**TITLE: CONTINUUM CARE & SUPPORT FOR HIV CHILDREN IN TAMILNADU, INDIA**

**TARGET DISTRICT:** For the present project, we have selected Thoothukudi as the targeted district. Because Thoothukudi a port it is a fast growing city and 7th most populated city on Tamilnadu. As are having the Port / Harbour here, 5400 trucks are shuttle here. Per day approximately 10,000 Drivers, cleaner’s coming and going. Hence, becomes the hot spot of commercial sea workers (CSWS). As it is a port city, here we have large number of corporate / Industries. Therefore have number of migrant workers are working here, As the migrant…, contract labours numerous in numbers HIV / prevalence is found here .Therefore it has become the HIV / AIDS prevalent district. Through our NGO, we have identified / registered more than 1200 PLHA’S (People live with HIV /AIDS) affected persons. (PLHA: People live with HIV / AIDS)

 Even through PLHA’ are numerous is number, Central Govt priority thro state Govt and medical college Hospital for ART (Anti retroviral therapy) drugs freely, But the HIV / affected children very hard to have ART Both ART Children registration and ART continuous acceptance are very poor as percentage.

**OUR NGO REGISTERED CHILD INFECTED BY AIDS IN OUR DISTRICT:**

|  |  |  |
| --- | --- | --- |
| **GENDER** | **TOTAL CIA CHILDREN** | **TOTAL ART TAKEN CHILDREN** |
| Male Child | 99 | 61 |
| Female Child | 103 | 68 |

**INTRODUCTION:**

Children are not only personally affected by HIV / AIDS but it is also affecting their families and their right to a parental care and affection. UNICEF finds that infection can lead children to drop out of school; infection of parents can lead children to engage in child labour in order to survive. Many children are orphaned and highly exposed to abuse, exploitation and neglect because of a loss of a parent(s) or guardian. It is estimated that a child looses a parent to AIDS – related infections every 14 seconds, Many situations also put children at higher risk of getting infected such as recruitment into armed conflict, trafficking, displacement

According to **UNICEF India** there are 220,000 children infected by HIV / AIDS in India. It is approximated that every year 55,000 to 60,000 children are born to mothers who are HIV positive 30% these children are likely to be infected themselves.

Children are often the most affected by HIV /AIDS. They face the psycho-social stress of the epidemic at a very early age, and but don’t have the means of dealing with the isolation, stigma and emotional distress. And yet they are given the least attention. To create a platform for children affected by HIV / AIDS to express their views, concerns, opinions and feelings by the end .To provide the direct voices of children for the consideration of the international, national programmes To strengthen the capacity of the PWN + network to address issues related to children living with and affected by HIV / AIDS.Through a series of well – planned discussions, drawing sessions and role - play activities, the children were able to discuss the problems they face, the accomplishments they proud of, and the dreams they have for their future!

**PROBLEMS FACED BY HIV + CHILDREN:**

The following are some of the problems the children brought up in the project team survey Teachers treat them differently – often not allowing them to participate in class activities and even transferring them to other schools

1. They are neglected and often don’t get enough food.
2. They are separated from their siblings and family
3. They are shunned by their peers
4. Hospitals are child friendly, and the children often don’t get drugs they need
5. They don’t have access to many of the facilities they need, including orphanages, due to the stigma they have to endure
6. They don’t understand why their lives different to that of other children.

