Abhibhu (Overcoming in Sanskrit)

**Background & the Need**

Sahara Aalhad has been based in Pune, Maharashtra has been focussing on extending its services in areas with a high density of HIV. One such area is the resettlement colony in Yerwada, Pune. This area has a huge population of young widows with children many of who are HIV positive. There are also a large number of community orphans who live with extended families or in small groups, primarily, in cramped rented makeshift shanties. Most of these widows are daily wage workers with little access to sanitation, safe water, and well ventilated dwellings.

The lack of education and employable skills means that they are vulnerable to exploitation in the work place and have negligible wage negotiating power. In a patriarchal, dominant society, these young widows are also vulnerable to sexual abuse and, in some instances, are compelled to resort to informal sex work to sustain themselves and their families. The pain of this is accepted by the belief that they would be preyed upon in any case.

The tenuous existence of these widowed women and single mothers leads up to immense pressure and stress. This, in turn, causes mental health problems many of which remain unaddressed as the women have little by way of social support to take life-changing steps to break the shackles they have been bound with. This target group faces further lowering of their already compromised immune conditions with no access to treatment, poor health coverage, and discrimination. Malnourishment and contraction of infectious disease clearly can be identified by chronically low haemoglobin, low BMI values, and CD4 counts.

Alcoholism is regularly seen and its ripple effects end up in domestic violence where the presence of children only increase the defencelessness of the women. There is no awareness of human rights and the barriers to taking recourse to legal aid are genuine and daunting.

As one these women have said that they live for one thing and one thing only and that is for their children to reach out for a better life through education.

Children and/or youth often have it the toughest when coping with HIV either living with HIV or by being directly affected by it. Sahara Aalhad has a considerable population of widows / single mothers living with HIV and it is their children who have to struggle with many issues – the prominent one being accessing education or continuing with their academic pursuits. Poor health, malnourishment coupled with pill load and side effects, having to quit school to shoulder household responsibilities including having to look after a sick parent/siblings, lack of means to pay for schooling. Facing such circumstances, children and youth often develop mental health problems. Depression, anxiety syndrome, suicide ideation, crises of confidence and internalized angst. This is seen to go even deeper with children and youth giving up on their dreams and becoming disillusioned, socially isolated, intellectually repressed. Given the framework of the education system here, the consequences of not studying or dropping out mean a perennial career disadvantage as a result of which the whole generation become trapped in a perpetuating cycle of poverty.

**Objective**

To provide services that will ensure the continued access to education for children living with or affected by HIV with a specific focus on the girl child providing her with care and support.

**Target**

Ten girl children infected or affected by HIV living below the poverty line.

**Activities:**

1. **Identification and recruitment of the target population**

The Outreach staff of Sahara and the program managers will identify mothers and children that are in most need of this project. In-depth interviews and counselling sessions will further help identify clients. The decision for recruitment will be taken jointly by a group of staff members. Factors for consideration will include medical history, health and economic services, child status and current level of education.

1. **Baseline**

Case studies of the clients at the time of recruitment will be done. This will also serve to inform Sahara of what the prime needs of the clients are.

1. **Services**

Based on the needs identified during the baseline case study, Sahara will provide services that include but are not limited to the following:

1. School-based Services (Government Schools and National Institute of Open Schooling, Local Corporator Schools):

Sahara plans to look at the needs of mothers and children who attend these schools and provide services that may include fees and related costs.

There are three types of schools that are accessed:

* 1. Government Schools: These are schools run by the state government and provide free education until the 7th Standard. This does not include books and stationery, uniforms, shoes, raincoats, travel, educational outings, school bags and accessories, lunch boxes, snacks and mid-day meals. After the 7th Standard School Fees are charged in addiction to all the above costs.
  2. National Open Schools: National Institute of Open Schooling (NIOS) are committed to providing Excellent, Sustainable, Inclusive and Flexible Education up to Pre-Degree level through Open & Distance Learning (ODL) mode. This offers students a chance to continue education in a non-school environment. However, we see that children in these courses require support and extra tuition.
  3. Local Corporator Schools: A local municipal Corporator has set up a school in the target area specifically for children who cannot get re-admission into the above two categories. These would be older children who have dropped out or never entered school for various reasons. Fees are slightly higher than the Govt. Schools.

1. Sahara-based Services: Specialised Tuition, Medical services, mental health and counselling services, legal aid (for the provision of the necessary documentation as well as if needed in domestic violence and child abuse cases), home-based care & support

All clients may not require all of the above services, needs of the clients may also change for various reasons (sickness, weather (rainy season), unemployment etc.)

A few cases are added to this concept note as examples of the needs of current clients.

1. **Service Delivery & Follow-up**

Sahara staff will deliver services directly to the client at their place of residence. This will ensure that the clients get the services they need on a regular basis, as well as keep the staff informed of the status of the client.

We envisage that initially all clients will be visited every week until they stabilise. From then on the frequency of visits could be once a month.

However, in times of a crisis situation (for example the mother or child falls ill), the frequency of home visits will again go up to once a week.

Payments to schools may need to be made in advance of the school year for the entire year as a one-time cost. Sahara will pay the schools directly.

If needed Sahara’s medical team will assess the clients. Clients can then access medical services at the care home. This includes access to mental health and counselling services.

