AIDS
Community

AIDS COMMUNITY
Consolidated Reply

Query: Prevention of Parent to Child Transmission, from Prof. S.Y.Saptasagar, Y. P. S., Sangli, (Comparative experiences)

Compiled by E. Mohamed Rafique, Resource Person; research provided by Seema Kochhar, Research Associate.
6 December 2005

Original Query: Prof. S. Y. Saptasagar, Yerala Projects Society, Maharashtra.

Posted: 14 November 2005

Today on Children's Day, I would like to put a query to the members of the AIDS Community about Children and HIV. I am the President of 'Yerala Projects Society (YPS), Sangli, Maharashtra, India, a 29 years young NGO working in the fields of Health, HIV and AIDS, Education and Sustainable Rural Development. In recent years, HIV prevention and control is one of the priority issues we work on. YPS works on five thematic areas namely: Prevention and control, Voluntary Counselling and Testing, Care and Support, Sustainable Livelihood Mechanisms and NGO Networking to Fight against the disease.

Regarding the problems of Children and HIV, a recent survey in our region says that the percentage of Ante-Natal Cases tested positive is just over four percent. We feel that we have to learn and act fast to curtail this rise.

We would therefore be grateful if members of the AIDS Community working in this field could share their experiences on how they have addressed the problem of Prevention of Parent to Child Transmission (PPTCT). Specifically, we would like to hear about innovative approaches, success cases, and lessons learned from PPTCT programs. Also of interest would be the experience of those PPTCT programs that have integrated with existing Reproductive and Child Health (RCH) programs.

Looking forward to learning anew from your responses

Responses were received, with thanks, from:

1. Dr. Abha Jha, Catholic Relief Services, Lucknow

2. Dr. Ajithkumar. K, Medical College Chest Hospital, Trichur
3. Dr. Mohamed Shafi, Gowri Sha Hospital, Thiruvananthapuram
4. Mr. Swaminathan, HUNS, Namakkal
5. Fr. Thomas K, ATMATA Kendram, Kottayam
6. Dr. Manoj Agarwal, Futures Group International, Lucknow
7. Ms. Ishdeep Kohli, Mumbai
8. Dr. R. Anburajan, Peace Trust, Tirunelveli
9. Mr. Augustine Velaith, UNICEF, New Delhi
10. Mr. S. Hashim Aadil, Hyderabad
11. Dr. Phanidhar Sarmah, State Health Services, Assam
12. Dr. Sunil Mehra, MAMTA, New Delhi

Summary of Responses

The poor quality of maternal health care services in developing countries, such as India, is further compounded by the threat posed by HIV. Members have listed, from their experiences, different approaches which have helped in bringing down the rate of parent to child transmission of HIV to less than 10%. Members also highlighted the need to integrate prevention of parent to child transmission of HIV (PPTCT) with the existing maternal and reproductive child health programs. The interventions, suggested by the members, for PPTCT focus on the following components:

Prevention of HIV in young people of reproductive age groups: It's useful to impart health education focusing on HIV to the pregnant women as well as to young people in the reproductive age-groups as is being done by Catholic Relief Services in Lucknow. Similarly, Positive Living Project, Tamil Nadu disseminates information on HIV, in particular PPTCT, through various community meetings, support group meetings of Positive networks as well as through schools and colleges.

Provision of good quality antenatal services to pregnant: Pregnant women should be encouraged to go for frequent antenatal check ups. Antenatal clinics should be linked with VCTC where the women can be referred for counselling and testing services.

Prevention of HIV transmission from HIV infected mothers to their infants: Counselling, anti-retroviral therapy, and caesarean deliveries have been suggested as important PPTCT measures. **Counselling** the pregnant women and their husbands on PPTCT can encourage couples to get tested for HIV. It can also assist HIV positive couples to decide whether to continue with the pregnancy or to terminate it. Members suggested it's advisable to counsel the mother and mother–in-law as well - as in India, most of the decisions for the women are taken by their families. This will also help in reducing the stigma and discrimination that an HIV positive woman may face from the family. An important component of counselling would also be to educate HIV positive women on family planning services to prevent unintended pregnancies. To deal with the HIV positive cases, **Anti Retroviral Therapy** is required. Once identified, HIV positive pregnant women are put on Nevirapine therapy depending on the stage of pregnancy. TNFCC, Peace Trust, Medical College Chest Hospital are providing a range of services, including ARV to HIV positive parents. As regards child birth, the pregnant infected women are advised to have **delivery by Caesarean Section** as it can reduce the risk of transmission from mother to child.

Provision of treatment, care and support to HIV infected women, their children and families**:** First of the several steps suggested by members in this regard is the **training and sensitization of health care providers**. Many obstetric health care providers are unwilling to

perform deliveries for HIV positive pregnant women and accordingly avoid informing them about PPTCT. Hence it is very important to train and sensitize health care providers for effective implementation of PPTCT. Catholic Relief Services and Positive Living Project have such programs on training and sensitization of medical personnel.

The second step relates to the need for **Treatment of Opportunistic Infections**. The difficulties of HIV positive patients get compounded in view of the fact that HIV Infection may make women susceptible to other direct causes of maternal mortality including puerperal sepsis, post–partum haemorrhage as well as cause opportunistic infections such as TB to progress quickly. Ante-natal contact with HIV positive women offers opportunity to prevent, screen and treat opportunistic infections.

