

Concept Note- Effective Services, barrier and Challenges for Implementing Care and Support Centre

Introduction:

National AIDS Control Organization (NACO) is committed to provide universal access to comprehensive, equitable, stigma free, quality care, and support and treatment services to all people living with HIV (PLHIV) in India. ART programme was launched in 2004 and scaled up in a phased manner. Currently, India's Antiretroviral Treatment (ART) programme is the second largest in the World and is providing free ART services to approximately 14 lakhs PLHIV across the country through 576 ART centers and 1264 link ART centres. With the launch of 'Test and Treat' policy in 2017, the coverage of ART services has been expanded rapidly.

The programme responded to the evolving care and support needs of PLHIV by partnering with community and other stakeholders. These services are being provided through Care and Support Centres (CSCs). A CSC is a community-based service delivery point which provides counselling, psychosocial support, outreach activities, linkages to welfare schemes and enabling environment for PLHIV. Chandigarh has been allotted one care and Support Centre by NACO to implement Care and Support activities.

Currently, CBO '**Chandigarh Network of People with HIV/AIDS (CNP+)**' has been running one Care and Support Centre at International Hostel Sector 15A, Chandigarh since 1st Jan 2022. This CSC is being funded by Chandigarh AIDS Control Society. This CSC was also previously run by Chandigarh Network of People with HIV/AIDS (CNP+) under Vihaan Programme funded by Alliance India since 2013.

PLHIV covered by CNP+

Total PLHIV Registered with CSC = 1321

Key Activities:

1. Intensified prevention of LFU
2. Focused tracking of all line lists of LFU and MIS cases
3. Follow up of all eligible family members of PLHIV for HIV testing and early linkages to the treatment: Tracking of discordant couples, partners and children for follow up HIV testing along with prevention counseling and if found positive, linking them to the treatment.
4. Counseling and support group meetings: Intensive peer support and adherence counseling will be provided to the all the PLHIV.
5. Intensive Case Finding (ICF) for TB amongst PLHIV who have not yet screened for TB symptoms and follow up screening after every 6 months.
6. Linkages with social welfare schemes and social entitlements
7. CSCs have been spearheading in local resource mobilization and leveraging additional direct support services such as nutritional items, educational items, transportation support, and many other household and clothing materials for the PLHIV community.
9. Prevention of linkage loss from ICTC to ARTC
10. Follow up of Second Line and Third Line patients for adherence
11. Follow up of TB positive PLHIV for treatment adherence