

## AHANA Implementation Plan: Plan International – India Chapter

AHANA project is a Civil Society initiative to strengthen PPTCT services in public sector in selected districts in India. Plan International (India Chapter) as a Principal Recipient (PR) implementing it through sub-recipients (SR) under Global Fund grant during the period October 2015 – December 2017.

### 1. Review and Governance mechanism- SARC and DAC

SACS and State NHM to formulate State Advisory and Review Committee (SARC) in consultation with State Management Unit (SMU) of AHANA Project and Sub Recipients (SR) to review the AHANA project at state level on a quarterly basis with support from SPM, Plan India and issue a directive to all CMHOs to form District Advisory Committee (DAC) at the district level.

### 2. Capacity Building

#### 2.1 District Resource Team (DRT)

Support formation of a district resource team (DRT) in 218 AHANA districts covering 9 states. The objective of the DRT will be to train the peripheral workers how to conduct WBFPT and mobilising, behaviour change communication, interpersonal counselling of pregnant women to increase the uptake of WBFPT. AHANA team will organize a 2 day training of the DRT at the district headquarters.

#### 2.2 State Resource Team (SRT)

Support formation of a State Resource Team (SRT). The objective of the state team (with representation from all the districts) would be to mentor/handhold the DRT and also orientation of volunteers. AHANA will organize a 2 day ToT of the state resource team.

#### 2.3 Volunteers for supporting PPTCT

Support the formation of a volunteer's cadre in each of 218 AHANA districts. The role of the volunteer would be to support the implementation of the National PPTCT program. AHANA will organize a one day orientation of the volunteers.

### 3. Community based demand generation activities

#### 3.1 Community Mobilization Meetings (CMM)

AHANA will organize monthly community mobilization meetings (CMM) at the block level. The objective of CMM is to mobilise, sensitise and advocate with existing community groups on HIV/AIDS with focus to PPTCT services provided to Pregnant Women.

#### 3.2 Coordination meeting with PLHIV network and DOT providers

AHANA will organize monthly coordination meeting with PLHIV network and DOTS service providers at the district level. Objective of the same is to provide comprehensive services to HIV positive pregnant women (identified as part of screening during ANC) to the network for care, support services including psycho-social support.

#### 3.3 Mid Media activity – Street plays (Nukkad Nataks)

AHANA will organize street plays, 20 plays for each AHANA district. SACS and NHM support is required in finalization of the content for the street plays and smooth implementation of the activity as per AHANA guidelines

#### 3.4. Mid Media activity – Wall painting on PPTCT

AHANA will organize for wall painting in 7554 Active PHC spread over 218 AHANA districts (number has been taken from NHM 2015). Support required is required in finalization of the message/content for the wall writing related to PPTCT and communication to District health authorities.

### 4. Outreach services provided by Outreach workers (ORW) of AHANA

The outreach team consists of Outreach Workers (ORWs). Under AHANA Project, 4 ORWs are expected to cover entire district with average of 2-4 blocks per ORW.

### 5.1 Universal screening of Pregnant Women for HIV screening

- ORWs will list out all pregnant women registered for ANC to be linked for screening of HIV through peripheral health workers
- ORWs will outreach with Peripheral Health Workers to provide HIV screening information to Pregnantwomen during Routine Immunization (RI) and Village Health and Nutrition Day (VHND) etc.
- ORWs will list Pregnant women received WBFP at the FICTCs and pregnant women who have received HIV testing at ICTC. HIV testing information will be collected from ICTC & FICTC.
- Pregnant women registered for ANC and not knowing their HIV status will be followed up through Peripheral Health Workers responsible for providing ANC care

### 5.2 Follow up of all HIV Positive Pregnant women for PPTCT services

They will coordinate with the ICTC, FICTC and ART Centres to ensure that pregnant women those tested HIV positive avail the PPTCT services offered under Public sector.

- ORWs will prepare a line list all HIV Positive Pregnant Women identified at ICTC (referred from FICTC and direct testing at ICTC) for follow up
- ORWs will orient HIV Positive Pregnant women about importance of TB diagnosis and treatment
- CETC will be supported with following documents and updated periodically. ORWs to ensure that photocopy of the following documents attached with CETC. (1. ANC Card, 2 Consent form for Home visit by AHANA ORWs, 3. HIV Testing report, 4. ART Card, 5 Infant HIV Testing report)
- ORWs will ensure that all identified HIV Positive Pregnant Women are registered at ART Centre
- ORWs to follow up HIV Positive Pregnant Women in following places – Home, ANC & ART Centre
- ORWs to link HIV Positive Pregnant Women to Care Support Centres (CSCs) and other social welfare schemes available at local level

### 5.3 Follow up of all HIV Exposed infants born HIV Positive mother for EID

- ORWs to follow up of each infant born to HIV Positive mother based on Expected Date of Delivery (EDD)
- ORW will follow up of all Infants born to HIV Positive mother for ARV prophylaxis and Early Infant Diagnosis and treatment

#### Support expected from State - SACS and NHM and District Health towards strengthening PPTCT services in Public sector

- ✓ Sharing of details about ANC screened (WBFP) for HIV from all facilities (ICTC/F-ICTC) by SACS to project team at field level
- ✓ Sharing HIV reactive and HIV positive Pregnant Women details from facilities (FICTC & ICTC) from April 2015 onward by SACS to the project team. This data is requires for follow up with pregnant woman to ensure linkages to ARV centre, institutional delivery and EID of the infant
- ✓ SACS to extend EID services in all the ICTCs of Ahana district, at least if not in all districts.
- ✓ SACS and NHM facilitate to reach the hard to reach area/interior pockets or migration prone blocks adhering health camp approach for the comprehensive ANC check-up and HIV screening

#### Establishment of new HIV screening facilities at Sub District level (covering all CHCs & PHCs) – as per NACO meeting held on 1<sup>st</sup> March 2016

- ✓ SACS to initiate towards establishment of new FICTCs in AHANA districts where delivery load/ ANC registration is comparatively high.
- ✓ Utilizing DRT training as platform to orient the ANMs of high load delivery points including CHCs and PHCs proposed to be established FICTCs.
- ✓ SACS to ensure that “non-functional FICTCs” start as functional FICTCs with training of staff at Health facilities and supply of test kits.
- ✓ Ensure adequate and uninterrupted supply of WBFP kits to peripheral health facilities