The other steps recommended by the members, include regular follow–up of HIV positive women: Peace Trust in Tamil Nadu follows up on HIV positive pregnant women through community care workers who look after their health-related and nutrition-related needs. Equally important is the need to extend **paediatric care and support for the child**. Involving a paediatrician right from the day of delivery in planning prophylactic Zidovudine for the infant, use of formula feed for the child, and follow up of the child until 18 months of age is essential to ensure healthy growth and development of the child as is being done by Medical Chest College, Trichur and Peace Trust, Tamil Nadu. Atmata Kendram has a program for financially supporting HIV infected as well affected children through motivated sponsors. Mamta also has a community based care and support program which focuses on orphan and vulnerable children.

Most of the examples listed by members show that HIV prevention and care services have been **integrated** with the general **reproductive health care services.** Integrating PPTCT services in to RCH can give greater access to women and increase community acceptance and strengthen maternal, infant and family care. This is being done by Medical College Chest Hospital in Trichur which has the same OPD department for women who are HIV positive and those who are not - to reduce stigma and discrimination. Catholic Relief Services, Peace Trust and Mamta also have mainstreamed PPTCT issues in the existing safe motherhood initiatives. Also it has found it is useful to link PPTCT programmes at village and community level with the programmes at district and Taluk levels as is being done by the Positive living Project.

It has also been brought out that most of the child births (around 80%) take place in the private health facilities yet public private partnerships have not been formed for PPTCT. There are 500 PPTCT centres in public sector. Thus, **greater involvement of the private sector** can lead to effective implementation of PPTCT.

In sum, the members have suggested : counselling, care and treatment , use of ARV , follow up with HIV positive women as well as their children , strengthening linkages with existing reproductive child health program, training and sensitization of health care workers as well as establishing public-private partnerships to increase effectiveness and success of PPTCT programmes.

Comparatives Experiences

Safe Motherhood and Child Survival Program (SMCS), Catholic Relief Services, Lucknow *(From Dr. Abha Jha)*
SMCS provides training of trainers to all senior level program staff on PPTCT who in turn train all in-house staff (health care workers - HCWs). The HCWs educate pregnant women and women of reproductive age group in the community about PPTCT. The programs encourages frequent ante natal check up for pregnant women, timely referral to VCT centers and regular follow up of HIV positive pregnant women.

Medical College Chest Hospital, Trichur, Kerala *(From Dr. Ajithkumar. K)*
The hospital has a four fold strategy of counselling HIV positive pregnant women along with her husband and if possible the mother and mother in laws; having same OPD department for HIV positive and HIV negative women to overcome any form of stigma; providing ARV therapy to reduce risk of transmission, conducting lower section caesarean; and engaging a paediatrician for the baby from the day of the delivery for planning prophylactic Ziduvudine, use of formula feed or cows milk and follow up of the child till 18 months of age.

Positive Living Project, HUNS, Namakal, Tamil Nadu *(From Swaminathan)*
This project provides information on PPTCT at various community level meetings such as with self–help groups, anganwadi workers etc. It also provides information to support groups for persons living with HIV as well as in schools and colleges. It also conducts sensitization programmes for Health Care Providers to ensure a stigma free environment for HIV positive pregnant women as well as focuses on peer counselling to motivate pregnant women and help in reducing stress. Another component of the program focuses on building and strengthening linkages with Taluk level PPTC programmes for better coordination.

Charca Project, Kanpur *(From Dr. Manoj Agarwal, Futures group, Lucknow)*
Charca Project started two self help groups for persons living with HIV and persons affected by HIV. These groups were provided vocational skills and assisted in setting ups income generation projects as well as knowledge and information on nutrition, PPTCT, condom use, and home based care.

Comprehensive Prevention, Care and Support Project, Peace Trust, Tirunelveli, Tamil Nadu *(From Dr. R. Anburajan)*
Peace Trust, with support from Global Fund, is providing PPTCT services in 14 private hospitals of Tirunelveli district. In each hospital 1 laboratory technician and 1 counsellor is trained and all antenatal mothers and their husbands are motivated for HIV testing. Once identified, HIV positive mothers are regularly followed-up by community workers. Peace Trust has identified and motivated three private hospitals to conduct deliveries for HIV positive women. Nevirapine therapy is given to the pregnant women and the new born child is followed up to one and a half years. Also as part of the project a community based VCTC was started which focused on providing home based care for persons living with HIV as well as community based VCTC service through organising community medical camps and individual follow up with high risk behaviour groups. It also has a 30 bedded hospital for persons living with HIV.

Child Survival Program, Peace Trust, Tirunelveli, Tamil Nadu *(From Dr. R. Anburajan)*
In this project, supported by COMPASSION, Peace Trust selects antenatal mothers below the poverty line and followed up by community workers. Their nutritional and health related needs are met with and the delivery is attended by a birth attendant and the child is taken care of for four years. Following which the child is provided with education and health support till 21 years of age or until they get a job. 100 mothers and their children are currently enrolled into this program.

Tamil Nadu Family–Centered Continuum of Care Programs (TNFCC), Tamil Nadu State AIDS Control Society, Chennai *(From S. Hashim Aadil, PRAGATI, Hyderabad)*
Tamil Nadu State AIDS Control Society has been awarded funding to expand ARV therapy to 1000 parents and provide care and support services to 4000 parents. TNFCC, is a comprehensive, interlinked project for providing a range of services included ARV treatment through existing government services, care and support programmes, VCCTC, psychosocial support, home care linkages, income generating activities, legal services etc. It is being implemented at different government hospitals in Tamil Nadu.

