HIV test kit 2 (Number of tests)
3. HIV test kit 3 (Number of tests)
4. HIV test kit 4 (Number of tests)
5. Disposable gloves
6. Condoms
7. PEP drugs
8. Nevirapine tablets
9. Nevirapine syrup
10. Safe delivery kits

Annexure III.h

Formats for Monthly Reports

ICTC Code	
ICTC Centre CMIS Code:	Schedule Code:
Monthly Input Formats for Integrated Counselling and Testing Centres (ICTCs)	
Sections A and C common for all ICTC Clients	
Section B for all clients excluding Pregnant women	
Section D for Pregnant women	
Section E for HIV–TB collaboration for all ICTC clients	

Section A: Identification					
1. Name of ICTC:					
2. Address:					
City:	Pin code:		District		State
3. Reporting period:	Month	Year			
4. Name of Officer In-charge (ICTC):					
5. Contact number (phone):					

Summary table : Status for the month			
Indicator	ICTC Clients (excluding Pregnant women)	ICTC Clients - Pregnant women	Total ICTC
1. Total clients registered this month			
2. Number of clients receiving pre-test counselling/ information			
3. Number of clients tested for HIV			
4. Number of clients receiving post-test counselling			
5. Number of clients receiving HIV test results			
6. Total no. of clients testing sero-positive (after 3 specified tests)			
7. Number of mother–baby pairs receiving nevirapine out of those found positive			
8. Number of ICTC clients referred to DOTS centre (TB microscopy centre)			
9. Number of TB clients referred in ICTC from TB microscopy			
10.Total number of HIV-TB co-infection detected in month			

Annexure III.h

Monthly Reports (contd.)

ICTC Code							
ICTC Centre CMIS Code:	Schedule Code:						
Monthly Input Formats for Integrated Counselling and Testing Centres (ICTCs) [All clients excluding pregnant women]							
Section B: Progress Made During the Month by the ICTC [All clients excluding pregnant women]							
(i) Details of client's visit to ICTC and HIV tests undertaken (excluding pregnant women)	Client-initiated			Provider-initiated			Total
	Male	Female	TS/TG	Male	Female	TS/TG	
1. Number of clients received pre-test counselling/information							0
2. Number of clients tested for HIV							0
3. Number of clients receiving post-test counselling							0
4. Number of clients receiving HIV test results							0
5. Total number of clients diagnosed sero-positive (after three tests)							0
6. Number of clients for follow-up counselling							0

(ii) HIV status of spouse/partner	Total
1. Number of newly detected discordant couples/partners	
2. Number of couples where husband / male partner is negative and wife /female partner positive	
3. Number of couples where husband / male partner is positive and wife /female negative	
4. Number of newly defected concordant couples (both positive)	

(iii) Composition of clients undergoing HIV test/diagnosed positive and route of transmission

(iii)(a) Age-wise distribution of HIV-positive cases	Total no. of clients undergoing HIV test				Total no. of clients diagnosed sero-positive			
	Male	Female	TS/TG	Total	Male	Female	TS/TG	Total
1. <14				0				0
2. 15–24				0				0
3. 25–34				0				0
4. 35–49				0				0
5. >50				0				0
6. Not specified/unknown				0				0

(iii)(b) Route of transmission of HIV-positive cases	Male	Female	TS/TG	Total
1. Heterosexual				0
2. Homosexual / Bisexual				0
3. Through blood and blood products				0
4. Through infected syringe and needles				0
5. Parent to child (for children)				0
6. Not specified/unknown				0

(iv) Linkages and referrals

Departments / Agencies	In referral			Out referral - Positive			Out referral - Negative		
	Male	Female	TS/TG	Male	Female	TS/TG	Male	Female	TS/TG
1. NGO / CBO TI's									
2. Non-TI NGOs									
3. OBG/Maternity homes									
4. RNTCP									
5. Blood Bank									
6. Government health facilities									
7. ART centres									
8. STI clinics									
9. Care centres (CCC) and DIC									
10. Private health facilities									
11. Others									

Annexure III.h

Monthly Reports (contd.)

