

ROLE OF PEER SUPPORT STAFF IN IMPLEMENTATION AND EXPANSION OF NVHCP DURING COVID

Introduction

The Mukh Mantri Punjab Hepatitis C Relief Fund (MMPHCRF) Programme was launched in June 2016 to provide free treatment of Hepatitis-C at 25 treatment centres under guidance of 1 Model treatment centre.

Punjab Government started utilizing the infrastructure of 22 District hospitals and 3 Medical colleges and, the existing staff of medical specialists, lab technicians, pharmacists, and data entry operators to provide free screening and treatment for Hepatitis C patients.

National programme was adopted in Sep-2018.

Peer Support

Under NVHCP Peer support staff was provided by NHM at each Treatment centre for effective and dedicated outreach to patients.

The hired Peer supports are either old Hepatitis-C patients or someone from their own family have been a Hepatitis-C patient. Thus, they understand the challenges related to the disease and counsel the patients effectively.

The job responsibilities of peer support are as follow:

- The peer support is working under the guidance & supervision of Distt. Programme Officer (Distt. Epidemiologist).
- The sitting arrangement is done near pharmacist so that interaction and counselling of the patients could be done.
- As per need the peer support is sometimes deputed at OPD under supervision of Medical Officer In charge.
- Peer support makes sure the patient's management in the phased manner (from preparation of treatment card till dispensation of medicines).
- Peer support playing their role as a guide to the patients for eg. To make sure treatment adherence, need of viral load, baseline tests & SVR, drug adherence of patients, counselling and compliance of regular visits.
- Peer supports are sharing screening report of Hepatitis C on daily basis and Hepatitis B on monthly basis, for which the daily report format has been shared with districts.
- Peer supports are making sure to enter daily data of Hepatitis cases on GoI portal, for which they have been trained by CHAI team and all of them have been provided Tablets for data entry on portal under NVHCP by State headquarters.
- Peer supports are being provided lists of patients with gap in their treatment, eligible for SVR, lost to follow up, defaulted on treatment and due on follow up so that these could be called by peer supports for uninterrupted flow of treatment. For which 26 sim cards have been provided under the programme.
- Peer supports are being given additional task of data entry of Hepatitis C cases reporting at ART & OST Centres under NVHCP on alternate days.
- The monthly drug stock report is also being shared by peer support.

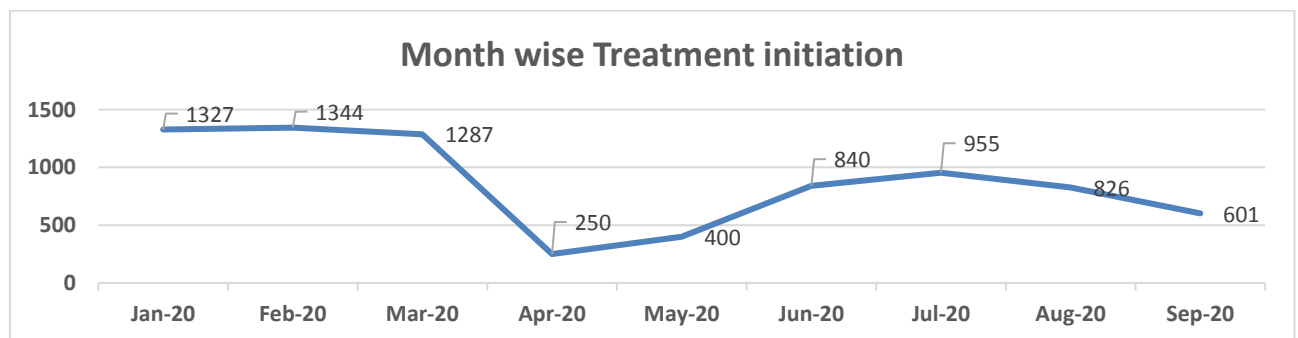
- Digitization of treatment cards at each point and any updation in the treatment card is being done by peer support.
- The peer support were given the role of calling the patients for the LTFU(Loss To Followup) Study for the year 2018-2019.

Roles of Peer Support during COVID situation

- All the 26 peer supports and data entry operator of MTC were given the task of calling patients to ensure their follow ups
- Peer supports and DEO at MTC were calling the cirrhotic patients on daily basis for adherence of treatment. Co-morbid patients were also counselled for COVID-19 precautions.
- The patients, who have missed their follow ups (or defaulted) due to COVID 19 pandemic, were counselled by peer support for further follow ups after lockdown. Total around 6000 patients were called across the state.
- The upcoming follow-up patients were called and counselled for importance of the treatment so that they complete their treatment.
- Treatment initiation due patients were called and motivated for treatment, and thus treatment initiation increased eventually.

Average 1200 patients were initiated on treatment per month before COVID situation. Due to lockdown the count declined to only 250.

After active calling and counselling of Viral load positive patients the count gradually started increasing to and average of around 800 patients per month.



Results

1. Being supported in data digitization, the co- located 13 ART and 11 OST centres were designated as Treatment centres.
2. Accordingly, SDH-Batala located in district Gurdaspur and co- located with ART and OST centre has been designated as Treatment centre.
3. With their dedicated support in tracking patients, 9 Central prisons have been established as Treatment centre. The Peer support plays an important role in treatment adherence, once the patient is out of prison.
4. The dedicated manpower has helped Punjab expansion to 59 treatment centres and 3 model treatment centres.