

## PROJECT PROPOSAL

**Title:** Educational and care to Women and Child To Prevent Mother(Parent) To Child Transmission Of HIV/AIDS ( PPTCT)

### Objectives :

#### Long term

- Improve health of mother and child
- To reduce mother to child HIV transmission from 30-35% to 5-10% or less by 2010

#### Short term

- Identify pregnant women and promote institutional care at antenatal(during pregnancy), delivery and post natal(post delivery) centers and child care.
- Identify pregnant women with HIV and promote institutional care to prevent parent to child transmission
- Counseling on breast feeding and nutrition
- Follow-up with hospital staff and ANC for Nevirapine before delivery and to new born after the delivery to positive ANC
- Follow-up positive mother and baby till 18<sup>th</sup> month for testing of Baby
- Support to People living with HIV PLHIV.
- Awareness in community on women & child health and HIV care

**Implementing organization:** Ojus Medical Institute

#### Target Area:

S N	Location of the project	Target population (Wards of Mumbai)*
1	J.J. Hospital, Byculla, Mumbai	D Ward
2	V.N Desai Municipal Hospital, Bandra(E)	H East Ward
3	Urban Health Hospital Bandra East	H East Ward
4	Bhabha Hospital Bandra	H West Ward

**Sponsorship :** Mr Vijay Patel's sponsorship of \$2500 will help operate one of the 4 ,mother and child educational project at the J J Hospital,Mumbai. Sir J J Hospital is the biggest hospital of Govt of Maharashtra located in Byculla in South Mumbai .The hospital is the nodal center of medical care for the state of Maharashtra and is of national recognition.The project center will be located in the Obstetric and Gynecology-Pediatric department of J J Hospital. MDACS(Mumbai District AIDS Society which is Govt of India's National AIDS Control Organisation's center for Mumbai

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**Registration details:** E- 19917 with Mumbai Charity Commissioner

**Permanent FCRA:** 083781062 dt 5<sup>th</sup> June 2006

**80G:** I.T. ( Exemption / MC/ 80-G/ 174/ 2006/ 07 dt 12/10/2006 valid upto 31/3/2009)

**PAN -** AAATO 0521E

**Contact Persons:** Dr Asavari Herwadkar, Director

Dr Pradnya Talawadkar, Manager

### **ABOUT OJUS MEDICAL INSTITUTE:**

Ojus Medical Institute (OMI) began its work in 1999 with an objective to establish an institute of excellence in medical care, education and research to improve the quality of health and life of people in India. It was registered as a trust in 2002. It integrates medical care, education, research and development to create a holistic approach to need-based health projects, ranging from charitable clinics in urban areas to rural programs for adivasi(tribal) population.

Existing projects operating under OMI are :

#### **A. Rural projects** in remote districts of Nashik in Maharashtra for Adivasi(Tribal) population

- SRDP Health and education especially women and children for tribal population in remote parts of Nashik district in Maharashtra with Savitri Waney Charitable Trust UK
- Jalaswaraj Project on Health and Sanitation with Govt of Maharashtra
- DRDA Microfinance project with Govt of Maharashtra

#### **B. Urban**

- Krishnarpanam: This is a project on HIV prevention, care and support. The project includes HIV awareness in slums for youth and high risk population to over 4 lakh population. HIV Testing and counseling  
Treatment for PLHIV for opportunistic infections  
Social, emergency and nutritional support .  
Baby food sponsorship to prevent mother to child HIV transmission through breast milk.
- Damini women's project with Concern India foundation on empowerment through vocational training awareness in health and social issues, banking and micro finance.
- Project of Balwadis (nurseries for children) with Municipal corporation
- Computer classes for underprivileged children
- Mental health project for juvenile delinquency home .
- National and international work on interfaith response to HIV. The trust is the national coordinator for Asian Interfaith Work on HIV and AIDS.

And other projects

### **BACKGROUND AND RATIONALE :**

Women and children constitute nearly 60 % of the general population. Though sufficient health services exist in urban areas like Mumbai, women and children are insufficiently accessing the services provided by BMC and Governmental institutions. eg women reach hospital only at delivery and rarely take prenatal or post natal care. In such circumstances it becomes necessary to reach out to these women and their families in the community to emphasize the need of women and child health to prevent maternal and child morbidity and mortality, malnutrition and prevention of mother to child HIV transmission