**PREVIOUS EXPERIENCE OF OUR NGO ON HIV INTERVENTION:**

 Since 1998, Our NGO is performing the HIV / AIDS prevention intervention with the financial assistance of Govt of Tamilnadu, Tamilnadu state AIDS Control society ( TNASACS) for the past 2-5 years are have done Trucker HIV/ AIDS Prevention project for the sake of migrants on Industries, we have done the Industrial HIV Intervention. Also we have conducted core groups (Men sex with Men- MSM, CSWS- commercial Sex workers and Transgender) intervention also on Ramanathapuram District

**PREVIOUS EXPERIENCE ON HIV CARE OF SUPPORT PROJECT:**

 As we have performed the HIV Prevention on the past 10 years, we could early identify / Registered PLHA. As the PLHAS were numerous (520) in number, we have accomplished the HIV care and support project along with thro financial assistance of International HIV / AIDS Alliance, London and also Abbott, Lead Partner PWDS (NGO)

* In addition to this we have accomplished the HIV Care Project for PLHA, adult with (Clinton foundation thro catholic Relief service (CRS, and TNVHA) also.
* Along with Global Giving, (online donation) we have accomplished the project for CAA (child affected by AIDS) and also CIA (affected/ infected AIDS) totally we covered 55 children’s in Thoothukudi District at 2013.

 As that project was accomplished we withdrew from that but along with assistance of Govt, TNSACS some other HIV care and support project some NGOs have preformed, all these have been withdrew

 Our NGO has formed the positive Net work (HIV Patient) at during the year 2000. This positive net work has become stronger now.

 PLHA were frequently visited our Admin. Office and ask our service on continuous care and Support for their HIV Children. Hence we request you, to grant the opportunity to do the project continually.

**HIV / AIDS PREVENTION & CARE & SUPPORT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YEAR** | **FINANCIAL ASSISTANCE BY / THROUGH** | **TARGET GROUP** | **INTERVENTION / CARE & SUPPORT** | **ACHIEVEMENTS** |
| 1997 - 2010 | GOVT.OF TAMILNADU – TAMILNADU STATE AIDS CONTROL SOCIETY (TNSACS) | TRUCK DRIVERS / CLEANERS | HIV/ AIDS INTERVENTION | 20000 HIV AWARENESS STD INTERVENTION CLINIC CONDOM PROMOTION |
| 2001 - 2009 | INTERNATIONAL HIV / AIDS ALLIANCE LONDON / ABBOT THRO PALMYRAH (PWDS) SOCIETY | HIV / AIDS INFECTANTS | CARE AND SUPPORT FOR PLHA, CIA / CAA | 350 PLHA SERVED |
| 2001- 2005 | GOVT.OF TAMILNADU – TAMILNADU STATE AIDS CONTROL SOCIETY(TNSACS) | INDUSTRIAL WORKERS | HIV / AIDS INTERACTION | 10000 INDUSTRIAL WORKERS |
| 2008 | GOVT.OF TAMILNADU – TNSACS | PEER EDUCATOR CONVENTION AT STATE LEVEL | HIV INTERVENTION | FOR STATE LEVEL NGO'S |
| 2007 | CLINTON FOUNDATION, USA THRO CATHOLIC RELIEF SERVICES, (CRS) | CARE FOR CHILDREN INFECTED / AFFECTED BY AIDS | CARE & SUPPORT | 51 CHILDREN REGISTERED |
| 2009 – 2010 | GOVT.OF TAMILNADU , TNSACS | MEN SEX WITH MEN (MSM) INTERVENTION IN RAMNAD DISTRICT | HIV/ AIDS INTERVENTION | 600 MSM REGISTERED & TREATED |
| 2011- 2013 | GLOBAL GIVING (THRO ONLINE DONATION AGENCY) | GIVE LIFE FOR 55 HIV CHILDREN | HIV CARE | 55 CIA REGISTERED & SERVED |

