



State Level Dissemination meeting on USG funded PEPFAR Projects (Jyoti & Samastha)

LEPRA India and Andhra Pradesh state AIDS Control Society (APSACS) jointly organized State Level Dissemination meeting on Tuesday the 25th October 2011 at Hotel Moksh, Hyderabad to share the accomplishments and successes of implementation of the United States Presidents Emergency Plan for AIDS Relief (PEPFAR) funded projects.

The following dignitaries participated in the program;

Ms. Katherine Dhanani US Consul General, Hyderabad.
Ms. Meena Gupta IAS, Chairman, LEPRA India
Smt. Lakshmi Durga, Director Community Managed & Health & Nutrition Intervention - Society for Elimination of Rural Poverty-Indira Kranthi Padham
Dr. Ranganadha Rao, Chief Executive Officer LEPRA India
Dr. Reynold Washington, Chief of Party, Karnataka Health Promotion Trust (KHPT),
Mr. Anand Rudra, Project Management Specialist USAID India.
Ms. Srilatha Sivalenka – Scientific affairs specialist – CDC.
Mr. Bhushan, Representative from Telugu Network for People living with HIV (TNP+)

Participants: Community members, beneficiaries, stakeholders from NGOs, INGOs and academic institutions

Brief of the Jyoti and Samastha Projects:

1. LEPRA India-Jyoti Project :

LEPRA India-Jyoti Project is funded by CDC/GAP-India for the period 2005-2011. It is implementing the following interventions

1.1 Mainstreaming HIV Prevention with SERP-IKP Intervention:

The women in the Self Help groups at village level are trained on HIV/AIDS/STI, sex determination of foetus, personal Hygiene and other technical issues. Under the intervention so far 434,246 women have been trained through 3244 master trainers who were trained by Jyoti Project. The trained women are aware about HIV/AIDS/STI. They are able to share information with their spouse and peers. Women are able to access the services of existing service centres-Integrated Counseling and Testing Centre for HIV test, treatment for sexually transmitted infections and ART centre etc.

1.2 Positive Prevention Tool Kit Training (PPTK):

PPTK is unique and focussed to counsel the PLHIV on various issues. The peer counselors of the TNP+ are trained on the PPTK. A total of 210 peer counselors are trained on PPTK. The trained peer counselors who are placed in Drop in centres across the 23 districts of Andhra Pradesh have counselled 47,112 PLHIV in the past year using PPTK on various Psychosocial and Health issues. PPTK intervention is replicated in Karnataka through Karnataka Health Promotion Trust.

1.3 Mobile Counseling and Testing Intervention:

Mobile counseling and testing intervention is a unique and pilot model working on par with National AIDS Control Organization (NACO) guidelines. It is operated in East Godavari District in collaboration with APSACS. It provides HIV counseling and testing services to the communities in the remote areas and tribal area in the district and also creates awareness on HIV/AIDS/STI. Since 2006 year a total of 23,377 clients have availed HIV test services on the mobile van. It works in close coordination with NGOs, CBOs and District AIDS Prevention and Control Unit.

2. Samastha AP Project:

SAMASTHA-AP is a Community Based Care, Treatment and Support Project being implemented in 5 coastal districts (Krishna, Guntur, Prakasam, and East & West Godavari) of Andhra Pradesh with the support from Karnataka Health Promotion Trust/University of Manitoba/Unites States Agency for International Development in coordination with Andhra Pradesh State AIDS Control Society. LEpra India is working with 4 Community Care Centres, 9 Drop In Centres and Telugu Network of Positive People in 19 Mandals of 5 districts. LEpra provides techno and managerial support to CCCs & DICs to ensure quality comprehensive, competent and compassionate care services to People living with HIV/AIDS, Orphan and Vulnerable Children. 5907 PLHIV & 1678 OVC are registered with project.

The major success of Samastha project is 1) Reduced death rates from 21% to 2% and improved the quality of life of PLHIV through IMAI Team training and clinical mentorship 2) Micro planning tools and prioritization which has decreased loss to follow-up, increased referrals to service points and improved overall quality of life of PLHIV & OVC 3) Infection Prevention training which has resulted in facility level positive changes 4) Computerized Management Information System which has helped track patients and helped for program evaluation and further planning 5) Providing comprehensive care, in terms of social linkages and leveraging providing livelihood options for the most needy population 6) On going supportive supervision to the staff of Community Care Centres and Drop In Centre to provide quality care to PLHIV and OVC.

For further information, contact:

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