An Integrated Approach towards Prevention of Mother to Child Transmission of HIV/AIDS through Safe Motherhood Initaitives, MAMTA, New Delhi *(From Dr. Sunil Mehra)*
This community level programme, with support from AusAID focuses on mainstreaming PPTCT issues in the existing safe motherhood initiative and is carried out in three areas Nizamuddin, (Delhi), Solan and Hamirpur (Himachal Pradesh). As part of project, regular orientation and training on PPTCT is given to health Care Providers, existing health systems are strengthened for reaching out to the communities with information on PPTCT, couples with high risk behaviours are counselled on PPTCT. In Solan, blood samples are collected from ante natal clinics for HIV testing and linked to VCTC services. In Delhi community religious leaders (Muslim clerics) in Basti Hz. Nizamuddin, have been sensitized to be part of the project for prevention for HIV. Mamta also has a community based care and support programme in partnership with NGOs working on RCH issues for addressing issues of persons and families affected by HIV with a special emphasis on Orphans and Vulnerable children including HIV affected, street and working children.

Related Resources

Recommended Organisations

Catholic Relief Services, Lucknow *(From Dr. Abha Jha)*
D-1, HAL Township, Lucknow,UP www.catholicrelief.org
Has integrated PPTCT programme with the Safe Motherhood and Child Survival Programmes.

MAMTA- Health Institute for Mother and Child, New Delhi, Himachal Pradesh *(From Dr. Mohamed Shafi, Gowri Sha Hospital, Thiruvananthapuram)*
B-5, Greater Kailash Enclave-II, New Delhi 110048
Phone: 91 11 29220210 / 29220220 / 29220230 mail: mamta@ndf.vsnl.net.in
mamtahealth@vsnl.net
http://www.mamta-himc.org/ahc.htm
Has a project on strengthening field level institutions, build organisational capacity towards Integrated Safe Motherhood & PPTCT.

Atmata Kendram, Kottyam, Kerala *(From Fr. Thomas K)*
Changanassery Opp. Arch Bishop's House Kottayam 686101. Phone: +91 481 2411819.
http://www.atmata.org/ Email: atmata@vsnl.com
Has a home–based program on supporting HIV positive children through individual donors

Peace Trust, Tirunelveli, Tamil Nadu *(From Dr. R. Anburajan)*
16, Deo Favente,Kurichi Road, Kulavanigarpuram - 627002 Tirunelveli, Tamil Nadu,
Phone: 91-462 2579889, Fax: 91-462 2579889 Email : info@peacetrust.com
http://www.peacetrust.com/nesam/nesam-about.html
Provides PPTCT services in 14 private hospitals and has community based testing, care and support facilities.

BASICS-India *(From **Seema Kochhar**, Research Associate)*
30, 3rd Floor, Hauz Khas Village, New Delhi 110016, India
+91981151.6335, +919818097686, Country Director: Dr. Sridhar Srikantiah
http://www.basics.org/home2.shtml

It supports activities to increase the use of child health and nutrition interventions, including PMTCT, by families, communities and health systems

United Nations Children's Fund (UNICEF), Andhra Pradesh *(From **Seema Kochhar**, Research Associate)*
D. No. 865, Street No. 19, Himayathnagar, Hyderabad 500 029, Andhra Pradesh, India
+91-40-23325832 23325864 email hyderabad@unicef.org
UNICEF provides support to 37 PPTCT centers in Andhra Pradesh in the form of training of staff at each PPTCT center, enabling them to initiate the programme in their hospitals

Recommended Documents

Sero-Surveillance Report *(From Dr. Phanidhar Sarmah)*
Assam State AIDS Control Society, Assam, July 2005.
Available From: State AIDS Control Society, Khanapara, Guwahati-781 022
0361-2620524, 2261605 email: sacs_assam@nacoindia.org
Shows the seropositivity rate among women at 4.44% and transmission of HIV from mother to child at 14%.

From Seema Kochhar Research Associate

Feasibility Study of Administering Short-Term AZT intervention among HIV Infected Mothers To Prevent Mother to Child Transmission of HIV
National AIDS Control Organisation, Delhi
http://www.nacoonline.org/publication/2.pdf (Size: 920 KB)
The study conducted in high prevalence states assesses the feasibility of administration of AZT to reduce mother-to-child transmission of HIV infection in pregnant women.

Integrating HIV prevention and care into maternal and child health care settings: Lesson learned from Horizons studies
Rutenberg, Naomi, Sam Kalibala, Charles Mwai, and Jim Rosen, Population Council, Washington D.C., February 2002.
http://www.popcouncil.org/pdfs/horizons/mchconskenya.pdf (Size: 888KB)

Summarizes strategies for integration of PPTCT services with existing maternal-child-health settings.