**OTHER HEALTH PROMOTION PROGRAMME**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YEAR** | **FINANCIAL ASSISTANCE BY / THROUGH** | **TARGET GROUP** | **PROGRAMME** | **ACHIEVEMENTS** |
| 1998 | TNVHA / CBH | FOR PREGNANT WOMEN | MOTHER AND CHILD HEALTH CAMP | 98 ANC MOTHER REGISTERED & TREATED MINOR |
| 2002 | DISTRICT COLLECTORATE | GENERAL COMMUNITY | REPRODUCTIVE CHILD HEALTH | MINOR |
| 2003 – 2004 | GOVT. OF INDIA , MINISTRY OF HEALTH THRO FAMILY PLANNING ASSOCIATION OF INDIA (FPAI) | WOMEN | RCH PROJECT – CONDUCTIVE REPRODUCTIVE CHILD HEALTH PROJECT | SERVED FOR SC WOMEN / GIRLS |
| 2004 | GOVT. OF INDIA , MINISTRY OF HEALTH THRO REEDS, SIVAGANGAI | PREGNANT WOMEN | PNDT PROJECT - PRE NATAL DIAGNOSTIC TECHNIQUE | 100 PNC WOMEN TREATED |
| 2008 –2009 | WORLD BANK / GOVT.OF TAMILNADU / JD HEALTH - TAMILNADU HEALTH SYSTEM PROJECT (TNHS) | COMMUNITY | FREE AMBULANCE | FREE SERVICE AT THOOTHUKUDI DISTRICT |
| 2008 –2009 | WORLD BANK / GOVT.OF TAMILNADU / JD HEALTH - TAMILNADU HEALTH SYSTEM PROJECT (TNHS) | COMMUNITY | FREE MORTUARY VAN | FREE SERVICE AT TIRUCHENDUR BLOCK |
| 2008 –2009 | WORLD BANK / GOVT.OF TAMILNADU / JD HEALT - TAMILNADU HEALTH SYSTEM PROJECT (TNHS) | COMMUNITY | PATIENT COUNSELING CENTRE | FREE SERVICE AT TIRUCHENDUR BLOCK |
| 2013 | GOVT.OF TAMILNADU THROUGH DISTRICT COLLECTOR | DIFFERENTLY ABLED PERSON | IDENTIFICATION CARD, PROVISION OF WELFARE SCHEME | 500 DIFFERENTLY ABLED REGISTERED GOT BENEFITS |
| 2015-2017 | VITAMIN ANGELS, USA THRO MMHRC | SUPPLY OF FREE ALBENBAZOLE & VITAMIN TABLETS TO TEN THOUSAND FISHERMEN CHILDREN | FISHERMEN CHILDREN CARE | 10,000 COASTAL COMMUNITY CHILDREN |

**TITLE: CONTINUUM CARE & SUPPORT FOR HIV CHILDREN IN TAMILNADU, INDIA**

**GOAL:** To reduce HIV related morbidity and mortality among children and their families and also to address the impact of HIV on children

**OBJECTIVE:** Provision of holistic community based care and support for CLHA and affected families on local settings with active engagement of community

**STRATEGY:** Enabling community to accept, emphasize and support children with HIV / AIDS and families

**MISSION:** To work for enabling, sustainable supportive environment towards community based care of support for children affected (CAA) /children infected (CIA) with HIV / AIDS. In Thoothukudi District, Tamil Nadu, India

**FOCUS OF THE PROJECT:**

|  |  |
| --- | --- |
| **Focus of the Project** | Community based care and support |
| **Approach** | Development approach to care and support as well as prevention |
| **Activities**  | Build capacity of NGOs for effective implementation, a robust information management systems, use direct service to gain entry, strengthen capacity of family, community structures / organizations and individuals in community for care and support, mobilize PLHAs to network, link, strengthen, coordinate existing provision of services, and influence policy for channelizing additional support for PLHA, CLHA and affected families.  |
| **Target group** | Affected people children including sex workers who are positive |
| **Secondary Groups** | Secondary groups, Interaction with SHGs, PRI, influential persons in the community, health care providers, government officials, other CBOs and NGOs, etc.  |
| **Flexibility of framework** | Flexible enough to encourage local / community based initiatives within the programme framework |
| **Short term / long term:**  | Three year MOU with an annual agreement signed every year |
| **Type of interface** | Reach is through direct activities as well as through SHGs and other support structures.  |

