



# Visualizing NACP Counselor's Role in Public Healthcare System Paradigm in India

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## ABSTRACT

The counselors are the backbone of the National AIDS Control Program (NACP). Achievements of NACP can be attributed to the tireless efforts of the counselors nationwide. However, as the other vertical programs merged in the national health mission and NACP is reaching to a conclusion through "ENDGAME 2030", the NACP counsellor fraternity find themselves in middle of various uncertainties, about job security, their role in the existing and competency in future of public healthcare system. Following paper visualize perceived roles for the NACP counselor's in the public healthcare system paradigm.

**Keywords:** NACP; HIV Counseling; Job security; Future job roles

## INTRODUCTION

The national AIDS control programmer services started, in India, in the year of 1992. Since its inception, it was found that the meager clinical control methods will not be effective in preventing and controlling of the transmission of disease but also will not be fully effective in People Living with HIV (PLHIV) have to face a lot of uncertainties in life pertaining to the employment, social status, health and well-being. These uncertainties arise due to the perceived stigma and anxiety associated with the condition. Thus, a thorough HIV counseling (Figure 1) [1].

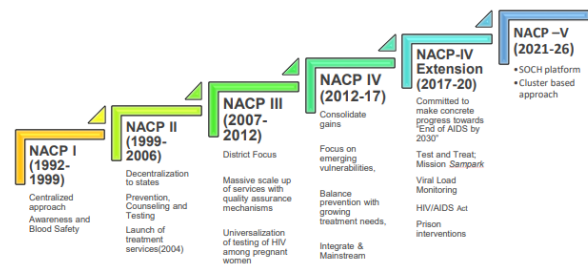


Figure 1: Evolution of NACP services.

## MATERIALS AND METHODS

Treatment and rehabilitation of the affected individual back into the society. HIV/AIDS is being more of a social disease than a clinical one where stigma and discrimination is very strongly associated with the mode of transmission. Is mandated to provide psychosocial support and dealing with the issues of the person [2].

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### Issues with NACP Counsellor

In a study, almost all the counselors stated that they were insecurities about their job as the posts have not been made permanent and they fear of being transferred or worse, lay off/losing the job. Most of the counsellor felt that there are incidents of discrimination and indifferent behavior toward them by both health care staffs and the clients. There is a lack of ownership by the clinical staff in the healthcare facility toward ICTC as an AIDS control program, as it is not a part of National Health Mission (NHM). Clinical staff fails to recognize the importance of counseling and sometimes even the clients presume that the counselors are HIV positive individuals. The joint United Nations programmed on HIV/AIDS (UNAIDS) has widely promoted a slogan and goal to end HIV/AIDS by 2030. This has been unsettling news for the NACP staff particularly the ICTC facility. On one hand it is great to know that the mission is in the final phase of implementation; on the other, it raises questions like “what after that?”.

For ICTCs, a normal staff distribution is to have a counsellor, a lab technician and a medical officer in-charge. For lab technician and medical officer, it is relatively easier to move and look for opportunities than for the counselor's. Many of the counselors have worked in the program for more than a decade and many are in the late forties of their life. Although with current numbers worldwide is suggests that it is very unlikely to achieve the 2030 goal. But having said so it is also essential to understand that there is an importance of creating new roles and responsibilities for counsellors as there are chances of HIV being an endemic (and not epidemic) to certain parts in countries in the next decade or so which eventually led to lean management and shredding of staff [3].

### Counselling as Tool for Effective Treatment in NACP

Around the world, many researches explained the role of counseling in improving the life of PLHIV and subsequently helping the non-infected population to be aware of risk behaviors. In Zimbabwe, study reported the importance of counseling in improving the life of the positive people by overcoming the isolation and be able to sharing feelings and experiences. Similarly, in a study done in Uganda NGO's counseling support in district hospitals, counseling has helped clients and their families to cope up with HIV and AIDS, with 90.4% of clients able reveal their serostatus to partners, and 57.2% have reported consistent use of condoms in past 3 months. As a result of counselling, more than half of the clients (56.9%) prepared plans for the future and 51.3% expressed to prepare wills. The level of acceptance for people living (Figures 2 and 3) [4].