Addressing the family planning needs of HIV-positive PMTCT clients: Baseline findings from an operations research study
Baek, Carolyn and Naomi Rutenberg, Population Council, Washington D.C., 2005
http://www.popcouncil.org/pdfs/horizons/fppmtctnairobi.pdf (size: 290 KB)
Presents key findings about family planning at PMTCT sites in Kenya, including HIV-positive women's fertility desires and demand for contraceptives

Safeguarding Investment in PMTCT Programs by Incorporating Essential Newborn Care
Indira Narayanan, Alakanada Bagchi, Mandy Rose, Carrie Hessler-Radelet, and Christina Kramer. *Safeguarding Investment in PMTCT Programs by Incorporating Essential Newborn Care*. Published by the Basic Support for Institutionalizing Child Survival Project (BASICS II) for the United States Agency for International Development. Arlington, Virginia, March 2004.
http://www.basics.org/pdf/ENC-PMTCT_paper.pdf (size: 696.51 KB)
This brief urges PMTCT programs to ensure prevention of transmission of HIV as well newborn survival by incorporating essential newborn care into PMTCT programs.

HIV-infected women and their families: Psychosocial support and related issues
http://www.who.int/reproductive-health/publications/rhr_03_07/hiv_infected_women_and_families_psychosocial_support.pdf
(Size: 666 KB)
Department of Reproductive Health and Research, Family and Community Health, World Health Organization, Geneva, 2003. Copyright by World Health Organisation

Reviews information on psychosocial support to women with a special focus on pregnant women with STIs/HIV/AIDS and methods employed in existing PPTCT projects.

National program for preventing mother-child HIV transmission in Thailand: successful implementation and lessons learned
S. Kanshana and R. Simonds, AIDS: Volume 16, 2002
http://old.developmentgateway.org/download/125796/Thailand_PMTCT_experience.pdf (Size: 160 KB)

It describes the development, components of Thailand's national program for PPTCT with lessons which can be applied to the Indian context.

Recommended Contacts

Dr. Subhasree Sai Raghavan, SAATHI, Chennai *(From S. Hashim Aadil, PRAGATI, Andhra Pradesh)*
subhasree_raghavan@yahoo.com

She is the chairperson of SAATHI which provides technical assistance to TNSACS and can provide details on state PPTCT programme.

Recommended Websites

UNIFEM Gender and HIV/AIDS Web Portal (*From Seema Kochhar Research Associate)*
http://www.genderandaids.org/modules.php?name=News&new_topic=4
Email: unifem@genderandaids.org

Contains research, studies and surveys, training materials, publications and information on PPTCT projects in different regions of the world.

Responses in Full

Dr. Abha Jha, Coordinator - Health & HIV/AIDS, Catholic Relief Services, Lucknow

It is a matter of serious concern for all of us working in the area of HIV and AIDS. In a situation when we were still struggling to improve maternal health conditions in resource poor settings which then automatically improves the child health indicators, the menace of HIV and AIDS has made the task even more difficult to accomplish. Nevertheless, with effective planning and target-oriented approach, it will be achieved in due course of time. We in Catholic Relief Services (CRS) took up this challenge to screen out pregnancies, where there could be a chance of HIV infection. We explored the possibilities to ensure 100% ante-natal coverage in a community and some of the steps taken have been mentioned below:

- To combat the high levels of child malnutrition and maternal mortality, the Safe Motherhood and Child Survival Program (SMCS) program promotes growth monitoring, nutritional supplementation, routine immunization, ante-natal visits, and other key child survival behavioural changes. In 2004, CRS-India supported 43 local partners to implement 58 health projects, which had a total of 216,348 participating mothers and

children. In Uttar Pradesh, we followed a three-tier strategy to integrate the activities into SMCS program.
    - Training of Trainers to all the senior level program staff on issues pertaining to HIV/AIDS
- The trainers imparted training to all in-house staff
- Regular health education sessions conducted by trained health workers to educate pregnant women and women of reproductive age groups.
- More frequent ante-natal checkups of pregnant women.
- Timely referrals to VCT centers
- Counselling of couples in high-risk groups
- Integration of technical learning conversation to bring about behavioural changes among the high-risk groups
- Regular follow-ups of HIV positive women.

With a view to reduce the vulnerability of getting HIV infection in rural settings, we aim to achieve the objective within the stipulated time frame. The program has just started therefore, no authentic data is available to substantiate. The result will be shared once we get data from our program areas.

Dr. Ajithkumar. K, Sr. Lecturer, Medical College Chest Hospital, Trichur
Kerala is still a "low prevalence state" and our institution gets one to two positive expectant mothers in a month which may not be a large number compared to Maharashtra. We have integrated HIV Care into our system for the last four years and we provide the best possible PPTCT to our expectant mothers. ARV and Lower Segment Caesarean Section (LSCS) have become a routine with exclusive formula feed or cows milk along with Syrup Zidovudine for the infant. Among more than the fifty infants born in the last four years we don't have any positive child yet. However, there are few more to complete eighteen months but they also are apparently healthy.

The strategy we adopted is four-fold:

- Counsel the patients and the husband. If possible the mothers and mother-in-laws should also be counselled. Involve them in the care from the first day. The strategy to counter stigma is planned with the affected individuals. The parents also are counselled regarding implications of having a child versus termination of pregnancy. If they choose to continue the pregnancy, they are counsel regarding feeding, stigma, coping with the stress, etc from the first day.
- They are seen in the same out-patient department along with other pregnant ladies. The gynaecologist is involved in the care from the first day and if possible same gynaecologist will follow-up the patient during the entire pregnancy. Pregnant ladies are counselled by HIV specialist every month along with the husband.
- Patients are put on the most suitable ARV regime according to their stage of pregnancy. For example: A Patient who came to the hospital in labor will be given single dose Nevirapine where as a patient who came in the early second trimester will be offered as per AIDS Clinical Trials Group study 076 (ACTG 076) or three-drug ARV.
- Paediatricians are involved from the day of delivery namely in planning prophylactic Zidovudine for the infant, feeding of the infant (we are slowly changing from formula feed to cow's undiluted milk), avoidance of bottle feed, follow-up of the infant at least till eighteen months of age.

