Making comprehensive care for HIV a reality in Indian slums

Bhavishya is a Sanskrit word that means "looking towards the future". With the Bhavishya programme, we strive to improve the health and wellbeing of women, children, and families affected by HIV, tuberculosis and poverty in Pune - the largest city in Maharashtra state after Mumbai. Using an integrated model of clinic- and community-based HIV care and economic empowerment, we support Keep a Child Alive to reduce the vulnerability of people living with HIV - one of the most serious public health problems in the country - and to increase their access to quality HIV-related health services.

**DURATION:** 2013-2016  
**CHALLENGE:** Access to Basic Services  
**COUNTRY:** India  
**PARTNER:** Keep a Child Alive

**CONTEXT**

In India, over 2 million people between 15 and 49 years old live with HIV, making the epidemic one of the most serious public health problems in the country. Even with a well-structured national strategy to halt and reverse HIV prevalence, the reach of services encounters many difficulties in a country the size of India, where the most affected communities can additionally suffer extreme marginalization. Decentralizing responsibility for prevention and care, support and treatment is a key challenge. Keep a Child Alive’s programme addresses the comprehensive needs of people living with HIV, tuberculosis and poverty and their families in Pune, the second largest city in Maharashtra after Mumbai, and in particular in the underserved slums of Yerwada.

**ACTION**

The Bhavishya programme works with three local partners to increase access to quality HIV-related health services, reduce the vulnerability of people living with HIV and create and
disseminate a model of comprehensive, clinic- and community-based HIV care. This innovative program recognises that we must ease the daily struggles of living in poverty and the social isolation caused by HIV stigma to ensure that women and children living with HIV not only access and stay in care but also consistently take life-saving medications for life.

Activities include:

- Inpatient and outpatient clinical services, psychological, psychiatric and nutritional assistance, outreach, counselling, advocacy and accompaniment through the government HIV and Tuberculosis programmes. Two clinics in the Wagholi area and in the Yerwada slums provide comprehensive HIV care and support to people living with HIV and their families, including home visits, family testing and food supplies for the most vulnerable.
- Pediatric and adolescent HIV care and support are provided by a team of doctors to complement the services offered by the two Bhavishya clinics.
- Women and adolescents living with HIV in the areas participate in local self-help groups where they receive vocational and job skills training courses (computer skills, mobile phone repairs and sewing), and gain access to small loans to start small businesses and improve their economic independence.

EXPECTED RESULTS

- High quality inpatient care is provided to 600 individuals living with HIV in the Sahara Aalhad Care Home
- High quality outpatient care and follow-up is provided to 2,000 individuals living with HIV through the Sahara Aalhad Care Home.
- Outreach HIV clinical care and support is provided for 600 women and adolescents living with HIV in particular in the Yerwada slums.
- 70 federated self-help groups are established in Pune.
- Vocational and job skills training, as well as microenterprise start-up support are organised for 2,000 women and adolescents living with HIV.
- Peer support networks and programmes are established for adolescents living with HIV.
- Linkages are created between vulnerable families in Pune (and in Yerwada in particular) and Government schemes for accessing HIV testing, care and treatment and other social services.
- The integrated Bhavishya model is fully designed, implemented, assessed and documented for replication at local, state, national and international level.

LONG-TERM STRATEGY

Keep a Child Alive designed the Bhavishya programme to provide a comprehensive and replicable model of clinic- and community-based HIV care. A detailed advocacy plan has been set up to share and disseminate the model at local, state, national and international level.