**STRATEGIES**

1. Focus on ‘’ home and community based’’ care and support
2. Need based interventions evolving from the community
3. Reaching more Children at lower cost
4. Maximise use of existing resources
5. Focus on home – based care and support
6. Greater involvement of all in the community
7. Encouraging strong referrals and linkages
8. Greater Involvement of PLHA and children affected by AIDS at all levels
9. Challenge stigma and discrimination through community mobilization
10. Focus on addressing issues of children / infected affected by AIDS
11. Facilitating support groups in the villages
12. Strengthening existing services
13. Increasing utilization of existing services – VCT Centers, PMTCT Services, TB Dot programme etc.
14. Addressing prevention linked to care
15. Focusing on both direct services and referrals
16. Collective functioning as a network and
17. Mainstreaming for sustaining the services

**FORTH COMING PROJECT ACTIVITIES**

**EDUCATIONAL SUPPORT:**

 The first and four most problem, for CAA/ CIA, is there education drop out. The cases of these children’s either one of the parent die or both of them die or on some occasions, both the parents are in seriously ill. (PLHA Terminal) So these CAA / CIA Children become orphan or semi orphan. Due do this above said situation; they have no any financial help to meet their educational expenses. (Fees, aids, and transportation) so their education is spoiled. Hence identified children will be taken care of by us, and the following activities made for them.

* Counseling with the drop out children and care takers, and arrange to enroll in their school they already studied.
* Will arrange to provide them whatever the educational materials (Books, Notes, Bags, Boxes, Pen, Pencil and uniform etc) they need.
* Will pay the necessary Tuition fees, deserved and helpless ( orphan)

 **NUTRITION SUPPORT:**

 If the children are identifying as CIA, they would have already defects of other OI (infections). Therefore their health condition is poor their economically status is also very poor condition. Hence we are going to following steps

* Provision of nutritious powder bag… every week. ( In contain cereals, wheat etc)
* Some interested to have cereals, dhals etc.
* Some interested to have vegetables, green, and fruits.

**GET TOGETHER:**

The problem of these children, they are separated from others; (Stigmatized) and they feel very long. Hence we plan to form monthly ‘’Get together’’ for our all children. This programme either indoors or out door we will arrange various competitions for them to develop their skills. In order to appreciate talented children prizes will be offered to them. Once on three months we will take all requested children to nearby tourist centre (ecotourism)

**HOME CARE GUIDES:**

Unfortunately these children are in the dispersed condition (on distance) here our project staff team cannot contact every CAA / CIA visits in a week in the entire district. Therefore we will appoint person look after them with a volunteer named Home care guides we will not pay any honorarium for them. At the same time we with meet them travel and other incentives

* Home care guides will be provided training on capacity building for a week ( 7days)

Health, treatment, first aid …., HIV / AIDS / STI (Sexually transmitted infections)

* Will also provide some counseling technique
* They must also training as Para medical staff (For checking temperature, pressure, weight, sugar level, or any diseases)
* They must have to provide basic medicine being consulted with medical officers
* Will take our CIA regularly to the ART referral
* Each home care guide serve 10 CAA or CIA

**CARE TAKERS:**

 Our targeted CAA / CIA are either orphan or semi orphan, they usually stay one of the relatives house. The project team will select from each family and provide them capacity building training, on health activities, we will also explained STI / HIV and even ART; we will train up them to take the children with them. Along with our project staff team Home care guide also will do these Service

**PEDIATRIC ART REFERRAL:**

In our project we must give the priority for CLHA (ART Children). From the whole district, all ART – CIA holders are for away from head quarters Govt medical college Hospital. So the ART CIA doesn’t have regularly. So we planned to promote under below activities.