We think it is not difficult to replicate this in any hospital in Kerala or where there is a good ante-natal care available.

Dr. Mohamed Shafi, Sr. Paediatrician, Gowri Sha Hospital, Thiruvanthapuram

Presented below is information regarding the Australian Government Overseas Aid (AusAID) pertaining to Prevention of Parent to Child Transmission (PPTCT) in India as per the web page at: http://www.ausaid.gov.au/hottopics/hivaids/countries.cfm

Regional Framework Agreement with UNAIDS

Australia and UNAIDS have entered a strategic partnership under which AusAID will support HIV/AIDS programs in the South Asia region using the comparative advantages of the UNAIDS co-sponsors under the general coordination of UNAIDS.

Integrated Approach towards Prevention of Mother to Child Transmission of HIV/AIDS through Safe Motherhood Initiatives, implemented by MAMTA

- Contribution: $245,000
- Duration: 2002 – 2005

The aim of this NGO project is to prevent mother to child transmission of HIV/AIDS. It expects to do so through community mobilization, building the capacities of stakeholders eg. local NGOs, district and state level government functionaries, developing mechanisms for referrals and linkages, and advocacy both at district and state level.

Swaminathan, Project Manager, HUNS, Namakal, Tamil Nadu

Following are the strategies adopted by the Positive Living Project, implemented by the district level People Living with HIV network-HUNS at Namakkal Taluk, Tamilanadu

- During various types of community meetings, like with SHGs, Anganwaadi workers and others in the general community, information on prevention of parent to child transmission is shared. Information on availability of the PPTCT facility and the fact that Positive living Center (PLC) would do the needful referral related and follow up services is effective.
- Building and strengthening linkages with Taluk level PPTCT programme. This facilitates better co-ordination between the PLC and the PPTCT resulting in easy and effective service. This is all the more useful in follow up of pregnant mother in the community and eliciting the support of family members, given the fact that it is the family which is ultimately in charge of the pregnant mother and also in the social context where it is the family that takes decisions for the women.
- PPTCT is also discussed in Health Care Providers workshop, where the participants are Medical officers and Village Health Nurses and other Para-medical workers. This helps in better service for mothers we refer and also for most of the pregnant women who get to know their HIV positive status only during the final stage of pregnancy, namely during labour pain. A sensitized Health care community plays a vital role, especially in the

context of stigma where there have been numerous instances of mothers being refused care.

- During Support group meetings of People Living with HIV in PLC, information on PPTCT is given. The fact that it is a preventable one motivates the People Living with HIV to refer to PLC or follow up pregnant mothers in their area.
- PPTCT is also focused during the session on "Basic Facts on HIV/AIDS" in the School or College awareness programs. Obviously the students learn newly the information that a child born to a HIV positive mother need not necessarily be positive. They are encouraged to spread this information in their locality.
- When a HIV positive mother is identified, they are given peer counselling which is a source of motivation to them and helps a lot in compliance to treatment as well as reducing stress.

Fr. Thomas K, ATMATA Kendram, Kerala

I am writing in continuation of my earlier response which was to the query on IDU and the work we do related to it at ATMATA Kendram in Central Kerala. As an NGO working for the Prevention, Care and Support for HIV infected and affected persons, we provide Support Counselling, Training Programmes, Care Centre for those without shelter which is named the Center for the Rehabilitation of Underprivileged People and the Afflicted (CRUPA) Bhavan, as well as Medicinal Support and Education Support for the children through 'SUPPORT A CHILD' program.

Under the 'SUPPORT A CHILD' program financial assistance for every positive child every month at Rupees five hundred per child is got from motivated sponsors. Each child has an unique sponsor. The program takes care of infected as well as affected children. It is a home-based program and not an institutionalized program. This children's program is very successful and is a good strategy for reducing stigma and discrimination. Also at the same time it helps the sponsors and others close to him to come close to HIV positive people. There are many Government employees who are contributing to this 'SUPPORT A CHILD' program, because of 80CC provision under the rules for Income Tax exemption.

Dr. Manoj Agarwal, State Representative, Futures Group Intl, Lucknow

The idea of making shelters and or getting donations for the effected people is nice but we found in our experience that over time it is was not sustainable. When I was working for the UNDP - CHARCA project in Kanpur, we were facing the same situation. We then started two self help groups for the infected and the healthy effected. They were provided capacity building on vocational skills, seed capital for starting production of goods such as incense sticks, screen printing and packing boxes and support to reach markets for the same. This was associated with capacity building on in-group counselling, advocacy with service providers and networking with other support agencies. Knowledge on Nutrition, Condom use and PPTCT access along with skills on home based care were built up.

We started with small groups but as I know now, they have developed into an amalgamated network of healthy and sick. They are sharing finances, resources, energies and skills in each others needs and are advocating with, though not requesting the people who matter the

most. School drop outs are rare now in this community and no one dies without dignity and with the fear of "what will happen to my dependents when I die". Can such a model be replicated so that we get a solution which is devoid of mercy and full of dignity?

