



Vasavya Mahila Mandali
Abbott Fund
Ten years of Partnership
In HIV Care and Support programme
2001-2010
Phase I: 2001 to 2007
Phase II: 2008-2010

Dr.P.Deeksha
Medical Director

VMM – Abbott Report 2001-2007

Home and Community based Care and Support programme (HCBCS)

In the year 2001 Vasavya Mahila Mandali initiated Home and Community Based Care and Support Programme as Lead Partner funded by Abbott Fund through International HIV / AIDS Alliance. The purpose was aimed at improving the quality of life of people living with HIV/AIDS and their families, children through mobilized communities with reduced stigma and discrimination.

Objectives of the programme:

1. To create awareness on HIV/AIDS in community for prevention of the disease
2. Improving the community to access the services of Government and non governmental agencies and do advocacy for improved services in government sector.
3. Prevent transmission of HIV from mothers to their infants
4. Identify and enroll children affected by HIV/AIDS for care and support.
5. To reduce stigma and discrimination in the community with improved knowledge on modes of HIV transmission

From 2001 to 2007 VMM organized this programme in Eight districts of Andhra Pradesh, HIV high prevalence state in india, through 14 partner NGOs.

Partners:

Sl.No	Name of the Partner NGOs	District
1	Swami Vajaramma Charitable Trust (SVCT)	Srikakulam
2	Lions Family Welfare Planning Trust (LFWPT)	Vizianagaram
3	Green Vision (GV)	Visakhapatnam
4	St Pouls Trust	East Godavari
5	Kolleru Rural Development Service Organization (KRDSO)	West Godavari
6	Birraju Foundation (BF)	West Godavari
7	RCST	Krishna
8	Vasavya Mahila Mandali Implementation (VMMi),	Krishna
9	Sanghamitra Service Society (SSS)	Krishna
10	NEEDS Serving Society (NEEDS)	Guntur
11	Action for Integrated Rural and Tribal Development Social Service Society (AIRTDS)	Guntur
12	Mahila Mandali	Prakasam
13	Rakshana	Prakasam
14	Serve Train Educate Peoples Society (STEPS)	Chittoor

18	Number of support group members trained	0	0	0	20	419	1432	2787	4658
V	Income Generation Support								
	Number of families benefited from Income generation programme	13	24	31	102	138	205	165	678
VI	Nutrition support services								
19	Number of persons received Nutrition food	678	1475	1385	2717	2626	3505	4153	16539
20	Nutrition demonstrations conducted	0	0	18	59	109	210	229	625
21	Number of persons reached through Nutrition demonstrations	0	0	252	1416	3052	4830	6641	16191
	Sub total	678	1475	1655	4192	5787	8545	11023	33355
VII	Community awareness programmes								
22	IEC (Information, Education, Communication) materials distributed	0	0	1326	6950	13600	48150	97500	167526
23	Condom distribution	0	0	0	0	0	21670	36000	57670
	Sub total	0	0	1326	6950	13600	69820	133500	225196
	Grand Total	13292	22059	26547	48104	60788	128252	204975	504017

Sharing best Practices in the programme:

Corporate Social Responsibility

RCST, promoted by Krishna Chemical Products Limited (KCP Ltd.), a sugar and other allied products manufacturing company, addresses various social issues for corporate social responsibility. It provides support for conducting cataract surgeries, polio corrective surgeries and running old age home.

KCP employees contributed food material to needy PLHA in the community. KCP Health clinic physician supported PLHA in testing and other medical care. KCP employees implemented HIV/AIDS workplace policy, non-discrimination of HIV positive workers in their work places. Company also provided medicines for PLHA at free of cost for their opportunistic infections and prophylactic care from corporate drug store.

Livelihood options

NEEDS serving society, placed at Chilakaluripet, Guntur district provided financial aid to sex workers who prefer to join their daughters to formal education. In addition to that they learnt

tailoring and embroidery for their livelihood, rather than involve them in sex work. Created livelihood options to women living with HIV/AIDS, who have no resources to support their families. Totally 64 families of HIV positive sex workers were rehabilitated with alternative income from income generation activities (IGP). NEEDS serving society promoted a CBO with sex workers taking the initiative forward. The members of community based organisation (CBO) met once in a month and discussed issues relating to stigma and discrimination, better quality of life and support for each other during crisis. CBO is also actively involved in referrals to VCT and STI clinic, and in promoting low cost nutrition food.

Children Cultural Teams

Children cultural teams formed with technical support from a consultant in implementing NGOs. The 'children cultural team' aims at mobilizing the communities to reduce stigma and discrimination and to scale up the programme.