ICTC Code	
ICTC Centre CMIS Code:	Schedule Code:
Monthly Input Formats for Integrated Counselling and Testing Centres (ICTCs)	

Section C: Laboratory Information, Equipment, Consumables and Staffing (All ICTC Clients including pregnant women)

(i) Laboratory Information for ICTC

Description	Units
1. Total number of blood specimens from ICTC tested this month	
1.a) Any other HIV tests undertaken (sentinel surveillance, etc.)	
2. Number of blood specimens found indeterminate (after 3 HIV tests)	
3. Number of positive specimens sent for confirmation	
3.a) Number confirmed positive	
4. Number of negative specimens sent for confirmation	
4.a) Number confirmed negative	

(ii) Infrastructure, Staffing, Equipment, Consumables

(ii)(a) Stock of HIV Test Kits and other Consumables

Consumables	Opening Stock	Number received this month	Consumed	Closing Stock	Number requested	Date of placing request
1. HIV test kit 1				0		
2. HIV test kit 2				0		
3. HIV test kit 3				0		
4. HIV test kit 4				0		
5. Disposable gloves				0		
6. Condoms				0		
7. PEP drugs				0		
8. Nevirapine tablets				0		
9. Nevirapine syrup				0		
10. Safe delivery kits				0		

(ii)(b) Status of Equipment at ICTC

Equipment	Numbers in place	Numbers in working condition	Numbers not in working condition	Complaint for repair registered (Y/N)
1. Refrigerator			0	
2. Centrifuge			0	
3. Needle destroyer			0	
4. Micropipette			0	
5. Computer			0	
6. Internet connectivity			0	

(ii)(c) Availability of Counselling Aids

Counselling Aids	Whether available (Y/N)
1. Separate counselling room	
2. Flip charts	
3. Condom demonstration model	
4. Posters	
5. Other IEC materials (pamphlets, handouts)	
6. TV-DVD	

Continued...

(ii)(d) Staffing details				
Staff type	**No. of positions sanctioned**	**No. of positions filled**	**No. of positions vacant**	**No. of staff trained during the month**
1. Counsellor			0	
2. Laboratory technician			0	
3. Staff nurse			0	
4. Outreach workers			0	
5. Other staff (specify)			0	

Annexure III.h

Monthly Reports (contd.)

ICTC Code	
ICTC Centre CMIS Code:	Schedule Code:
Monthly Input Formats for Integrated Counselling and Testing Centres (ICTCs)	
Section D: Progress during the month (only for pregnant women)	

(i) Pregnancy and delivery				
Staff type	During ANC		Directly in labour	
	Cumulative at start of month	During this month	Cumulative at start of month	During this month
1. Number of new registrations				
2. Number of cases receiving pre-test counselling/information out of all ANC registered				
3. Number of cases tested for HIV				
4. Number of cases received HIV test results				
5. Number of cases received post-test counselling				
6. Number of cases diagnosed HIV-positive				
7. Number of HIV-positive cases received HIV test result				
8. Number of spouses/partners of HIV-positive women found HIV-positive				
9. Number of spouses/partners of HIV-negative women found HIV-positive				
10. Total number of deliveries this month				
11. Total number of HIV-positive deliveries this month				
12. Total number of live births to HIV-positive mothers				
13. Total number of mother–baby pairs who received nevirapine				
14. Number of HIV-positive pregnant women receiving nevirapine during the month				
15. Number of babies of HIV-positive receiving Nevirapine during the month				
16. Number of HIV-positive women opting for exclusive breastfeeding				
17. Number of HIV-positive women accepting MTP after counselling				

(ii) Follow up	
Description	This month
1. Number of HIV-positive women coming for follow up at 6 weeks	
2. Number of babies undergone HIV diagnostic testing (PCR)	
3. Number of babies found positive	
4. Number of mothers counselled for breastfeeding	
5. Number of positive mothers counselled for family planning	
6. Number of HIV-positive women coming for follow-up at 6 months	
7. Number of babies of HIV-positive women undergone HIV diagnostic testing (PCR) at 6 months follow-up	
8. Number of babies found positive at 6 months follow-up	
9. Number of positive women coming for follow-up at 12 months	
10. Number of babies of positive women coming for follow-up at 12 months	
11. Number of positive women coming for follow-up at 18 months	
12. Number of babies of positive women coming for follow-up at 18 months	
13. Number of babies found HIV-positive at 18 months	
14. Number of clients referred for CD4 testing	

Continued...

(iv) Linkages and Referrals for ANC Cases			
Description	**In referral**	**Out referral – Positive**	**Out referral – Negative**
1. NGOs/TIs			
2. Non-TI NGOs			
3. Other OBG/Maternity home			
4. Blood bank			
5. Government health facilities			
6. ART centres			
7. STI clinics			
8. Care centres (CCC) and DIC			
9. Private health facilities			
10. Others			

Annexure III.h

Monthly Reports (contd.)