Now on the original query on the problem of prevention of parent to child transmission:
The problem of poor state of this component is not limited to lack of information, access and actual utilization of PPTCT services, but it also extends into the issue of provisioning actual obstetric care to HIV positive mothers. Many obstetric health care providers shy away from advising mothers about PPTCT just to relieve themselves of the responsibility of actual child delivery process of the client who has taken pre-natal advice from them. Moreover, it is still not very clear that when PPTCT advice is so simple and implementation so cost effective, and also when everyone knows that around 80% of actual child births take place outside the public sector health facilities, why is NACO stuck to medical colleges and district hospitals and not targeting the public-private partnerships with Indian Medical Association and other Medical Practitioners' networks.

Ms Ishdeep Kohli, Public Health Consultant, Mumbai

Interventions to prevent parent-to-child HIV transmission highlight weaknesses of allied services in resource poor settings but offer the challenge to strengthen them. Most obvious is the poor quality of maternal health care services in developing countries, illustrated by high rates of maternal mortality. Considering that in the developing world there is an insufficiency of treatment for HIV infection, identifying HIV-infected women offers an opportunity to introduce rational simple HIV and AIDS care, including screening for tuberculosis and prophylaxis. Antenatal contact with HIV positive women is an occasion for preventing, screening and treating opportunistic infections such as tuberculosis.

The high incidences of tuberculosis in a developing country like India, and the high prevalence of HIV among women of childbearing potential, are two important considerations when choosing treatment combinations for large-scale implementation.

Resources should be mobilized to incorporate screening for Tuberculosis in the antenatal clinics for all positive pregnant women and treatment for the same to improve maternal health and to ensure a better future for their children.

Interventions for PPTCT should be associated with provision of appropriate care for the mother and father including treatment of TB and of other opportunistic infections. Antenatal HIV counselling and testing can help to involve women and their male partners in HIV and AIDS prevention activities, HIV and AIDS care, treatment for opportunistic infections, health education and child health promotion.

Dr. R. Anburajan , Project Director, Peace Trust, Tamil Nadu

The Global Fund for AIDS TB and Malaria (GFATM) through TANSACS is supporting us for ensuring PPTCT services in fourteen selected Private Hospitals of Tirunelveli District in South

Tamil Nadu. In this program we work with private hospitals on their ante-natal care and PPTCT services for deliveries.

In each of these fourteen hospitals we train one lab technician and one counsellor. All the Ante-natal mothers and their husbands are motivated for testing. The identified positive ante-natal mothers are followed by our community workers. We have selected and motivated three private hospitals for conducting deliveries of positive mothers. Nevirapine during pregnancy and for the child immediately after birth is the medical regime that is followed. The new born children are followed up to one and a half years, when they are tested for HIV.

The Orphans and Vulnerable children (OVC) are taught Life Skill Education (LSE) program in the villages. We have another program called the Child Survival Program supported by COMPASSION. In this the ante-natal mothers who are below the poverty line are selected. They are keenly followed by our community workers. All their health-related and nutrition-related needs are met. Their delivery is attended to and the child is taken care of for four years. After this the school education along with health is also supported. The children are motivated to go in for a Professional education. They are supported up to twenty-one years of age or until they get a job. Once they earn, the period of support is over and a new child is recruited into the program. One hundred mothers with their children are presently benefiting from this program.

It is already two years and two months since our field-based Comprehensive Prevention, Care and Support Project with Community Based VCTC was started. This is a unique program as Care givers trained for giving home based-care for People Living with HIV and Community based VCTC are involved. In this program the motivation and blood-drawing after getting consent are done in the field, while testing is in the centre. Once again in the filed, the results are disclosed within forty eight hours, after observing all the standards and procedures to prevent stigma and discrimination. We also take care of confidentiality. We identify the High Risk Behaviour (HRB) persons through our community workers and care givers. For those who require the services counsellors are utilized. Later we organize a general medical camp in the community. The General population as well as the motivated persons attend the medical camp. Here the motivated clients come voluntarily and give their blood for testing. Also we do the other basic investigations. Reports are given to the same counsellor who met the HRB person and the results are disclosed according to the convenience of the client. This is the first time a pilot program on VCTC in the filed has been introduced in India. I have heard of a similar model in Uganda and we got details of this from our sponsor Family Health International.

A Full fledged Hospital called Peace Help centre is also run by us. It is a thirty-bedded one with all major departments. Here we admit positive patients and do surgical procedures for them.

Peace Trust was started in 1997 at first as a Community development program where we adopt a village and do a Needs assessment for health needs. Accordingly we introduce programs on health for the village. From 1999 we have started work in the HIV and AIDS field. We have started Youth Clubs from 2002 onwards, in which we select a village, assess the need of the Youth there and give them training in first aid, disaster management, self-hygiene and physical development. We conduct training programs for them. We provide a gym for them in the village itself for physical development. Motivating the youth for Blood Donation and Eye Donation is also part of the agenda. We utilize their services during the medical camp or crisis in the area. We have participated in the rehabilitation work after the Gujarat Earthquake by adopting a village called Manoba. During Tsunami we conducted Medical Camps in Pondicherry, Nagapattinam, Velankani, Cudalore, Tutucorin, and Kanyuakuamri district in the coastal areas. Now we are having a Tsunami Unit working in Nagercoil district adopting five villages catering to their health

needs. Two clinics function in these villages. We are having a medical unit comprising of a doctor, one staff nurse and two female assistant nurses.

