



Treatment education training for PLHIV supported through Project LIFE AID. Photo by Stephen Cunliffe for CRS

Integrated HIV Services

Strengthening health system to maximize HIV care and support in North East India

OVERVIEW

With an estimate of 2.4 million people living with HIV (PLHIV), India has the third highest number of PLHIV in the world. Three of India's four highest HIV prevalence states are located in the North East region of the country: Manipur (1.4%), Mizoram (0.81%) and Nagaland (0.78%). The National AIDS Control Organization (NACO) supports different types of facilities providing services to PLHIV: antiretroviral therapy centers for treatment and CD4 monitoring; Community Care Centers for treatment initiation and medical services; and Drop-In Centers (DIC) operated by positive networks and community based organizations for outreach, referrals and advocacy. The limited integration of available services, coupled with limited education and training for PLHIV, and a virtual absence of services for caregivers is a barrier to effective care and support for people living with and affected by HIV in the North East.

APPROACH

Catholic Relief Services (CRS) has been implementing HIV programming in North East India since 2003. CRS supports partners through Project LIFE AID to operate Positive Living Centers providing HIV care and support services in Aizawl (Mizoram state), Imphal (Manipur) and Dimapur (Nagaland). The Positive Network of Mizoram (PNM) is a LIFE AID partner in Aizawl that has explored a model of expanded care and support services for people living with and affected by HIV by combining the resources of their government-supported DIC with those of a LIFE AID-supported Positive Living Center (PLC). The result is a facility with more comprehensive services for the positive community in Aizawl.

STEPS IN IMPLEMENTATION

- The Positive Network of Mizoram recognized the potential of integrating DIC and PLC staffing, resources and infrastructure as an opportunity for improved care and support services.
- CRS and the Mizoram State AIDS Control Society (MSACS) subsequently held discussions that resulted in verbal approval from the MSACS Project Director for PNM to combine government and CRS resources to operate an integrated DIC-PLC facility in Aizawl.
- Working from the same location, MSACS-supported DIC staff and CRS-supported PLC staff began providing services to PLHIV and caregivers in 2008.
 - Separate DIC and PLC client registrations were maintained for reporting and auditing. Of the 235 registered PLHIV, 9 (5%) were only registered under the DIC, 92 (55%) only for the PLC and 67 (40%) for both DIC and PLC. Available funding

Comparison of DIC, PLC and integrated DIC-PLC Services

Available Service	DIC	PLC	DIC-PLC
Counseling			
- PLHIV counseling	✓	✓	✓
- Caregiver counseling		✓	✓
- Couples counseling	✓	✓	✓
- Family counseling	✓	✓	✓
- Pre & post-test counseling	✓	✓	✓
- ART counseling	✓	✓	✓
- Positive prevention	✓	✓	✓
- PPTCT counseling	✓	✓	✓
Training			
- Positive prevention (PLHIV)		✓	✓
- PPTCT (PLHIV)		✓	✓
- Treatment Education (PLHIV)		✓	✓
- Home based care (care givers)		✓	✓
Medical services			
- Medical checkups		✓	✓
- OI management support		✓	✓
- Investigation support		✓	✓
- STI management		✓	✓
Nutrition support		✓	✓
Recreational activities	✓		✓
Outreach activities	✓	✓	✓
Referrals and Linkages	✓	✓	✓
Emergency referral services	✓		✓
IEC material	✓		✓
Community sensitization		✓	✓
Advocacy programs	✓		✓

LESSONS LEARNED

- The lack of a formal agreement between CRS and MSACS was a limitation to full integration of services and management structures at the DIC-PLC facility.
- Comprehensive HIV care and support services can be provided through a single facility, but it requires sufficient resources to support a multi-disciplinary service team.
- Engagement with and support of caregivers and family through training and counseling is essential for improving the enabling environment, fostering stigma reduction and promoting improved care and support for PLHIV.