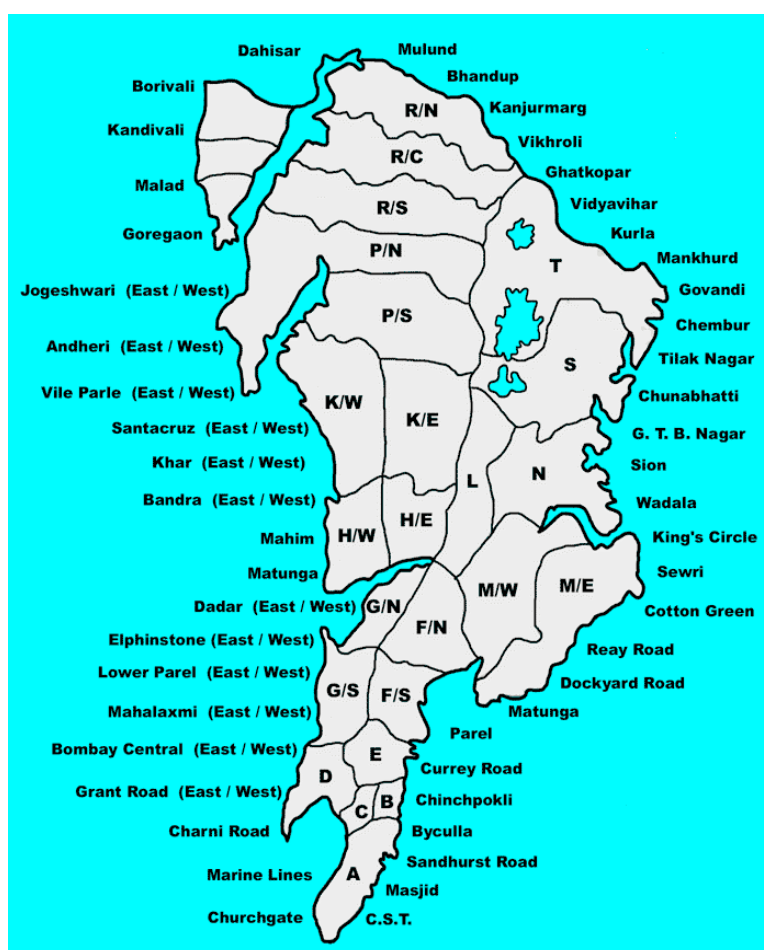
One of the tragic consequences of the HIV/AIDS pandemic is mother-to-child transmission of HIV. Mother to child transmission is when an HIV positive woman passes the virus to her baby. It is the primary means by which young children become infected with HIV-1. Mother to child transmission of HIV can occur during pregnancy, during labor and delivery, and after birth through breast feeding. Approximately 15-40% of children born to HIV positive mothers become infected. Without treatment, around 15-30% of babies born to HIV-positive women will become infected with HIV during pregnancy and delivery. A further 10-20% will become infected through breastfeeding. Current evidence suggests that most of maternal-infant HIV transmission occurs late in pregnancy or during labor and delivery. HIV-1 transmission from an infected mother to her baby is estimated to be 21-43% in the less developed countries, with more than half of the transmission probably occurring late in pregnancy or during labor and delivery.

In India, there are 27 million pregnancies per year. Out of these, 162000 pregnancies are infected with HIV. That means the transmission of HIV from mother to child is 30-35%

### **PROJECT PLAN :**

Ojus Medical Institute's women and child project team at each hospital will consist of counselor at the hospital, coordinator to overlook the project and volunteers in the field-slums. The work of this project is mainly field work and partly counseling on consulting/OPD days. The field team will identify pregnant women in the slums of HE, HW, D and KE Wards in Mumbai, educate them and their families on importance of health of mother and child and refer them to the government hospital for treatment and care. Besides hospital care, the women and her family will be educated by the volunteers of prenatal, delivery, post natal care, prevention of malnutrition and HIV virus, at their homes in the slums. Counselors of OMI will provide additional counseling to the pregnant woman and her family at the hospital. All pregnant women will be followed up by OMI for 6 months. Women who are HIV positive will be followed up for 18 months post delivery so that they take treatment to prevent transmission of HIV virus to her child. Women with HIV will also be guided on breast feeding as breast milk can transmit HIV virus to the baby. HIV positive women who are capable, can observe hygiene, and have family support will be provided infant formula through Omi sponsorship. Babies of such mother will also be tested for HIV. In additional medical camps and street plays will be conducted in the slums to create awareness on women and child health in the slums.