Our project has evolved according to the needs of the community we serve. We have learnt that no need can be addressed by specific program or component in isolation.

Augustine Veliath, Communication Officer, UNICEF, New Delhi

I referred your query to Professor K. Satyavathi who has done pioneering work on PPTCT in Andhra Pradesh. Her response is appended.

K. Satyavathi

Regarding your query about PPTCT, I would like to share my experience. At present in India about 500 PPTCT centers are established mostly in public sector. Private sector involvement can enhance protection of many more babies. PPTCT package consists of 4 components. These are:

- Prevention of HIV in young people of reproductive age. (Primary prevention)
- Prevention of unintended pregnancies in HIV infected women (good family planning services)
- Prevention of HIV transmission from HIV infected women to their infants
- Provision of treatment, care and support to HIV infected women, their children and families.

One good outcome of PPTCT is the women are introduced to knowledge about HIV through Ante-natal clinics through counselling and are given option to know their status. About 85 to 90% of them are opting for VCCTC. 98 to 99% of women who are negative are getting the awareness through counselling to stay negative. I think this is a very good outcome. One more positive point is the discrimination from the health personnel is coming down and positive mothers are treated in these centers. Early detection and treatment of STIs and OIs is enhanced. PPTCT plus is to give priority for ART treatment to eligible mothers identified at PPTCT centers. MTCT is reduced to less than 10% by simple PPTCT interventions. This is a beginning and much more has to be done. Slowly integrating PPTCT services in to RCH can give much more access to the women and increase community acceptance and strengthen maternal, infant and family care.

S. Hashim Aadil , Hyderabad

Children's Investment Fund Foundation (CIFF) has awarded funding to Tamil Nadu AIDS Control Society (TANSACS) to expand antiretroviral treatment to 1000 parents or family members and care and support including nutrition support to 4000 parents or family members of HIV infected and affected children to prevent children being orphaned in the State of Tamil Nadu. TANSACS is implementing three family-centered continuum of care programs including ARV treatment (TNFCC) through existing government services in equal partnership with NGOs, CBOs and Positive Networks to provide a comprehensive range of HIV/AIDS care, support and treatment services including voluntary testing and counselling, routine medical care, routine HIV care, diagnosis and treatment of opportunistic infections, provision of antiretroviral treatment by trained clinicians, counselling for treatment preparedness and literacy, provision of psycho-social

services, nutrition services and adherence counselling, out reach, home care linkages to income generating activities, legal services and housing.

TNFCC program is being implemented by TANSACS at Government Kilpauk Medical College Hospital, Chennai, Government Mohan Kumaramangalam Medical college Hospital and Salem Government Medical college Hospital, Tirunelvelli in partnership with CHES, YWCA, Gramodhaya, KNP+, SIP+, PWST, ACD, HILLS, Mithra Foundation, INDO, DMNS, SEARCH, SIVA Trust, MSDS, St. Joseph and Jayam. Yale University is conducting monitoring and evaluation of this project.

Solidarity and Action against the HIV Infection in India (SAATHII) is providing technical and logistical assistance to the TANSACS.

For more details of this program you could contact Dr. Subhasree Sai Raghavan, subhasree_raghavan@yahoo.com of SAATHII or the Project Director of TANSACS.

Dr. Phanidhar Sarmah, State Health Service, Assam

Thank you for the query on Prevention of Parent To Child Transmission (PPTCT). It is a noble thinking of the community. Regarding the problem of PPTCT a recent report from our state in Assam gives it as fourteen and the percentage is 4.44 up to July 2005. The report could be collected from Assam State AIDS Control Society. The prevalence of the disease in our state is also high.

In Pregnancy with HIV, the proportion of indirect death may be higher with co-infection. Tuberculosis is a significant contributing factor. HIV infection may make women more susceptible to direct cause of maternal mortality including puerperal sepsis; post-partum haemorrhage and other complications of caesarean section. HIV and opportunistic infections such as TB may also progress very quickly because of pregnancy. Steps should be taken in the process of community awareness, counselling and testing, care and support to the infected and affected, support to lively hood mechanism and rehabilitation of orphans. Improved supply of drugs for the treatment of AIDS and opportunistic infection and awareness programs with particular emphasis to reduce stigma and the community discriminating People with HIV should be implemented.

An HIV infected mother can transmit the disease to the child in the womb through her blood and at the time of birth and to some extent through breast milk. Transmission from an infected mother to her baby occurs about 30% cases. All pregnant mothers should have an HIV test. When a woman has a positive test result, she can plan with a doctor for follow up checks. Some pregnant mother with HIV decides to continue her pregnancy and others choose to have termination. For the pregnant woman with positive test result ARV drugs should be provided to reduce the risk of passing HIV on to her baby. Delivery by elective caesarean section also reduces the risk of infection to the baby. Exclusive breast feeding up to four months and to wean and complete stop at six months is advocated to restrict transmission through breast feeding.