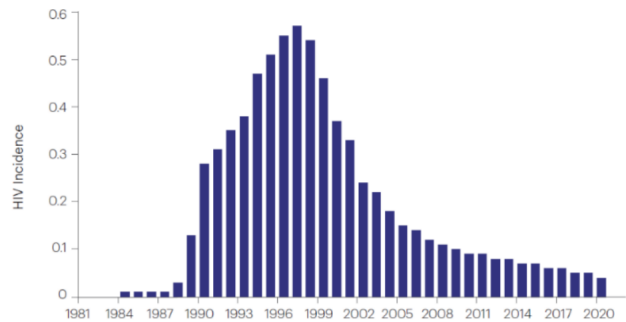


Figure 2: HIV incidence rates (NACO HIV estimates, 2020).

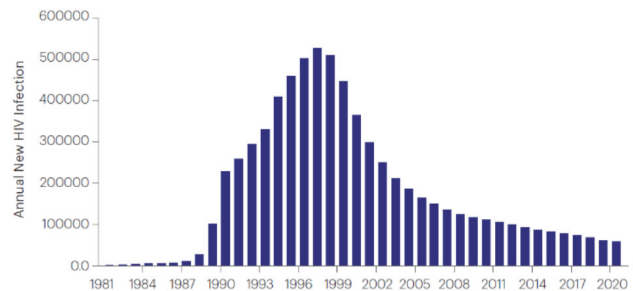


Figure 3: HIV annual new infections (NACO HIV estimates, 2020).

With HIV/AIDS (PLWHAs) by families (79%) and the community (76%) was also found high.

HIV counseling and testing services were started in India in 1997. Counseling has been given very high importance in the effective testing and treating of individual from NACP II onwards. From NACP III onwards, district level integrated counseling and testing centres have been installed to provide effective counseling coverage to the self-stigmatised clients. Moreover, many socio psychological and socio-economic factors start affecting the clients who are HIV positive. Hence, counselling becomes an integral part of national AIDS control programme in diagnosis, prevention and control aspects (Figure 4) [5].

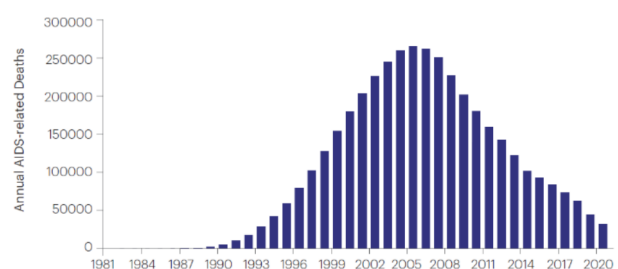
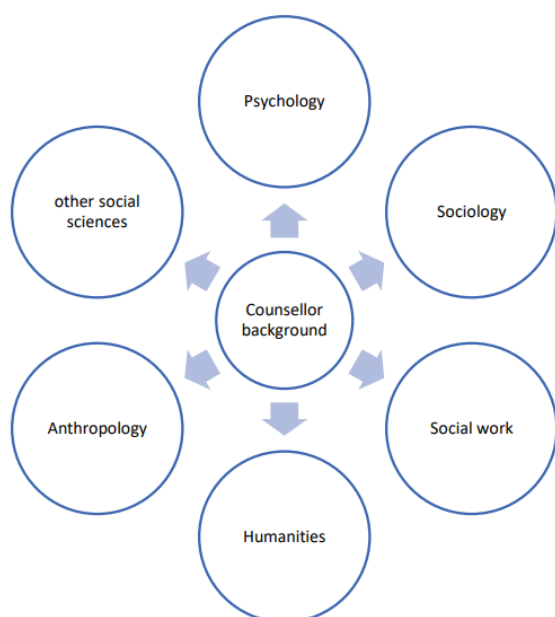


Figure 4: HIV annual AIDS related deaths (NACO HIV estimates, 2020).

