I. Project Title: “NEW HOPE”
II. Proponent(s): **Home based care and Support program**
III. Initial Target Beneficiaries: 50 children (Children living with HIV/AIDS)
IV. Location: Vijayawada, Gannavaram, Bapulapadu mandalam, Krishna District, Andhra Pradesh, India

V. Background/Rationale:
HIV infection in the state of Andhra Pradesh is high and its prevalence is high among the Commercial sex workers, truck drivers, migratory population etc. 92.5% of the infections is through hetero sexual transmission, 92% infections are in the age group of 15-49 years. HIV prevalence in STD clinic attendees is 22.8%. About 30% of the children born to infected parents are HIV positive. Our organization Vision for Asia has been doing awareness programs on HIV/ AIDS in schools, colleges, slums, among truck drivers and villages of Prakasam and Krishna districts. We are taking care of 15 orphans and semi orphans in the orphanage who are normal and HIV non-reactive. Most of the children parents died of AIDS. The orphanage is situated in Ampapuram, Near Telaprolu ,Bapulapadu mandal, Krishna District. A.P India.

VI. Organization Details:
Name of the organization:
VISION FOR ASIA
Administrative office Address:
: H No: 28-12, SP Nagar Yenamalakuduru Vijayawada
: Krishna District, Andhra Pradesh, 523001: INDIA

a) Registration number : 407/2000
b) Place of registration : Ongole, Prakasam District
c) Date of registration : 21-08-2000
AREAS OF OPERATION : Krishna district
Contact Person and Chief Functionary: K. Isaac Prajeev. MSc (Bio-Tech)
Mobile and email address: Cell: +91-9885640435
: Email: isaacvfa@gmail.com

Association was registered under Foreign contribution regulation Act FCR Act on
: Feb 19\textsuperscript{th} 2009
\textit{Registered under FCR Act 1976 No: 010260310}

5. PAN Number : AAAAA2236Q

VII. Project Description:

**Target area:** Children living with HIV AIDS from Vijayawada, Bapulapadu, Unguturu and Gannavaram Mandalams of Krishna District, Andhra Pradesh State, India, where truck drivers and auto rickshaw drivers and motor field exists. The prevalence of HIV/AIDS is more among adults and children born to the infected parents.

**Target Group:** Children living with HIV/AIDS boys and girls (4 to 15 years)

**Present situation:** HIV infection rate has been increasing in the adult population until 2006 in the state of Andhra Pradesh, India. The children born to the HIV infected mothers are also infected by mother to child transmission. The Government has not taken necessary measures to prevent transmission from Mother to child until 2006 as a result many children born to the infected mothers have been infected. There are no care and support centers for the infected children and no place for them in the orphanages and short stay homes as they don’t have proper medical facilities. Many Children are dying at an early age due to lack of proper nutrtional and Psychological support. There is no medical support for the Opportunistic infections. Children from families below poverty line are susceptible to infections due to lack of resistance in their bodies due to mal nutrition. Proper nutrition, Nutritional supplements, Multivitamins play an important role to boost the immune system that creates resistance against infections and there by the individuals are less prone to opportunistic infections.

**Needs assessment:** We have identified 20 HIV infected children who are in desperate need. Some children lost both the parents due to AIDS and staying with grandparents. Few are staying with infected mothers. All these children have below normal growth when compared with their age. Pulmonary Pneumonia and Tuberculosis are the most common diseases these children suffer. Other symptoms like skin allergies caused due to vitamin deficiency and lack of resistance to common cold and influenza, Skin problems, Nausea, lack of appetite, general weakness. Most of the problems are the result of lack of Proper nutritional food and vitamin deficiency. Children living with HIV/AIDS are staying with single parents or at their grandparents. Due to economical condition at their home they are not able to get good nutrition and care from the guardians. Hence they suffer from infections and weakness with no psychological support. Some children face discrimination and isolation in the society as the public is afraid that HIV is infectious. By this they are unable to go to school on a regular basis and some children don’t go to school at all. Though the government has launched a free antiretroviral therapy for those whose CD4 count is below 350 many are unable to travel to the hospital and get tested and followed up due to lack of finances to travel, lack of assistance to travel, not aware of the importance of regular health check up and follow up.

VIII. STAFF STRUCTURE

A) **Program Coordinator:** A Program coordinator is the main person who leads the project. He is responsible to oversee the entire work and check with the outreach worker and HIV children. He will be responsible to collect the reports from the Outreach worker, send the monthly reports to BP. Responsible for maintaining all the health records and files of the children, update the blog on a regular basis, report to the sponsors and conduct the monthly nutritional program and the doctors screening of every child. He will be in good communication with BP head office. Foresee the needs.
B) **Outreach worker:** An outreach worker is appointed who is also HIV positive and can understand the needs of the HIV children. She will be visiting the children every week by checking their progress every week checking the intake of ART medicines, regular medicines etc. She will teach about health and hygiene to the child also to the caregivers on regular basis, find their needs, observes any physical changes of deterioration and immediately refers to the nearest doctor. He / She will be travelling along with the child to the hospital, testing center or any referral center for treatment. A monthly progress report is submitted to the office by him/ Her about each child progress and needs.