The children cultural teams are trained in different themes of HIV/AIDS like prevention, stigma and discrimination, care and support, myths and misconceptions, testing, counselling, confidentiality and ethical issues and Importance of nutritive diet. These cultural teams had given programmes in the villages to improve the quality life of people living with HIV/AIDS.

Study cum Recreation Centres

Keeping in view the importance of recreation in the life of children affected by HIV/AIDS and with the aim of their overall development along with health education children, Green Vision, Visakhapatnam district initiated study cum recreation centres, where children from slums availed of basic amenities, recreational and study facilities that are deprived to them.

The Centre provided indoor and outdoor games, and a book-library with magazines, journals, periodicals, newspapers and educational material on health, hygiene, and civic sense. The teacher provided remedial education, helped children to complete their homework at the centre with bright lights that are absent at their dwellings. Tailoring classes were also being conducted for young widows and adolescent girls from affected families. Classes on painting, public speaking, mimicry and singing were conducted at the centre to bring out the hidden talents of these deprived children. The study cum recreation centre facilitated for reduction stigma and discrimination in the community because other children from the community were easily attracted towards the centre and play with affected children. The parents were sensitised to encourage their children to mingle with the affected children.

Income Generation Programme (IGP)

AIRTDS worked in Tenali, Guntur district, provided loans to PLHA community through IGP. Income Generation programmes had provided to the persons with HIV infection or affected by

HIV, basically they were not in a position to earn their livelihood, because they suffer with opportunistic infections. Under this programme the implementing NGO had supported small amounts for their petty business, the beneficiary reimbursed the loan amount from their savings. After 75% of repayment of the first loan they were again sanctioned second loan with double the amount. The women utilized the loan amount for productive purposes like vegetable vending, small grocery shop, selling of plastic items and gifts articles etc. They are felt happy that they do income generating, through which they were able to earn something as a supplementary income to the family. The savings and credit programme is being implemented in the target villages in Kollipara , TS Kunduru and Tenali Mandals. Likewise 640 families were benefitted through IGP with improved economic status. As each NGO has revolving fund for IGP even after exit of the programme still the NGOs are supporting the families with small loans and recycle the amount.

Community Foster Care

AIRTDS is working in Tenali, Krishna district provided Foster Care to HIV infected and affected orphan children in community. Informal foster care orphan children are place under care in unrelated families in the same neighborhood. In a community foster care, the greatest advantage is that the child fostered is least disturbed both physically and emotionally. The impact of high prevalence (HIV prevalence among pregnant women is 2.8%) is severe in Tenali resulting in 4-6 children lost both parents nobody to care. AIRTDS after a series of consultation process identified 10 elder mothers as foster mothers in the locality and trained them in caring orphans; there are 20 children placed in these 10 families with the support of groceries worth INR 500, for education INR 200 per child per month and INR 200 as incentive for foster mothers. NGO monitored health care and education support to the children.

Resource Mobilization

KRDSO, an implementing partner of VMM in West Godavari district has reduced the stigma among the communities through various IEC strategies like pamphlets, cultural shows, rallies. The mobilized communities have contributed local resources like small contribution by way of cash and in kind, for PLHA community. This was with taken action as the Governing Body of the Organization passed resolutions towards Mobilizing Resources by increasing their stake in the HIV care and support programme. KRDSO has mobilized resources through two methods:

Placing Donation Boxes in fancy shops, medical shops, wine shops, hotels, restaurants, mobile shops etc., they collected the money once in a month.

Print donation forms and its distribution is another method of mobilizing resources. Distribute in schools to children with the permission of the school management. Children collected the amount from the family, friends, relatives and neighbours of their

houses. After the collection of amount from the children, the school management handed over this amount either cash or cheque/DD on the favour of the organization name. The organization provided a receipt for the collected amount to the school management. Appreciation certificates and prizes were distributed to 3 children who collected the highest amount.

VMM – Abbott 2008-2010

Pediatric Dash Board Programme

VMM is Lead Partner to Home / Community based HIV/AIDS Care and support program funded by Abbott Fund US for Home / Community based HIV / AIDS Care and Support Programme. The purpose of the programme is to mobilize communities to reduce social stigma and discrimination for improving the quality of life of People Living with HIV/AIDS (PLHA), Families and Children affected by AIDS from July 2001 to 2007 with a focus on children. Since 2008 January this programme is being funded by Abbott Fund directly to VMM to support 12 partners.

Objectives of the programme

2008: To improve the quality of life of people living with HIV/AIDS with a child focus in Andhra Pradesh.