* We will provide Travel assistance (TA) CLHA. (or)
* Govt of Tamilnadu granted the permission to cost. PLHA / CLHA to travel the bus on free of But it is very hard to acquire the free bus pass Hence we will make the lobby with transport officials.
* Through our project staff or Home care guide (or) volunteer (or) care takers will arrange for CLHA to have regular ART. We will take every CLHA as earlier, to check the CD4 count, if below CD4 200 – that children must rake ART definitely. Irregular ART taking will cause side effects. We must refer those ART medical officers. Our project team will follow the ‘’ regular follow up’’ to all CLHA take ART regularly

**COMMUNITY INTEGRATION / RESOURCE MOBILIZATION:**

 The teams in for the discrimination of the CLHA of the community usually neglect their parents. Our project team must counsel with parents and Self Help Group (SHG) members and make them ‘’Positive’’ is one of the member. By this manner, PLHA will integrate with SHG community, and easily arrange the ‘’ Bank linkage’’ also.

 Our project staff team will be helpful as community resource mobilization

Hand full Rice – Every SHG women member must take hand full of rice every day. That rice would be collected by our staff team and the same will be delivering to the CAA / CIA Families.

**REPLICATING RESOURCE PROVISION SCHEME:**

In order to provide their livelihood our project team will provide children chicken/ lamps to CAA / CIA families. When the chicken / lamps are grown up give birth off springs they must be ‘’re donate’’ to other CIA Families

**FREE TUITION CENTRE:**

Our project team will send a place where 10 CIA gather and begin Free Evening Tuition Centre. By this process their education not is discontinued. We can have the regular follow up also.

**EMERGENGY RELIEF:**

When any CLHA, serious condition, meets death our project team must provide them emergency relief

**CAPACITY BUILDING TRAINING ON FOSTER CARE, AND CHILD RIGHTS:**

Every month for CLHA parents, Home care takers, Volunteers, our project staff provide ‘’Foster Care’’ training as below

* HIV / AIDS
* AIDS Symptoms
* CD4 Count
* ART Therapy
* Nutritious poor
* Infection prevention
* Good Habits
* Vegetables / Fruits / Green on take
* Child …
* Govt existing welfare schemes, of other NGO schemes,

**FOCUS GROUP DISCUSSION ON LIFE SKILL TRAINING:**

 Our project team will provide for our CLHA for every month.

**TB OF OTHER INFECTIONS REFERRAL:**

Generally, CLHA these to the possibility of infection of TB disease that must be also diagnose earlier and if as form all easily ‘’DOTS’’ medicine will be provided

**LIVELIHOOD TRAINING TO CARE TAKERS:**

Generally CLHA is not looked after well by care takers because their economically very poor. Hence our project team – must provide Livelihood training

1. Ornamental shell craft
2. Ornamental fish culture
3. Fishery Bi-products training
4. Home need products preparation training
* In addition to this care taken enroll on SHG member
* Also arrange the Bank Linkage for loan for their livelihood – Entrepreneurship.

**CHILDREN SUPPORT GROUP:**

Our project team will take with CLHA schools, and start children support group in school, so the discrimination will be decrease

**CAPACITY BUILDING ON AIDS PREVENTION AND CARE & SUPPORT TO SCHOOLS:**

 In the school where our CLHA students, we must handle HIV prevention and care support training to all school children with teachers and parent teacher association.

**EARLY REGISTRATION:**

 Our project team must visit all PLHA families, will arrange to ICTC - HIV test to all children. If they are found affected, (CIA) to taking ART immediately

**PSYCHOLOGICAL SUPPORT:**

 The project team must regular counseling techniques to Home care guides, (or) volunteers (or) Care takers. As they know, counseling sessions, by would early teach their CLHA.