ICTC Code	
ICTC Centre CMIS Code:	Schedule Code:
Monthly Input Formats for Integrated Counselling and Testing Centres (ICTCs)	

Section E for HIV–TB (all clients excluding pregnant women)

PART-I (For HIV–TB Co-ordination States)

1. REFERRAL OF SUSPECTED TUBERCULOSIS CASES FROM VCTC TO RNTCP		
Indicators	**HIV-positive**	**HIV-negative**
a) No. of persons suspected to have TB referred to RNTCP Unit		
b) Of the referred TB suspects, No. diagnosed as having:		
(i) Sputum positive TB		
(ii) Sputum negative TB		
(iii) Extra-pulmonary TB		
c) Out of above (b), diagnosed TB patients, number receiving DOTS		

2. REFERRAL OF DIAGNOSED TB PATIENTS FROM RNTCP TO VCTC
a) No. of RNTCP registered TB patients tested for HIV
b) Out of above (a), no. tested for HIV
c) Out of above (b), no. detected to be HIV-positive

PART-II (For all other states)

3. REFERRAL OF SUSPECTED TUBERCULOSIS CASES FROM VCTC TO RNTCP		
Indicators	**HIV-positive**	**HIV-negative**
a) No. of persons suspected to have TB referred to RNTCP unit		

2. REFERRAL OF DIAGNOSED TB PATIENTS FROM RNTCP TO VCTC
a) No. of RNTCP registered TB patients tested for HIV
b) Out of above (a), no. tested for HIV
c) Out of above (b), no. detected to be HIV-positive

Annexure III.i

Line-list of Persons Referred from ICTC to RNTCP

REPORTING MONTH: _______________ YEAR: _________

NAME OF ICTC: NAME OF DISTRICT:

TO BE COMPLETED BY ICTC COUNSELLOR								TO BE COMPLETED BY the STS							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
S. No.	PID NO.	Complete Name and Complete Address	Age	Sex	New or follow-up patient	Date of referral	Name of RNTCP unit referred to	Has person reached RNTCP unit (Yes/No)	Is patient diagnosed as TB – Yes or No	If diagnosed as TB, specify whether patient is sputum positive TB, sputum negative TB or Extrapulmonary TB	Is patient receiving DOTS or non-DOTS	Treatment category	Date of starting treatment	TB No.	Remarks
Sign of Counsellor Date of completion:					Sign of MO- VCTC			Name of the TU: Signature of STS Date of completion:					Signature of DTO/CTO/MO-TU		

Annexure III.j

NATIONAL AIDS CONTROL PROGRAMME (PHASE-III)

MONTHLY MONITORING FORMAT-2

Basic Services

(To be prepared and sent by SACS to NACO by mail to cmisdata@gmail.com and signed hard-copy by mail/courier latest by the 5th of every month)

State: ________________ Year: ________________

S. No.	Indicators				Baseline (as on 31 March of previous year)
1	2				3
1	Number of ICTC established	a.	Admn. approval		
		a.	Staff appointed		
		a.	Staff trained		
		a.	All equipments installed		
		a.	Consumables available		
		a.	Centre fully functional		
2	Number of persons pre-counselled	a.	Males		
		b.	Females		
3	Number of persons tested for HIV	a.	Males		
		b.	Females		
4	Number HIV+ among those tested	a.	Males		
		b.	Females		
5	Number of persons post-counselled	a.	Males		
		b.	Females		
6	Number of pregnant women counselled				
7	Number of pregnant women tested for HIV				
8	Number of pregnant women found HIV+				
9	Number of mother–baby pairs provided treatment				
10	Number of infant samples sent for PCR testing				
11	Number of HIV+ on DOTS				
12	Number of STI clinics supported	a.	Public		
		b.	Private		
13	Number of persons treated for STIs	a.	Public	Males	
				Females	
		a.	Private	Males	
				Females	

Reporting Month: ______________

Annual Target	Achievement during the year											
	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.
4	5	6	7	8	9	10	11	12	13	14	15	16

Continued...

No. of Centres Reported: ______________

Cumulative total since beginning of year	Cumulative total till date (Including baseline)
17	18
Signature	

Annexure IV

Contact details of key officials in NACO

Name of officer	Phone number	e-mail
Ms K. SUJATHA RAO Additional Secretary and Director General National AIDS Control Organization (NACO)	23325331 23731746 (Fax)	nacoasdg@gmail.com
Dr JOTNA SOKHEY Additional Project Director (Technical) NACO	23325337 23731746 (Fax)	jsokhey@hotmail.com
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Dr RAHUL THAKUR Programme Officer (HIV-TB) NACO	43509956	drthakur@gmail.com
Ms ROHINI RAMAMURTHY Programme Officer (Counselling) NACO	43509906	rohiniramamurthy@gmail.com
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Dr RAJ PRABHA MOKTAN Technical Officer (PPTCT) NACO	43509936	drmoktan@gmail.com
Mr SEWANAND VATS Technical Officer (ICTC) NACO	43509964	snvats@gmail.com