Facilities of HIV testing are limited in our state. So there may be a large number of HIV cases that have been missed out and who were not tested. This group of population should ideally come under active surveillance and comprehensive medical care and psychological support. In declared high risk areas PMTCT services has been strengthened though improvement in infrastructure and capacity building is required. Our NGO's are doing a good job in the high risk areas.

In low risk area also comprehensive planning should be adopted to spread awareness in the community through different methods of IEC, in addition to community mobilization programmes. Existing health systems particularly at the district level must be strengthened and a strategy prioritized for linking up the MCH services. Private sector providing health care services like HIV testing facilities should be made assessable to the general public as well. This may require advocacy and legislative approaches. Needless to say, this step could grow into an effective private public partnership relationship if nurtured in the right direction. NGOs should make the first initiatives for linkages with the private sector and see it as a part of their fundamental work.

Dr. Sunil Mehra, Executive Director, MAMTA Health Institute for Mother and Child, New Delhi

This is in reference to the query regarding PPTCT including approaches and success stories regarding PPTCT and RCH.

Our Experiences – Child Centric Programming

MAMTA-Health Institute for Mother and Child is addressing the issues of maternal (women's Health) and child health since its inception. Beginning with the urban poor community with poorest of the poor families we focused on women in reproductive age group and their children under five. Early registration of antenatal cases, safe delivery, nutrition and growth and development of the children are integral part of all our women and child development programmes. Over the years, on the basis learning from our field-based experiences, we have mainstreamed issues of HIV/AIDS in our ongoing work. Under this we have two programmes, which deserve mention as a response to the query raised.

We are implementing the project entitled *'An Integrated Approach towards Prevention of Mother to Child Transmission of HIV/AIDS through Safe Motherhood Initiatives (2003-2007)'* supported by Australian High Commission (AusAID). The effort is at the community level and more so in the primary health care context. The project aims to create a safe and supportive environment for prevention of mother to child transmission of HIV/AIDS through safe motherhood initiatives. This integrated model is in line with RCH II and is also focusing on the convergence of RCH and HIV/AIDS. It is being carried out in three intervention areas i.e., one urban slum of Delhi (Nizamuddin) and two districts of Himachal Pradesh (Solan and Hamirpur) – one with Private service provider (NGO) and other one with the Primary Health Care through the local partner NGOs. The broad intervention strategies include community mobilization, building capacities of various stakeholders, developing mechanisms for referrals and linkages and advocacy both at district and state level. Some interesting outcomes include:

- The programme has a focus on mainstreaming PPTCT issues in the existing safe motherhood initiative. Orientation and training is a regular feature of this programme. Service providers, including Medical Officers, Para-medical, Anganwadi Workers are showing their interest by not only attending sessions organized by NGOs but also participating in the outreach camps in the difficult terrains to educate and sensitize 'hard to reach population'.
- Strengthened health systems for reaching out to communities with additional information on PPTCT i.e., ANMs interacting with pregnant women during community outreach, Medical officers providing counselling during antennal check ups. Couples are counselled for VCTC in case of high-risk behaviour. The numbers for testing at the VCTC is swelling.

- With the permission of the Chief Medical Officer the NGO partner at Solan district is collecting blood samples for HIV testing from antenatal cases from the community at Parwanoo, Dharampur Block. The field staff adheres to, the protocol of pre test counselling and filling up consent form. So far 19 blood samples for HIV testing have been collected and delivered at VCTC, Solan, in last one month, hence bringing VCTC closer to antenatal clinics.
- With the support of Delhi NGOs we are mobilizing key community and religious leaders (Islamic Clerics) for supporting prevention of HIV/AIDS programme in Basti Hz. Nizamuddin, dominated by Muslim community. In last six months we had two major interactions with the groups who ensured their full support and cooperation resulting in initiation of adolescent girl's health education sessions in one of the religious schools (Madarsa) in the community.

In our *Community Based Care and Support Programme (CBCS),* supported by India HIV/AIDS Alliance, we started with addressing the issues of People living with and Families affected by HIV/AIDS in a community setting in partnership with seven NGOs in Delhi. While addressing the issues of People Living with HIV it was realized that children were the most affected groups and needed special attention. The CBCS programme has adopted a child centric approach, which looks at the programme activities and outputs for the benefit of vulnerable children including HIV affected, street and working children. They are integral part of designing a need-based programme and evaluating its impact.

- About 37 Support Groups of OVCs are providing platform to children for raising issues of their concern. They also spend time in fun and entertainment, away from their miseries.
- MAMTA has extended its expertise and provided training to 120 Peer Educators from Delhi, Andhra Pradesh and Tamil Nadu to work towards reducing stigma and discrimination due to HIV/AIDS. They have also been provided with inputs to sharpen their leadership skills.

Our efforts are on to make community based interventions more child centric and to integrate them in the existing public delivery system so as to reach most vulnerable children. Many of these implementing NGOs focus on RCH in their work; hence it was easy for them to integrate issues of children affected by HIV/AIDS in their programme. A Child health and development approach also resulted in minimizing the stigma and discrimination against the affected children.

We shall be more than happy to share with you any further detailed information that you may like to seek for.

Many thanks to all who contributed to this query!

If you have further information to share on this topic, please send it to Solution Exchange for the AIDS Community in India at aids-se@groups.solutionexchange-un.net.in with the subject heading 'Re: Prevention of Parent to Child Transmission, from Prof. S.Y.Saptasagar, Y. P. S., Sangli, (Comparative experiences)