The effective of counselling evident from the fact that there is effective reduction in rate of new infections and incidence rates after the 1999 (NACP II). Although, there is a no. of factors contributing; like more effective IECs, more availability of treatment centers etc., but role of counselling in enabling the client, to accept their status and reducing overall risk who are not yet positive but in risky behavior, cannot be denied.

Effective counselling can mould the behavior of the individual and enable them to make better life choices e.g., adhering to the ARTs. The overall AIDS related death has also significantly reduced after the introduction of the counselling in the treatment module. Although, credit needs to be offered to the newer ART regimen which were effective in controlling the replication of virus. But enabling the client to adhere to ART centres and taking medicines when there were high chances of side effects of the medicine requires much appreciation of their own. Outreach campaigns done by the counsellors in the NACP III and IV have significantly increased the social awareness amongst the mass and it is evident from the reduced no. of incidents in uninfected population (**Figure 5**) [6].



**Figure 5:** Counsellors' background.

### NACP Counsellors as Healthcare Professionals

The counsellors in the NACP programmer currently, are master of their trade. All of them have master's degree in social science subjects like psychology, sociology, social work and other social science subjects to name a few. Many of them are with the program since the initial inception of the HCTS (HIV counselling and testing services) and have vast experience of handling from general population to special population issues of different strata of age-groups and discuss some of the most difficult issues like sexual activity, gender, sexual identity, risk behaviors to name a few [7].

A counsellor is an effective communicator, situational manager, behavior change expert, educator, first point of contact in both emergencies as well as in regular cases, enabler, consistent psychosocial support to the clients and honest reviewer. Even, sometimes, so that young client sees counsellors as their role models or as the only trusted source for information and advice. As a healthcare professionals they carry the values of the profession, by doing no-harm to the client and supporting in a professional way. Over and above that, they protect the identity of the client

and provide the most correct and right information, referrals, behavioral and social advice to carry on in their life. All the ICTC counsellors are placed into medical college hospital, district hospital and CHCs wherever ICTCs are located. Staying there, they have good liaison with the district administrations, non-govt stakeholder and peer healthcare providers.

### Skills and Capacity of NACP Counsellor

The training of the NACP counsellors has been a very important aspect in the NACP. Capacity building skills for the counsellor result in effective communication and conversation develop counsellor into an effective enabler [8].

Technical Resource Group (TRG) in 2000 identified that there is variety in standards of counselling across the nation and there is a need for standardization. To meet with need Global Fund for HIV/AIDS, TB and Malaria (GFATM), in round 7, and NACO invited 6 counsellor training institutes to write a proposal for standardize capacity building of counsellor. 'Saksham' project initiated through Tata institute of social sciences, Mumbai in collaboration with 38 academic institutions across the country. The training was initially designed by plan India in collaboration with the prestigious Tata institute of social sciences, Mumbai. Initially, trained in a 12 day in-house training with top trainers from TISS and later, many received subsequent training (**Figure 6**).



**Figure 6:** Counsellor role and responsibilities.

Shorter version CCT (Counsellor Contact Training) as refresher for 5 days. The curriculum of the NACP counsellor has always designed with the latest development in the field of counselling and psychology. Sessions are stereotype breaking, very engaging and educative which provided the exclusive skills of client management with effective humanistic touch. Sessions like "behaviour change communication" using the transtheoretical model (James Prochaska) and "counsellor self-awareness, attitudes values and ethics" have immensely

developed the skill of a counsellor to produce desired result [9].

### Value of Counselling in Health Programs

The world health organization defines counselling like a well-focused process, limited in time and specific, which uses the interaction to help people deal with their problems and respond in a proper way to specific difficulties in order to develop new coping strategies. Counselling increases the ownership of the community and individuals in taking responsibility and control of their own health, known as “health promotion” (WHO, health promotion). Counselling improves the communication between the client and the healthcare providers, reduce stigma and self-doubt in clients, help in coping with life situations and living positively, maintain a self-image and self-esteem ease the work load on the practitioners and staff nurse in their duty as they can provide health education. The future of public health lies around the idea of universal coverage and health equity (Diversity, Equity and Inclusion or DEI) and the including the counselling as an integral part of the healthcare service delivery immensely support this notion [10].