2009 and 2010: From January 2009, the focus of this programme has been shifted to comprehensive care for Children living with HIV/AIDS and Positive Pregnant women as a community-based intervention.

- Contribute to diagnosing HIV+ women and children in a context where they can receive care and treatment
- Support programs that provide medical and community care to HIV+ children and their families.
- Prevent transmission of HIV from mothers to their infants
- Identify and enroll HIV+ children into care and/or treatment programs
- Expand access to care/treatment for HIV+ children

Target area

With a network of 12 partners across 8 districts of coastal Andhra Pradesh, India, VMM had developed strategies and relationships with local, district, state, national and international leaders to identify address and monitor the needs of the communities.

Partners:

Sl.No	Name of the Partner NGOs	District
1	Swami Vajaramma Charitable Trust (SVCT)	Srikakulam
2	Lions Family Welfare Planning Trust (LFWPT)	Vizianagaram
3	Nippon care fit service Association	Visakhapatnam
4	Green Vision	Visakhapatnam
5	College community Network centre, DNR College Association,	West Godavari
6	Kolleru Rural Development Service Organization (KRDSO)	West Godavari
7	Vasavya Mahila Mandali Implementation (VMMi),	Krishna
8	NEEDS Serving Society (NEEDS)	Guntur
9	Action for Integrated Rural and Tribal Development Social	Guntur

	Service Society (AIRTDS)	
10	Mahila Mandali	Prakasam
11	Rakshana	Prakasam
12	Serve Train Educate Peoples Society (STEPS)	Chitturu

Participation of the communities is cross cutting. Advocacy played a vital role as the programme is at wrap up, VMM has made efforts to mainstream the initiatives. The reach in the three years towards the core programme areas as follows:

Reach for Three years Indicator wise

#	Indicator	Reach			TOTAL
		2008	2009	2010	
	Medical activities				
1	Number of people living with HIV reached	1601	2444	1201	5246
2	Number of Children living with HIV reached	192	470	236	898
3	Number of children affected by HIV reached	1517	1913	482	3912
4	Number of family members reached	1826	3495	1869	7190
5	Number of Households reached	2003	4556	1058	7617
6	Number of persons received medicines	6111	11361	10892	28364
7	Number of persons referred to Tuberculosis Microscopic testing centers	770	395	282	1447
8	Number of persons referred to public health facility for STI, OI management, general health and institutional care	3016	1468	1128	5612
9	Number of pregnant women referred to PMTCT programme	207	3243	282	3732
10	Number of persons reached through IEC in giving knowledge on PMTCT and related services	0	74344	10982	85326
	Sub Total	17243	103689	28412	149344
	Prevention activities				
11	Number of condoms distributed that are procured from Government	98774	226219	82422	407415
12	Number of condom demonstrations conducted	2722	1072	562	4356
13	Number of Persons knowledge gained on Reproductive Tract Infections, Sexually Transmitted Infections	8855	14200	4269	27324
14	Number of persons referred for HIV testing	3692	5275	3200	12167
15	Number of persons reported HIV positive	1763	395	296	2454

	Sub Total	115806	247161	90749	453716
	Psychosocial support services				
16	Number persons received psychosocial support/adherence counselling	6816	1881	3788	12485
17	Number of community groups formed and strengthened	282	284	249	815
18	Number of persons received emergency support	774	47	0	821
	Sub Total	7872	2212	4037	14121
	Legal Services				
19	Number of persons referred for legal aid	46	124	22	192
20	Number of persons attended for legal education programmes	1351	541	210	2102
	Sub Total	1397	665	232	2294
	Community capacity building and education				
21	Number of children linked to Vocational, formal education and adult literacy	9022	1993	47	11062
22	Knowledge building through study cum recreation centers and village libraries	4587	585	485	5657
	Sub Total	13609	2578	532	16719
	Income generation support				
23	Number of persons received interest free loan provided from revolving fund	186	64	32	282
24	Number of persons referred for income generation activity	72	11	41	124
	Sub Total	258	75	73	406
	Nutrition support services				
25	Number of persons received nutrition support provided through community mobilization	12741	2106	2556	17403
26	Number of women received knowledge on breast feeding practice	5893	7532	1487	14912
	Sub Total	18634	9638	4043	32315
	Orphan and vulnerable children services				
27	Number of children supported in foster care	22	22	0	44
28	Number of orphans placed in institutional care	66	43	49	158
29	Number of orphans placed with extended families / grannies	243	149	78	470
	Sub Total	331	214	127	672
	Capacity building to community people				