“The trainings have educated us regarding [the] importance of ART adherence, nutrition, how to take care of our health and maintain personal hygiene.”

- DIC-PLC beneficiary

“The DIC mainly gives support to PLHIV. The [integrated] DIC-PLC ensures that clients are uplifted mentally, physically and emotionally.”

- PNM Project Director

CRS is the international humanitarian agency of the Catholic community in the United States. The agency provides assistance to people in more than 100 countries and territories based on need, regardless of race, nationality or creed. CRS has been present in India since 1946. Its national office is located in New Delhi. CRS technical publications are available for free at www.crsprogramquality.org.

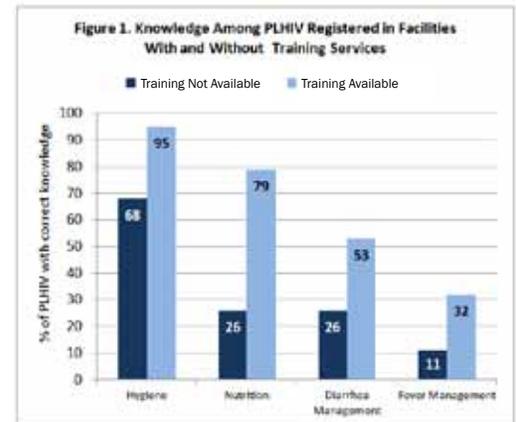
Summary of DIC-PLC Staffing by funding sources

Staff	MSACS	CRS	TOTAL
Project Manager/ Coordinator	1	1	2
Counselor	1	1	2
Social Worker	1	0	1
Doctor (part-time)	0	1	1
Nurse	0	1	1
Outreach staff	1	4	5
Office assistant	1	0	1
Accountant	0	1	1
Total	5	9	14

POSITIVE OUTCOMES

CRS and MSACS conducted a joint assessment in January 2012 to better understand the effectiveness of PNM's integrated DIC-PLC model compared to a stand-alone DIC operated by PNM. Positive outcomes identified through the assessment and consultation with key stakeholders included:

- Sharing the cost of rent, utilities, infrastructure, equipment and staffing across the MSACS and CRS budgets improved cost effectiveness.
- PLHIV registered at the DIC-PLC facility reported better psychological health (90%) than those in the stand-alone DIC (63%) or stand-alone PLC (66%).
- The added value of training activities as part of an integrated HIV care and support service package was reflected in higher levels of knowledge among PLHIV registered at the DIC-PLC facility compared to a stand-alone DIC facility (see Figure 1).
- The DIC's greater emphasis on advocacy, including mass media programs, and linking PLHIV to government schemes fostered greater community awareness and increased PLHIV's access to services compared to a stand-alone PLC.
- Expanding the scope of standard DIC services to encompass training and counseling for caregivers improved the enabling environment for PLHIV by fostering greater acceptance and improved care at home.
- Collaboration with MSACS through the DIC-PLC model increased visibility and encouraged government interest in integrated care and support models.



CONCLUSIONS

The DIC-PLC model is a promising example of how an integrated model can improve the health system to deliver more effective HIV care and support services. While the service packages were not fully integrated and available to all registered clients attending the facility, the decision to combine resources and staffing into a single operating location represents the kind of innovative thinking required to maximize HIV care and support in a limited-resource setting.

Partnership

To implement Project LIFE AID, CRS worked with Positive Network of Mizoram (PNM) and Zoram Entu Pawl (ZEP) in Aizawl; Community Awareness and Development Foundation (CAD), Development Association of Nagaland (DAN), and Nagaland Development Outreach (NDO) in Dimapur; Catholic Medical Center (CMC), Don Bosco Mangaal, Social Awareness Service Organization (SASO), Manipur Network of Positive People (MNP+) and the Kripa Foundation in Imphal. This 4-year project (2008 – 2012) was funded entirely by CRS.