



PLUS

Case studies September 2008

Parbhani case study

In Parbhani district there are many clients living with HIV and every one has his or her own different history. Among them is one whose case study is written below. All the names have been changed.

In Parbhani network one of the female clients is Sujata She enrolled in July 2007. She is widow and has 3 children. Her husband was a truck driver infected by HIV. Slowly he was getting ill. His family went for many doctors and spent lots of money. But he never got proper treatment. And one day he died.

After his death Sujata's mother-in-law avoided her and told her to go away and live and manage her own life with her kids. We will not nourish you.

She had to leave with her kids and she did not have a mother or father or any brother. She was totally disturbed and frosted by her life and has a big question of how to service her life and feed her children. Her three kids are under 8 years. She started doing labour work and managed one room in a slum area. She was also getting ill and unable to do work. Her children were troubled by lack of food. One of her neighbours brought her to a government hospital for treatment and she was admitted there. After her treatment one worker at the hospital referred her to our district network (DLN).

The DLN enrolled her and listened and prepared one case study. First the DLN built up her morale with positive living. We explained that her husband didn't get proper treatment so he died but it is not necessary that the same thing will happen with you. First you have to be strong because you have small kids. What will happen to them if you lose your hope? The DLN referred her to the ART centre at Parbhani and her CD4 count was found to be very low. She started ART and day by day her health improved. Then to buy food she found work at other's houses washing utensils. DLN told her about Sanjay Gandhi Niradhar Yojana, and told her to claim as a widow. The DLN help her to prepare all necessary documents and she submitted her form to Tahsil. Now that is in process. The DLN also advised her to HIV test her kids and among them the younger child was found to be infected. To get nutrition and travelling support in his name we helped her to claim from the PAI project. It is also in progress.

The DLN referred her to another NGO, Mukta, to see if they can offer work as a female peer educator. After her interview she got in and now she is working as a peer educator and earning 1500/- per month. Mukta is also ready to give education to one of her children. She is living happily and is regular in follow up. While working in her field, if she meets any positive people she brings them to the DLN too.

Now she wants to forget her past and has nice dreams for her children. She wants to teach her children and wants them to have higher education. She says that she will give proper diet to

her infected child and extend his life with out any drugs. Now she does not want to go to her mother-in-law for any help. After many follow ups she has made a tremendous change towards positive living and has no fear of HIV. By talking with her we felt that she defeated HIV.

District Network Officer, Babita R Charan

District Social Worker, Sanju G Kale

Chaha case study

Sachin is a 10 year old double orphan child living with HIV registered in January 08. At that time, he was referred to us by the Sassoon Hospital. He was living with his elder brother Manny and sisters Shilpa and Sangeeta. He is double orphan child for the last 5 years. 7 years ago his father died due to AIDS. Then after 2 years his mother also died of AIDS. After that the whole responsibility for these children came to their grand-mother's shoulder. Less than two months later, in July 08, his grandmother expired. Now these children were left totally alone.

We helped him through Chaha because:

- he has no support system in his community, and suffers some discrimination
- his family structure has collapsed
- his elder brother Manny is not helping
- Sachin is not attending school regularly because he is not interested
- Sachin is taking treatment but there is no adherence
- heavy financial problems
- at home, the roof was broken and partially missing, and the walls were crumbling

We discussed this child with the Chaha project team and made some planning for changing the situation. In January our Out Reach Worker (ORW) took our project coordinator to Sachin's home for assessing the basic needs and filling the child profile form.

We decided short and long term goals for changing the situation. First we developed rapport with the community. For that we met Anganwadi Sevika (Municipal Councillor), and community stakeholders. A 'Community mobilisation programme' was conducted to generate awareness and reduce stigma and discrimination. During this period our counsellor visited Sachin and his family 4 times for giving psychosocial support. However Sachin only met the counsellor once because he was always wandering here and there in the community.

At the end of quarter we provided them with a roofing sheet through household support, and some food items. For Sachin we gave nutrition support from the project. The counsellor focused on Sachin from May to July. In these months the counsellor did ART adherence counselling to him and his grandmother. During these visits the counsellor always tried to meet Manny, his elder brother, for counselling. We invited Sachin to the "World AIDS Orphans Day" programme organised by CHAHA. He performed very well in that programme; actually he didn't like to play with his peers. After this activity some changes occurred in him. He was starting to play with his friends in the community.

During this whole process our ORW frequently visited to this family for taking follow ups. The CHAHA project coordinator also visited this family for assessing the progress. In this quarter CHAHA provided household support, nutrition support and Opportunistic Infections support to this family.

After his grandmother expired, the CHAHA project coordinator and counsellor went into the community and sensitised the nursery teacher for giving food to Sachin from the Integrated Child Development Scheme. Although she was not responsible because of Sachin's age, she agreed to cooperate. This solved the food problem at least in the short term. The counsellor met his brother Manny in one to ones and gave psychosocial support for changing his behaviour.

From January to date there have been the following visits:

Counsellor- 12 Visits, 7 Counselling Sessions.

Project Coordinator- 4 Visits.

ORW- Around 17 Visits.

After the CHAHA project intervention community people started to give support to Sachin and his sisters, stigma and discrimination reduced a little. The nursery teacher was now giving daily food to these children. His elder brother Manny takes care of Sachin and is engaged in searching for a job or work. Some changes in Sachin through psychosocial support are: - he started going to school, playing with the peer children, taking ART regularly on time.

This child was so depressed in the beginning, but after receiving proper **psychosocial support** he has started to recover from this situation. His brother is living with him and takes his care.

The **community** must learn how to take **responsibility** for such families.

We need to **educate the community** to understand HIV. After conducting an awareness programme community people started to give support to these siblings.

Tasks for the future include following-up the psychosocial support, searching for an institution for permanent rehabilitation, and giving household support from CHAHA project.

Shashikant S. Todmal
Counsellor, CHAHA