A professional educator/teacher will be available for children who need special support or tuition.

1. **Midline Assessment**

After 6 months of services, the clients will be re-evaluated and case studies are done. A comparative analysis for each client will be reported.

This assessment will then be repeated every six months for as long as services are continued.

**Monitoring & Evaluation**

Monitoring and Evaluation of this project will be implemented at two levels. For a project like this, it is felt that a qualitative system rather than a quantitative system be established. With greater priority given to the quality of services and their outcome, rather than numbers.

1. **At the client level:**

Clients will be evaluated at baseline and indicators that the organisation and the donors have agreed on will be recorded. This will include a case study and an identification of the specific needs of the client with reference to this project. Socio-demographic indicators will also be recorded.

At every home visit, this data will be updated by Sahara staff and electronically recorded by the M&E team. This will include educational progress indicators. And indicators specific to the services that the client receives.

Finally, after a period of 6 months, the clients will be re-evaluated and a progress report of the indicators developed. On the basis of comparative analysis, further modifications to the services offered may be put in place.

This cycle will repeat every six months. With clients being case studied every 6 months.

1. **At the organizational level:**

Consequent to available funding M&E specific staff will be hired or existing Sahara staff will be trained in data collection and analysis.

Data validity will be checked randomly, by revisiting 10% of clients every cycle. Internal staff will report and submit data to the M&E team every week. The M&E team will report to the Executive Director every month.

Depending on the donor requirement, the Executive Director will report to the donors at the frequency they desire.

**Proposed Budget**

We propose that an amount of $ 150 per child per month be budgeted. This will allow us to provide all the services that the clients need. Please note that the fees for the entire year will need to be paid upfront as a one-time cost.

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Rate (INR) | Month (INR) | Year (US $)@ Rs 66 |
| Onetime costs for school support for 100 children (See table below) | 99,000 |  | 1500 |
| Total (USD) |  |  | 1500 |

|  |  |
| --- | --- |
| **One Time Costs for School Support** |  |
| **Item** | **INR** |
| School Uniforms x 2 | 1000 |
| PE Uniforms x 2 | 1000 |
| Uniform Shoes x 1 | 250 |
| PE Shoes x 1 | 250 |
| Socks x 3 pair | 120 |
| School Bag x 1 | 700 |
| Stationery: Pencil Box, notebooks, pencils pens etc | 2500 |
| Text books for Older Children (Class 8 and above) | 3000 |
| **Total** | **8820** |

**Case Studies**

1. Community orphan Kanta N has an HIV and TB co-infection. Her CD4 at its lowest has been 128. Her Hb% has hovered around 6 indicating chronic anaemia. At 19 years she weighs 33 kilos. Kanta, though a keen student, was pulled out from school to look after her brothers. Kanta had studied till the 8 grade. Earlier, Kanta lost her mother when she was just 11 years old and her father passed on when she was 15. Recently, her brother, 4 years older, died of tuberculosis last year. She, now, lives with her brother who 21 years old and who is a hostile alcoholic. Though the family owns the house, they still survive hand to mouth. The surviving brother, when drunk, makes unrealistic demands and compels her to comply. Sahara Aalhad’s outreach workers have good reason to suspect an incestuous relationship in which Kanta is powerless.

2. Young widow Renu B. P. is 34. She lost her husband when she was 28 years. With no family support, the pressure of bringing up 3 children, one of them HIV positive told on her heavily. She developed serious mental issues which were not addressed appropriately. Renu’s CD4 is 173 and she weighs a mere 36 kilos. Rachna is Renu’s 11 year daughter. Her Hb% is a low 7 and her CD4 is 223. She weighs 28 kgs. She is in the 5 grade. Renu has 2 more children, both boys, 16 and 18 years old. They dropped out of school and loiter on the streets. Renu’s living conditions are pathetic. All she can afford is a small room on top of a public latrine. Renu earns Rs. 6000/- on an average as a daily wage worker and the staff suspect that she also makes a little something on the side through informal sex work. Renu has managed to ward off starvation with the nutrition that Sahara provided her during her crisis “Project Sridevi”. Sahara is trying hard to keep her daughter in school. There are times when the mother does not return home for days. The boys receive money from her to manage but she has left the girl to fend for herself. There are indications that she might abandon her children.

3. Community orphan Raju L is in the 5th grade. He is looked after his 75 year old grandmother. He is living with HIV with a CD4 count of 315. At age 12, he weighs a mere 30 kgs. Raju L has a sister, Preeti, who is 8 and in the 4th grade. She, too, weighs 30 kgs. The grandmother, though well past retirement, sweeps, and swabs to garner together Rs. 2000 in a private doctor’s clinic. They have received crisis nutrition from Sahara to tide them over a recent crisis.

4. Maya A. P. is 15 and living with HIV. She has no mother and her father being a driver of long standing has developed a painful spine condition that prevents him from working regularly. He is also always ill with some HIV symptom or the other and is constantly fatigued. Maya is in the 7 grade but is irregular in school as she has to help out at home. Last year a tuberculosis infection caused her to miss many months at school and she fell behind her peers. Her sister, Aneesha, too, dropped out of school to serve at home. Both the girls have to face extreme domestic violence from their agitated father for no fault of their own. They live in rented premises non-payment of which will see them rendered homeless.