**The sponsorship of this program will be a public-private partnership sponsorship where 80% will be sponsored by the government of Maharashtra and 20% by the NGO.**



3	In field	
N	<ul style="list-style-type: none"> <li>• Identification of pregnant women in the community</li> </ul>	Developing rapport with networking with community stakeholders to make them realize the importance of RCH
1	<b>Activity</b> Preparation of the project <ul style="list-style-type: none"> <li>• Counseling and encouraging pregnant women to institutional delivery post natal and child care (Refresher Courses)</li> <li>• Encouraging and counseling HIV positive women to take continued medical care and for prevention of HIV transmission to the child</li> </ul>	<b>Strategy</b> The team of pptct will be trained in RCH and HIV (by FPAT) so that they realize the importance of early detection of pregnant women, institutional delivery and followup in helping prevention of mother to child transmission. Conducting programs and distribution of leaflets etc eg medical camps etc on RCH and HIV to develop trust with the community. Secondary mapping details will be collected from the govt offices of BMC and state govt and updated by the team to have an effective implantation of community work.
2	<ul style="list-style-type: none"> <li>• Follow up of post delivery cases</li> <li>• At OPD</li> <li>• Followup of HIV positive mothers and the child for 18 months</li> <li>• Counseling</li> <li>• Pre and post test counseling</li> <li>• Medical and social referral and support services</li> <li>• Nutritional and infant care counseling</li> <li>• Social support and referral</li> <li>• Advocacy and networking with community stake holders</li> <li>• Networking with the hospital staff</li> <li>• Support group meeting</li> <li>• Conduction medical camps, street plays, Review meetings with the team</li> <li>• Films etc on Reproductive &amp; Child Health (RCH) and HIV.</li> <li>• Documentation and reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Home visits</li> <li>• To be married couples and newly married couples</li> <li>• For better follow-up of pregnant women, HIV positive women and child services develop strong community programs etc</li> <li>• Data from anganwadis</li> <li>• Data from the hospital and local health post.</li> <li>• Documentation and report will help review the impact of the project</li> <li>• Linkage with VCTC and Paalvi centers</li> <li>• Identification of women and families at risk of HIV</li> </ul>
3	In field <ul style="list-style-type: none"> <li>• Distribution of leaflets of MDACS RCH</li> <li>• Identification of pregnant women in the community</li> <li>• Counseling and encouraging pregnant</li> </ul>	Developing rapport with networking with community stakeholders to make them realize the importance of RCH-HIV and identification of pregnant women.

**Time plan**

SNo	Activities	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<b>1</b>	<b>Background work</b>												
1.1	Staff appointment	√	√	√									
1.2	Orientation program	√	√	√									
1.3	Capacity building training		√	√		√			√			√	
1.4	Mapping	√	√	√									
<b>2</b>	<b>At OPD</b>												
2.1	Counseling	√	√	√	√	√	√	√	√	√	√	√	√
2.2	Networking with hospital	√	√	√	√	√	√	√	√	√	√	√	√
2.3	Support group meeting		√	√	√	√	√	√	√	√	√	√	√
2.4	Review meetings	√	√	√	√	√	√	√	√	√	√	√	√
2.5	Documentation and reporting	√	√	√	√	√	√	√	√	√	√	√	√
<b>3</b>	<b>In field</b>												
3.1	Identification of pregnant women		√	√	√	√	√	√	√	√	√	√	√
3.2	Counseling and encouragement early institutional Regis		√	√	√	√	√	√	√	√	√	√	√
3.3	Identification of HIV positive women		√	√	√	√	√	√	√	√	√	√	√
3.4	Follow-ups of pregnant women		√	√	√	√	√	√	√	√	√	√	√
3.5	Follow up of HIV +women and children for 18 months		√	√	√	√	√	√	√	√	√	√	√
3.6	Referral and social support		√	√	√	√	√	√	√	√	√	√	√
3.7	Awareness programs through Camps, street plays etc		√	√	√	√	√	√	√	√	√	√	√
3.8	Distribution of leaflets		√	√	√	√	√	√	√	√	√	√	√
3.9	Networking with field stake holders		√	√	√	√	√	√	√	√	√	√	√

**Impact**

- Education of Pregnant Women, will increase their access to medical care at institutions and hospital thus reducing maternal and child mortality
- Prenatal and post natal care will ensure reduction in malnutrition cases of children
- Treatment of HIV positive mothers will reduce transmission of HIV to the child
- Slum Communities and families will get educated on mother and child health and HIV

### BUDGET :

#### Budget

S.N	Details of how the sponsorship given by Mr Vijay Patel will be utilized for J J Hospital mother and child project annually	in Rs.(\$)
1	The honorariums given for counselors coordinators and supervisor is insufficient by MDACS(Govt) .The sponsorship from Mr Vijay Patel will help us fill this gap.	<b>38,000 (\$950)</b>
2	Nutritional support for pregnant women	12,000(\$300)
3	Travel and communication cost	25,000 (\$625)
4	Office expense –educational leaflets, street plays, medical camps etc	25,000(\$625)
	<b>Total</b>	\$2500