EXECUTIVE SUMMARY

An evaluation of the PPTCT plus project, currently implemented through the NGOs, was carried out during July 2008 by the Indian Public Health Association at Andhra Pradesh. The PPTCT project was started in the year 2004 and 33 NGOs were involved in 84 revenue divisions of Andhra Pradesh. It was a cross-sectional study carried out in all 23 districts of Andhra Pradesh with an objective to understand the current status of program activities carried out by the NGOs and their implementation strategies. The decision-makers needed valid and reliable information regarding the state of implementation before taking any mid course correction to improve its effectiveness. The evaluation will help to understand the program planning & implementation intricacies and helping one to translate the program strategies adapting to the unique local condition for improving the coverage and utilization. The present study was conducted by Indian Public Health Association, who was assigned to evaluate "NGO activities in regard to PPTCT plus program" by UNICEF Hyderabad field office. The Association invited experienced members to participate in the survey based on the recommendation of its Academic Committee. Team members belonged to different states of the country like Maharashtra, Karnataka, Delhi, U.P., Orissa & West Bengal. No members from Andhra Pradesh were included as the evaluation was done in the same state. The present study was carried out through the methods Process evaluation as well as performance evaluation with the help of a study instrument with a scoring system, developed by NACO. Qualitative data was collected through a detailed structured discussion of Key stakeholders. The team members, involved in the field study also collected some qualitative information from the NGO units by interacting with the key field level stakeholders and clientele. Quantitative data revealed that most the NGOs did score 'good' at the time of process evaluation. Although some of the NGOs scored "Good" during performance evaluation too i.e. counseling of antenatal mothers & providing mother baby pair Nevirapine, yet a substantial number of units did not performed well. Study revealed that coordination with different categories of grass root level functionaries was poor. This was substantiated by the qualitative data. Involvement of different stake holders depends on their understanding of the different aspects of the project and their perceived needs for such interaction such as meetings etc. The other major important aspect was the individual stake holders' capacity to interact effectively. Interaction of the ORWs with other stake

holders except the ANM/ASHA was less frequent. Even with them the number was below the level expectation. Similar observation was also revealed for Panchayat Raj Institution (PRI). Staff in position, based upon the scoring, was found to be satisfactory. None of the units had a poor score (<4).

It was observed from the findings that a substantial number of project staff, particularly ORWs, who were the key staff for performing the activities at the grass-root level, was not trained formally. The training was ad hoc in nature and was given at a centralized place far away from their actual place of work. It is always prudent to have field level workers training in a field situation. There was no standard module for training so the training was not uniform. The findings from the qualitative survey as well as assessment of knowledge of ORWs also highlighted the same. The only module which was available and was used for the training, on scrutiny was found to be a very good reference module for HIV/AIDS training. But it can not be used as a field manual for field worker.

In regards to the total scores obtained for Reporting and Documentation, it was observed that 36(85.7%) NGO units had a good score (≥8). However, the format had a deficiency of few components, as an example it might be cited that in the consolidated report information regarding the total number of pregnancies in the area was lacking. The Uniform format could be prepared by IPHA in consultation with the NGOs & APSACS.
IEC material was available and displayed only in 19 (45.2%) NGO units. It was also revealed from the qualitative assessment that IEC materials were not properly placed at the level of comfortable vision of the beneficiaries and at times were placed too clumsily. In some of the materials words were either too small in size or were in English instead of being in the local language.

A Good score (≥41) was obtained by 85.7 % NGOs during Process Evaluation. Performance Evaluation, for the NGO units working for more than one year, highlighted variable results. Two units covered more than 98% in regard to counseling and testing for pregnant women. Network of Nellore Positive People, Nellore division counseled and tested 75% pregnant women. More than 50% to 60% counseling and testing was carried out by 5 NGO units. Eight NGO units counseled and tested 27% to 49% pregnant

women. Rest of the 4 NGO units had counseled less than 10% of the pregnant women. Findings regarding the percentage of mother baby pair receiving Nevirapine appeared to be slightly different. There were 4 NGO units who covered more than 80% mother baby pairs. 7 NGO units' coverage was between >50% to less than 80% and rest of the NGO units had less than 50% coverage of Nevirapine for mother baby pair and covered further less also.