## RESULTS AND DISCUSSION

Unfortunately, in this regard, nothing concrete is planned for utilizing NACP counsellor. Moreover, important policy documents like the High-Level Expert Group (HLEG) report on universal health coverage misses out to even recognize the counsellor as a Human Resource for Health (HRH). Carrier progression of many clinical and allied human resources has been discussed but there is no mention of the counsellor. Accessibility of counsellor in the general health setting provide equal opportunity to the community and perceived as more familiar and friendly. It provides the humanistic touch in the more and more digitalized healthcare delivery paradigm [11].

Social Determinants of Health (SDOH) (WHO, social determinants of Health, n.d.) are the non-medical factors that influence the health outcomes of an individual or community counselor can influence social determinant factors through the inclusion and non-discrimination of clients and therefore enhance the access and acceptability of the healthcare point. This particularly important in the case of neglected population like TG, IDUs. Counselling can provide more inclusivity, acceptance and support system which can reduce the incidents of discrimination, and also help reducing the workload of the clinical staff in public health setting [12].

### Visualizing NACP Counsellors in Different Roles

The NACP counsellor has the attributes to work in vivid environment and have proven themselves in the past as an effective (Figures 7 and 8).

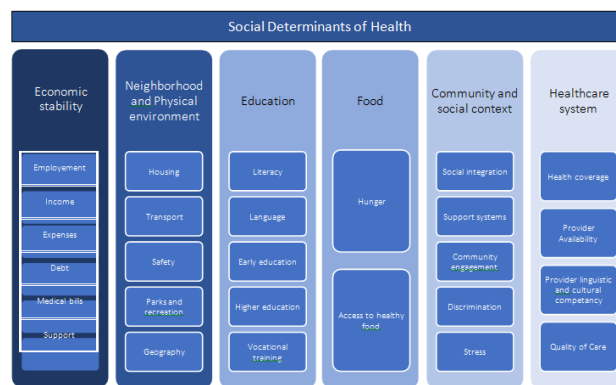


Figure 7: Social determinants of health.



Figure 8: Visualizing various opportunities for NACP counsellors.

Flag bearer of the national mission. Such skillful and experienced workforce needs to be optimally utilized in the existing healthcare system. Perhaps one of the very obvious choices would be to utilize in the existing programs where health promotion or social inclusion and elimination of discrimination values more than clinical expertise, e.g. leprosy eradication program, TB elimination program, Family planning, adolescent and sexual education, WASH etc. are to name a few. NACP counsellor can be an asset in outreach and communication in case of public health, disaster management, medico-legal and most important mental health and suicide prevention emergency helplines as they can provide the psychological comfort and establish conversation with the caller/victim [13].

Further skill can be developed as an educator/behavior change communicator for community mobilization and health promotion. Also, by the virtue of immense experience in dealing with difficult clients, the NACP counsellor have immense potential as trainers/capacity building experts/mentors for the clinical healthcare providers in behavior management and inclusivity whether in AFHCs, RKSs, health and wellness centers or in general clinics etc. [14].

Many more opportunities can be opened when possibilities are explored like inclusion in the maternal death frameworks like SSSR model where counselors can be an important asset due to their understanding in of the social structure and institutions. Another valuable addition would be in terminally ill patients e.g., cancer, chronic liver disease etc. Counsellor can be a valuable addition in coping with the prognosis and living remaining life in a positive way or help the family

members to adjust to the new life situations more positively [15].

## CONCLUSION

Preparing and utilizing the existing experience resources into future roles lies in the commitment of the state. Counseling can be a bridge between the communities and the clinical healthcare providers by fulfilling the psychosocial needs which clinical fraternity not optimally equipped to serve. NACP counselor's do have a lot of potential and carry valuable experience in the future roles of healthcare system.

Inclusion of the counselor's into variety of programs will be a win-win for all, the patients will get a professional therapy from a counsellor, clinical practitioner will have their load shared out and counsellor will have better prospects, job satisfaction and security while simultaneously increasing their interpersonal communication skills.

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