**APPENDIX: PLHA = PEOPLE LIVE WITH HIV /AIDS, CLHA = CHILD LIVE WITH HIV /AIDS**

**CIA = CHILD INFECTED BY AIDS, CAA = CHILD AFFECTED BY AIDS**

**ART = ANTI RETRO VIRAL THERAPY, CSWS = COMMERCIAL SEX WORKERS**

**NGO = NON GOVT. ORGANIZATION, CBO= COMMINUTY BASED ORGANIZATION**

**SHG = SELF HELP GROUPS, PWN+ = POSITIVE WOMEN NET WORK**

**DETAILED BUDGET**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.NO** | **ACTIVITIES** | **BREAK-UP** | **INDIAN MONEY** | **US DOLLARS** |
| **1.** | **EDUCATIONALSUPPORT(100 CLHA)** | **100nosxRs.100x12 months** | **RS.1,20,000** | **$1864.8** |
| **2.** | **NUTRITION SUPPORT (100 CLHA)** | **100nosxRs.50x12 months** | **Rs.60,000** | **$932.400** |
| **3.** | **GET TOGETHER(100 CLHA/3 months)** | **Rs.20,000x4 Quarters** | **Rs.80,000** | **$1243.20** |
| **4.** | **HOME CARE GUIDES(for every HCG for 10 CLHA)** | **Rs.12,000 x 10 nos** | **Rs.1,20,000** | **$1864.8** |
| **5.** | **CARE TAKERS(100 nos. x 4 trainings)** | **Rs.20,000 x 4 Trainings** | **Rs.80,000** | **$1243.20** |
| **6.** | **PEDIATRIC ART REFERRAL(50 nos. x 50 x 12 months)** | **50 nos. x 50 x 12 months)** | **Rs.30,000** | **$466.200** |
| **7.** | **COMMUNITY INTEGRATION / RESOURCE MOBILIZATION** | **Rs.24,000 for 12 months** | **Rs.24,000** | **$372.960** |
| **8.** | **REPLICATING RESOURCE PROVISION SCHEME** | **Rs.72,000 for 12 months** | **Rs. 72,000** | **$1118.88** |
| **9.** | **FREE TUITION CENTRE** | **Rs.1,500 x 5 centers x 12 months** | **Rs.90,000** | **$1398.60** |
| **10.** | **EMERGENGY RELIEF** | **Rs.24,000 x 4 Quarters** | **Rs.96,000** | **$1491.84** |
| **11.** | **CAPACITY BUILDING TRAINING ON FOSTER CARE, AND CHILD RIGHTS** | **RS.20,000 x 4 Quarters** | **Rs.80,000** | **$1243.20** |
| **12.** | **FOCUS GROUP DISCUSSION ON LIFE SKILL TRAINING** | **RS.20,000 x 4 Quarters** | **Rs.80,000** | **$1243.20** |
| **13.** | **TB OF OTHER INFECTIONS REFERRAL** | **Rs.72,000 for 12 months** | **Rs. 72,000** | **$1118.88** |
| **14.** | **LIVELIHOOD TRAINING TO CARE TAKERS** | **RS.20,000 x 4 Quarters** | **Rs.80,000** | **$1243.20** |
| **15.** | **CHILDREN SUPPORT GROUP** | **RS.20,000 x 4 Quarters** | **Rs.80,000** | **$1243.20** |
| **16.** | **CAPACITY BUILDING ON AIDS PREVENTION AND CARE & SUPPORT TO SCHOOLS** | **Rs.10,000 x 6 schools** | **Rs.60,000** | **$932.400** |
| **17.** | **EARLY REGISTRATION** | **Rs.24,000 for 12 months** | **Rs.24,000** | **$372.960** |
| **18.** | **PSYCHOLOGICAL SUPPORT** | **Rs.72,000 for 12 months** | **Rs. 72,000** | **$1118.88** |
| **TOTAL BUDGET** | **For 12 months** | **Rs.13,20,000** | **$20,512.9** |

**Total Grants Requested for 12 months in Dollars =$ 20,512.9**

**Total Grants Requested for 12 months in Indian Money =Rs.13,20,000**