It was observed that, for the projects running for more than one year, 75%, 20% & 5% NGO units were Good, Average & Poor respectively based on scoring. Similarly, for NGO Units working for less than one year, Good score was obtained by 86.4% NGO units and Average score by 13.6% NGO units. (Shifted)
As there is a link between qualitative survey findings, conclusion and recommendations, they are incorporated together as here under:

The ORWs should be available at the grass-root level for the positive ANC and PNC mothers as well as for motivating the pregnant women for HIV testing. In absence of a proper and effective training program for such key workers, the capacity building of the staff could not be achieved to a high level for discharging their functions effectively & efficiently. The training module should be different for each category of personnel involved in the project and should be available at the NGO units. Time to time refreshers courses are to be organized for strengthening the capacity and also to find out the deficiencies in the training program so that it can be improved and would cater to the field needs of the workers. It appeared that same type of module and same technique was being used for training of each category of project staff. This method, if at all existed should be abandoned and new plan for training of each category of personnel should be adopted. The training program including the preparation of module can be developed by involving experts from different relevant institutions & field. This is of prime importance for the effective implementation of any public health program and it is also the lynch pin for obtaining the objective defined in the PPTCT Outreach program. This should be followed by formulating a training strategy and schedule with the consultation of the stakeholders implementing the program under the guidance of public health experts and program managers.

Recommendation:

PPTCT Plus program to prevent parent to child transmission in Andhra Pradesh (AP) is a unique program. The involvement of the HIV positive mothers to deliver the available most effective intervention package is a bold step in program implementation. The involvement of the NGOs to implement the outreach program was also innovative. The program was well conceived but to make it effective the program should be tailor made as per the specific service need and strength of the service infrastructure. In the planning process all the stake holders including the NGOs' should be involved and the role of each stakeholder is to be properly delineated. General Health service infrastructure in AP is above average so also its performance especially in RCH areas. So it was difficult to understand the reason of implementing a Program like PPTCT which is intimately linked with routine RCH activities vertically without any effective dove tailing. For effective implementation of the Program the integration of the PPTCT Plus with the RHC program under the Rural Health Mission is necessary. The state plan should include all aspects of the implementation including capacity building, supply logistics and also monitoring. Each participating NGOs should also prepare an action plan for the implementation of the program and submit to the APSACS for approval and that should form the basis for monitoring and evaluation and accountability also.

One of the key players in implementing the PPTCT Plus program was found to be the ORWs. It is heartening to know that they are able to contact the positive mothers, the number may not be adequate and the services may not be comprehensive. In spite of their morbidity status, sickness absenteeism was found to be nil. Indeed they were a well motivated workforce. It was strongly felt that ORWs involvement in the PPTCT program in the present form should be continued after rectifying all the deficiencies.

The survey team also observed that the area allocated to each of the ORWs far exceeds her physical capability covering 60,000 to 100,000 populations distributed in one or two mandals. The Job responsibility of the ORWs was also reviewed and their unanimous observation was that in the present form the ORW was being over burdened. It was suggested that for effective functioning ORWs should only provide specific services to the positive ANC and PNC mothers in a comparatively smaller area.

To make ORWs more effective they need to be trained adequately. Properly structured field based training to all the ORWs by well trained trainers will improve their capability. The training program including the preparation of module can be developed by involving experts from different relevant institutions & field. This should be followed by formulating a training strategy and schedule with the consultation of the stakeholders implementing the program under the guidance of public health experts and program managers.

It was felt that the present system of involving the NGOs for providing the Out reach services through the ORWs should continue. It was observed that the constant support provided by the NGOs was one of the major factors for the continued performance of the ORWs.

The existing health personnel of the state health system in all the three levels should be sensitized to have a positive attitude in providing services. The attitude should be transformed from “policing to preaching”.

The records and reports to be maintained by the Peripheral units were not standardized and were not uniform. These needs to be standardized and only bare minimum record should be kept. While developing the records for the ORWs one should keep in mind the fact that some of the ORWs may be number literate only. The average educational status is 8th to 9th standard.