

Executive Summary

HIV/AIDS in India has emerged as a major socio economic health problem. Though the country has a low prevalence (<1%) still the affected numbers are very large due to the huge population. Multi pronged intervention strategies have been launched under the National AIDS Control Program with central Government (NACO), State governments (SACS) playing a synergistic role along with many international and national level NGOs. One of the focus areas which has been identified under NACP II and continued under NACP III is Prevention of Parent to Child Transmission of HIV/AIDS (PPTCT). The program launched along the international guidelines has not been able to reach the desired levels of UNGASS goals and is likely to miss the deadlines.

Clinton Foundation HIV/AIDS Initiative (CHAI) in India working together with Government of India has proposed to support government's effort in strengthening PPTCT services and achieve universal coverage by scaling up of PPTCT services throughout India. To begin with, the project is proposed to be implemented at the district level in four high prevalence and highly vulnerable states of Maharashtra, Karnataka, Madhya Pradesh and Rajasthan covering fifteen districts to achieve 100% parent baby coverage within three years in a phasic approach.

As the Phase I of the project aims to strengthen linkages and referral systems of the existing structures and systems, build capacity of PPTCT centers to deliver high quality services, enhance the means of identifying pregnant women for testing, care and treatment and determine best model for scale up, it was desired that a baseline study be initiated to understand the present level of PPTCT services being rendered in the targeted districts.

ASTRON hospital and health care consultants has been tasked with the responsibility of undertaking this study in all the four states. The study was initiated on 1st December 2007 to coincide with the World AIDS Day. The present report deals with the state of Rajasthan, a low prevalence state with high vulnerability to HIV/AIDS. In line with the overall program design three identified districts (Ajmer, Ganganagar and Jhalawar) were taken up for the study. The study was planned to include a broad band width so as to include the responses from the community and the stakeholders. A total of 2700 respondents were individually interviewed at the community level. This included adolescent girls, pregnant women and women of the reproductive age group. In addition, focused group discussions were held with 120 men and women. The information so gathered was further corroborated by informal discussions with 72

community representatives which included teachers, anganwari workers, auxiliary nurse midwives, ASHA, panchayati raj members and NGO groups.

The study was undertaken by a field force under the supervision of the public health experts of ASTRON team over a period of about three weeks by camping and physically visiting thirty households each in all the ninety villages selected. The study was conducted based upon the standardized questionnaires prepared by a team of experts from ASTRON supported by senior specialists drawn from Maulana Azad Medical College, National Institute of Health and Family welfare and former Director of Institute of statistics. The questionnaire so developed was field tested, reviewed and approved by representatives of Clinton Foundation before being translated into the local language. The field force was trained in a formal training program conducted at Center for Population Studies, Udaipur University, Udaipur and for better understanding of the local factors a state level coordinator from Udaipur university was appointed.

The data collected from all the above sources has been compiled and analyzed using SPSS package. The relevant findings have been compiled at each subgroup level. The issues having significant influence across the state are as follows:

- v Socio economically, a large number of respondents fall in low income groups and BPL category with literacy levels being quite low. However, an encouraging trend towards literacy is being observed in adolescents and younger groups of women in reproductive age groups.
- v There is a definite variation between the urban and rural population and areas with tribal population when the levels of awareness, health seeking behavior and utilization of public/private services are observed.
- v The mass media campaigns are yet to reach the awareness levels on STDs and HIV/AIDS of a significant population. Even those who are aware do not appear to have correct knowledge. But there are few myths and misconceptions.
- v The awareness about PPTCT services is dismally low. Very few people know about such a program but they hardly know about the existence of PPTCT centers and services available in these centers.
- v Television, friends and family have emerged as the major source of information. Print media and medical fraternity (doctor, nurse and paramedical workers) have failed to make any dent at the grass root levels however contributions of ANM and AWW have been significant.
- v Some of the encouraging trends coming from community were
 - § A strong opinion against child marriage and early motherhood.
 - § Preference for institutional delivery for HIV positive mothers.
 - § Opinion that all pregnant women should opt for HIV testing

These strong opinions voiced across the women groups interviewed needs to be taken as building blocks for strategizing future programs aimed at universal coverage. The practice of home delivery is still prevalent particularly in the rural and semi urban sectors but the reasons for not opting for institutional delivery remain quite frivolous. Non availability of transport facilities has been voiced as a major stumbling block by all stakeholders. Organizing transport facility can be a singular factor which can make a major difference in compliances related to regular ANC and institutional delivery. These compliances can further be strengthened by focused awareness campaigns for the family members and beneficiaries. Addressing the cultural barriers would also be of great help.

An Important finding in the field has been the increase in institutional deliveries after the initiation of Janani Suraksha Yojana(JSY) scheme. As the PPTCT services and JSY scheme both have similar objectives deliverables, areas and target population, an integration of both these programme could be ideal for achieving universal coverage. Capacity building of the existing battery of grass-root workers (ANM, ASHA & AWW) who are already involved in providing antenatal services will be a positive step towards achieving universal coverage by suitably raising the awareness of the women & men and motivating them to access the available services.

Public health facilities are perceived as the centers of choice by most of the respondents from the rural sector; however trend towards private healthcare institutions appears to be slowly and steadily building up in the urbanized society.

As we critically review the issues highlighted along with many other contributory factors one can easily draw an inference that the community response for moving forward in participating in well designed community centric programs is very high. The strategists need to review and restructure the action plan based upon ground realities to achieve maximal participation, in the meanwhile due attention will need to be paid to the existing facilities in terms of infrastructure, supplies and capacity building to generate confidence within the beneficiaries to come forward. Simultaneously, there is a need to bring in empowerment of the beneficiaries too in terms of awareness, accessibility and support from the family, society and medical community.

All these measures launched and adopted simultaneously can become the stepping stones and building blocks for attaining the desired goal of universal coverage.