IX. **The following services will be provided by project New Hope:**

a) **MONTHLY NUTRITIONAL SUPPORT:**
Nutrition that will assist a child for a month will be provided to all the HIV children every month. This includes 5 kilos of rice, 1 liter cooking oil, 1 kilo dal, 1 kilo Ragi flour, Peanuts, Jaggury, Beans, 1 Paediasure 800 gms, medicated bath soap, tooth paste, shampoo, detergent etc.

b) **ADVOCACY:**
Moral and legal issues of the HIV Children will be dealt if the child will not have acceptance in the school or public places. Necessary action will be initiated by the Program Coordinator to explain to the school management or the public that HIV is not infectious and the child can study in school and can be taken into work when they turn into adults. This approach would be affordable and convincing so that the relationship between the school management and public would not be damaged.

c) **MEDICAL CHECK UP AND AID:**
Each child will go through screening during the outreach work and are referred to government or Private hospital based on the opportunistic infections they have. Likewise Infections will be identified in the early stage and the children get immediate treatment. Counseling and Medical examination will be done for each child and diagnosed. The provision is made in the budget to take the child to private hospital (pediatrician) and have treatment for various opportunistic infections noticed during the weekly field visit by the outreach worker.
Those who have low haemoglobin levels will be given Hematoglobin syrups, Multivitamins. Medicines will be provided to the children who are in need. A provision for this medical support is made in the budget.
A separate medical file is maintained for each child who has all medical history records that will help the doctor as well as child.

d) **LINKAGE AND REFERAL SERVICES:**
Children with symptoms like serious opportunistic infections, terminally ill will be referred to the nearest Government / Private Hospitals for further treatment. CD4 tests for the child are done every 6 months to see the status. Children with less than 350 counts will be enrolled into the ART program. The government has given free access to children for ART medicine.
Children who are suffering from Tuberculosis are attached to the Revised National Tuberculosis Program (RNTCP) for a DOTS treatment. A follow up will be done by the Outreach worker for those children enrolled in ART program.
e) **EDUCATIONAL SUPPORT:**
Every HIV child is enrolled in a nearby government school or a private school to continue their studies, dropouts that are not going to school will also be joined in the school and enrolled into the class he/ or she is fit based upon the age and knowledge. Books, school bags and all stationary, materials that help the child to get good education are provided by the New Hope project in the month of **June** every year which is the beginning of the academic year.

Apart from this clothing, blankets, towels, pillow, mosquito nets, scandals, toothbrushes, pastes and other utilities will be provided according to the need.

**COUNSELING AND RECREATION:**
There are counseling arrangements done to the depressed mothers, care givers of the child or the children who face trauma, isolation and stigma. This will strengthen them psychologically. This will avoid depression symptoms and also suicidal tendencies. Counseling helps to receive love acceptance and think positive in life.

Outings are planned for children so that they would be exposed to the outer world. The child would have an opportunity to express himself. These outings will remain sweet memories to the child’s life. This will also release emotional stress and anxiety of the child.

**X. Goals and Objects:**
- To improve the health and wellness of the HIV children
- To boost the immune system of the individual
- To provide all the necessary nutrients and vitamins with the nutritional support
- To maintain a balanced Physique and weight like the normal children
- To create resistance against diseases.
- To provide education and impart moral standards
- To provide medical support for the children.
- To facilitate the free ART medicine services from the government
- To provide advocacy for moral and legal issues of the children.
- To build up the child spiritually, physically and mentally in an ideal atmosphere that creates hope to the child and a bright future.

**XI. OUTPUT INDICATORS AND MEANS OF VERIFICATION:**
- The individual child profile is maintained
- Monthly health checkups are done
- Growth of the child is monitored.
- Height and weight chart is maintained
- Monthly reports are maintained
- Records, Photographs and reports are filed.
- The health status of the child will be improved.
- The life span of the HIV child will be extended.
- The stigma and the discrimination towards the HIV children will be reduced to a greater extent.
- A separate blog for this project is opened and regular updates are made online.
XII. Monitoring arrangements for implementing the project:

Outreach worker is given orientation on HIV/AIDS and child care for reporting the progress periodically. Gaps will be identified and the staff will be guided accordingly. Monthly meetings and reviews will be conducted for proper implementation of the project. The progress reports will be submitted to the Donor/sponsors on a monthly and quarterly basis as they require.

GAPS: Some gaps were identified in the “NEW HOPE” home based care and support program for Children living with HIV/AIDS as some children who lost both the parents staying with the old grandparents are not receiving proper care at home. We have some single single mothers who are terminally ill and may not sustain longer. The children of these mothers will be at great loss if the mother dies. There is a need for a foster home for these children who don’t have both the parents and also no grand parents or guardians to take care at home. We have identified 3 children in our New Hope program that need foster care.

K Isaac Prajeev Partner (Vision for Asia)

BUDGET FOR 2015:-

Annual budget

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**Total Yearly Budget in INR** 1482000

**Total Yearly Budget in US$** 24700