

Early detection during pregnancy, saving lives: active case follow up leading to prevention of vertical transmission Ahana project in 14 states of India

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Background

India has one of the largest public health infrastructure, offering primary health care at the last mile till the village level. However, HIV service access was not available beyond district headquarters apart from few historically HIV high prevalent states. Ahana project funded by The Global Fund launched during October, 2015 and phase –II initiated during January 2018 to complement the Govt. of India Initiative to attain EMTCT through a community based service delivery approach in 357 districts of 14 states of India with an estimated 16 million annual pregnancy load. Ahana project funded by The Global fund is complementing National PMTCT programme by upscaling community level HIV testing of pregnant women, facilitating early linkages to treatment, providing care and support to HIV positive pregnant women and HIV exposed children through a first 1000 day ECCD approach.

Community led Single Window Care and Support

- ANC care (Institutional delivery, Family planning, Breast feeding, Family counselling)
- Initiation of ART and treatment retention, trackback if LFU
- Coinfection management – diagnosis and treatment (TB, Hepatitis, Syphilis)
- Linkage with locally available social welfare schemes and livelihood support services
- Coordination and networking with PLHIV network
- EID testing, Immunization and follow up till 18 months for confirmatory testing

Family Planning

Immunization

RKSK

With service expanded till the peripheral level and with introduction of community based screening the HIV testing access increased manifold. More than 40 thousand peripheral health workers were trained to carry out finger prick test at the village level under the project. This resulted in increase in HIV testing among pregnant women from 36% in 2015-16 to 54.7% during 2017-18 and to 77% during period of December, 20 with an increase in the HIV testing service access. With increased testing the identification of HIV positive pregnant women increased and in the year 2020, Four thousand three hundred HIV positive pregnant women were identified and linked to ART treatment services with a total of twelve thousand HIV positive pregnant women identified and linked to ART treatment during the project period. Out of the total PPW registered under the project around sixty five percent of the PPWs were identified as the newly identified and rest 35% were already known cases, however with only 30 percent getting identified and registered during 1st trimester of the pregnancy. More than ninety two percent of the deliveries were ensured in institution set up. Eight thousand five hundred HIV exposed infants have received EID testing within 2 months, during the project period.

Conclusions

Early detection, linkage to treatment and continuous follow-up with care and support services remained as the key to successfully preventing the transmission from mother to child. Home based care and support delivered through a convergent model service delivery including immunization, nutrition and other primary health care services could successfully prevent the vertical transmission among six thousand HIV exposed babies.

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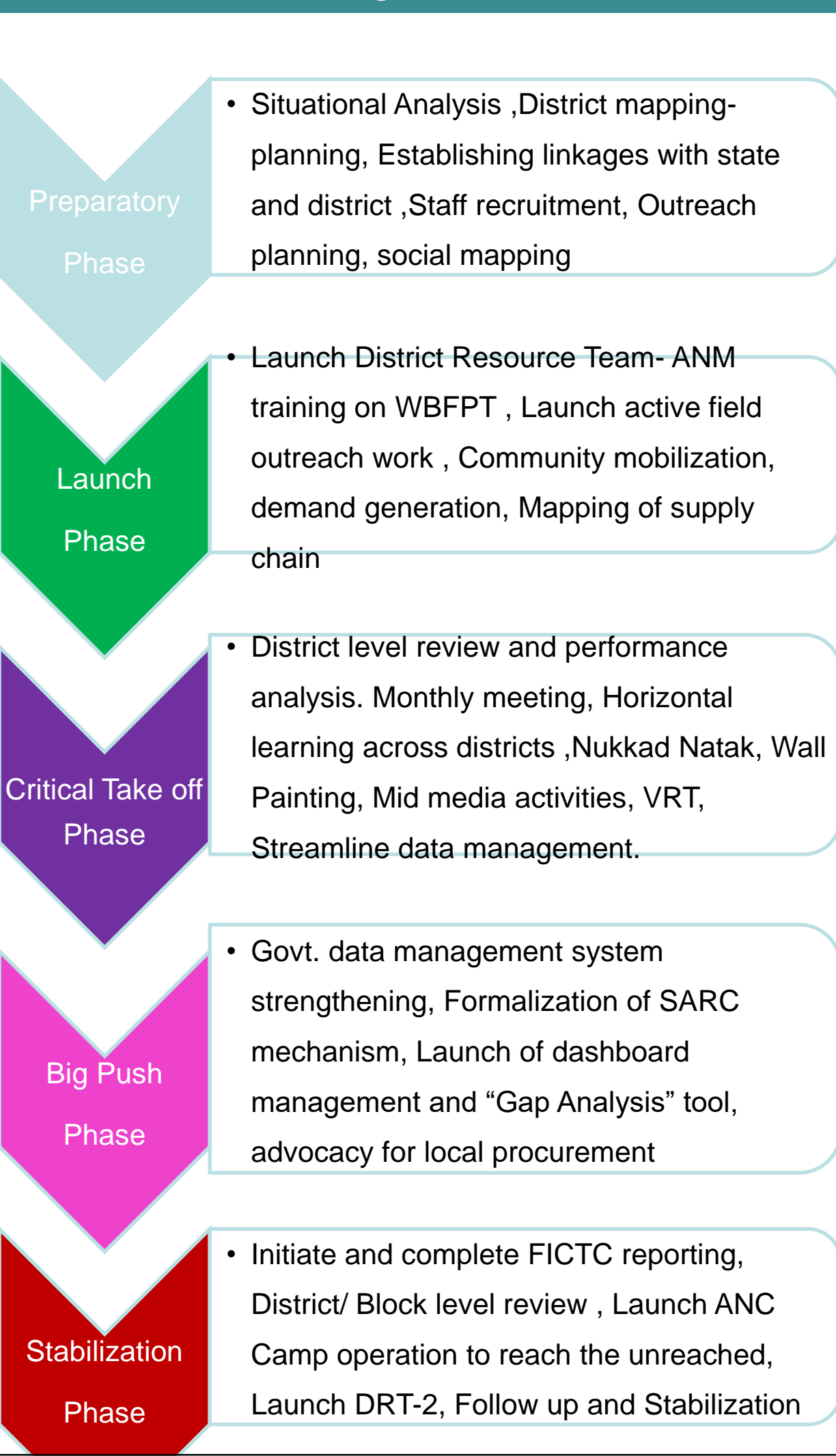


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“At grassroots level, i.e. the sub-centre level where ANC registrations are being done, the ORW and the DO help To mobilize pregnant women for check-ups and screening, and take the person reactive to the testing centres for confirmation.” – PPTCT In charge, SACS



“HIV testing kits for PW is available in sufficient numbers in the testing centre. Earlier the situation was very poor in terms of availability of the kits, and as a result PW were not tested. Now they do not have to be worried about testing. All PW are tested for HIV during ANC check-up.” – ANM from Jharkhand