30	Number of community volunteers/students trained in home based care	2454	294	200	2948
31	Number of staff trained	742	66	210	1018
32	Number of Medical News Bulletins developed	8	19	0	27
	Sub Total	3204	379	410	3993
	Advocacy initiatives				
33	Number of advocacy meetings conducted with district and state authorities	5	8	32	45
34	Number of advocacy initiatives conducted with Legal cell authorities	2	2	10	14
	Sub Total	7	10	42	59
	Grand Total	178361	366621	128657	671345

Best Practices in the programme:

Mitigate the effects of HIV among CLHA through comprehensive care

The several activities are being done to mitigate the effects of HIV among CLHA through comprehensive care like increasing the accessibility of services at public health sector, by sensitizing the persons working in various departments, promotion of health seeking behaviour among pregnant women through group meetings and mass events conducted in the community with a focus on importance of testing all pregnant women for HIV, promotion of institutional deliveries, increase the accessibility of services of PPTCT, disseminating knowledge on SRH, STI, HIV/AIDS and spacing methods, sterilization, safe sex practices and referral to ART centers for accessing of ARV drugs. All partners of VMM are forming & strengthening of adult support groups, grannies clubs to monitor the adherence levels of CLHA and PLHA on treatment. VMM partners are encouraged to promote kitchen gardens to the PLHA families.

Community Driven Structures by VMM

VMM encouraged the community driven models with the ideas from community to be initiated and strengthened by the network of NGOs that work as community guides and mentor even after exit of the programme. The strengthened support groups worked with the outreach workers in promoting prevention, testing and treatment knowledge among the communities.

Services of Family Doctors for PLHAs:

College community Network Centre (CCNC) is one of the implementing partners of VMM, located at DNR College, Bhimavaram in West Godavari district of Andhra Pradesh. CCNC has designed a Community driven approach of Family Doctors for PLHAs. CCNC team sensitizes the

local RMP Doctors about their need to PLHAs. After that, Doctors are giving their services to the people who are living with HIV/AIDS. PLHAs are being checked once in a week based on health condition and providing psychosocial support to them

TRI (Technical Resource Institute):

Training programme in Andhra University: VMM LP staff conducted a two days training programme for the social work students of Andhra University. VMM gave trainings on Advocacy, Community mobilization, Documentation and Proposal writing.

Training programme in Gayatri College: VMM LP staff conducted a two days training programme for social work students of Gayatri College, Parvatipuram. VMM gave trainings on Documentation, Case studies, Event report, Proposal writing and Accessing of internet.

Star Health Insurance:

Green Vision is one of the implementing partners of VMM, located at Visakhapatnam in Visakhapatnam district of Andhra Pradesh. Green Vision has designed a Community driven approach of Star Health Insurance scheme. Green Vision initiated the Star Health Insurance link up with PSI (Population Service International) and GVMC Greater Visakha Municipal Corporation. Under this insurance scheme some of PLHAs are only eligible. Those are who have above the CD4 count of 350 and living in GVMC areas. Each eligible candidate will pay Rs. 1514/- but they are unable to pay such big amount, due to this reason GVMC and PSI together paid 90% of premium amount to every eligible candidate. In that GVMC paid 50% and PSI paid 40% and remaining 10% paid by the eligible Candidates. This is applicable to one year only but later they will renew their insurance again. Green Vision registered 35 Positives under Star Health Insurance. Under this scheme they provide treatment for OI at selected corporate hospitals in Visakhapatnam. They give accommodation two positives as per requirement of the patient while taken the OI treatment at Hospitals within the cost limit of 15000/-. If any PLHA died during the insurance period, they will pay Rs 30000/- to his or her family.

Child safety nets (CSN):

VMM implementation has made an innovative strategy of community owning the programme by developing child safety nets at community level. The concept of CSN is for targeted children who were taking care by the adult support group members living in the same area when their parents of the children went to work. By doing this the children will be observed by the adult support group members. It develops "we feeling" in the community and reduced the risk behavior of the children.

Medical news bulletins (Arogya deepika): VMM has developed 18 monthly e-news bulletin on medical issues is being disseminated to NGOs and they disseminated to local doctors. The

objective of the activity is to disseminate the right information across all operational areas. VMM has develop news letters on community sensitization, the impact of HIV on the family, treatment update, breast feeding guidelines of WHO etc.,. The same was also developed in local language to reach the news to communities.

Conclusion: The support Abbott Fund has shown a difference in the lives of thousands of communities in Andhra Pradesh. Especially the women and children in vulnerability have continued their life with honour and dignity by mitigating the impact of HIV and AIDS.