



# PLUS

## Case studies October 2009

### **CHAHA case study**

It was a hot summer season, when we reached to Lingnur. It is a small village in Miraj Taluka. Counsellor Londe and I were on home visit to evaluate Vaishali, a 7 year old child. As we reached her house an old lady of about 65 years old came forward to receive us. She was sweating and was covered in dust. We were little bit upset and wondered to see her. But when we asked her the situation she explained the past clearly. When we heard it we were full of pity. That poor old lady had come from a nearby cornfield where she had gone for daily work. She had come to give food, medicines and to see the condition of Vaishali, who was bed ridden.

Vaishali was recently recovered from a severe bout of jaundice. She was detected HIV positive at this stage only. The woman, who was Vaishali's grandmother shared with us the history of Vaishali's father and mother. Her father was HIV positive, but he kept this status hidden. He didn't even tell his wife. She also became positive, and as a result both died and the entire burden rested on my shoulders. Very restlessly she told us this. She also said that she has five sons, but Vaishali's uncles did not inquire after or take the least interest in this orphan child. Fortunately, Malau Sutar, a client of the Dilasa Counselling and Support Centre in Miraj advised them to get a CD-4 test done as early as possible. Dilasa is a sub – sub recipient of CHAHA. The test was positive.

Because of illiteracy and lack of knowledge, her grandmother did not give much attention to the problem. Even Vaishali's elder sisters Tejaswini and Mayuri could not do anything. But Malau told outreach worker Alka Shitole. They made their minds up to do something for this poor child. But one thing is true that time never waits for anybody. Vaishali got jaundice, and then her grandmother and Tejaswini were helpless.

Malau, a resident of the same village, was watching the situation carefully because as a positive person she had gone through some bad times and had suffered a lot because of her status. She discussed the child's state of health with Alka., because of the jaundice.

Alka ran to the field at Lingnur and told Vaishali's grandmother that it was an emergency and to get the child admitted in hospital for the sake of her survival. Finally the grandmother agreed to admit the child in the hospital.

Alka immediately phoned Sandeep Mane, a care centre outreach worker and told him the story. By this time Vaishali had started bleeding from her nose in a large quantity. Sandeep reached the place. After a short discussion between the grandmother, Alka, Sandeep and Malau, Sandeep took Vaishali to get her admitted into the civil hospital, Sangli. After examining Vaishali, the doctor started the treatment. He suggested a blood transfusion. Vaishali's grandmother had no money with her, but somehow Sandeep managed things. Blood was given to Vaishali. After a couple of days Sandeep donated his own blood for replacement. But the problem did not end here.

The doctor told her grandmother that there was an urgent need of Plasma cells to be transfused, to cost around Rs. 3000/- or more. Sandeep met Fr Sabu, Director of Dilasa, and explained the problem. Father immediately gave Rs 1000/- from his own pocket. Sandeep also donated 1,000 rupees. The remaining money was managed somehow. The treatment went ahead. Slowly Vaishali was getting well, coming off the danger list. Everyone around her relaxed, but the feelings of her poor grandmother that had been buried in the heart now suddenly welled up and the tears came from her eyes like blood. She started crying loudly, holding the hand of both Sandeep and of Miraj.

Sandeep tried to calm her down; but she said, "Let me cry! Let my feelings come up... my dear boy you do not have any blood relation with us, you are not from our caste, neither from our religion, but even then you have done great things for us, for my orphan Baby. I am going to give thanks for your services to a human being. I have planned in my heart. I will try to bring it into practice of my short life. Not only will I do this for my granddaughter but for anyone in the society and in my village suffering from HIV/AIDS. I will do whatever is possible for them. And I pray to God to give this sense to every individual in the society. Along with this I pray may God strengthen your hands and heart to Dilasa for ever and ever".

She ended the flashback with tearful eyes. And we noticed unusual confidence in her eye. At last she said; why does society and relatives behave like a devil with such suffering people? We were listening quietly and consciously. She had totally forgot that she had to go back to work in the field, and we had forgotten that we had come for a home visit and to enquire about Vaishali's health. But we were happy to get this excellent experience by

such a woman of 65 years. We felt that we are doing something thing worthwhile for children and adults living with HIV, and for whole the society.

### **Buldana case study**

From the defaulters list, the list of people who have missed a dose, we found Tendil, a 27 year old unmarried man. Our treatment outreach worker visited him at his home, gave him information about the Network of Buldana People with HIV (NBP+) and the ACT project, and asked him to come to our office. But he was not eager to talk with us and would not give any information about himself. But he did visit our office after a week, and gave information. He told us he is truck driver and alcoholic. He used to have sex without using a condom, and was diagnosed HIV+ three years back. In the beginning he took the treatment from a private hospital but then he did registration with the ART Centre at Akola and took ART for 6 months. Because of some misconceptions he stopped taking ART as soon as he started feeling better. He also said that he doesn't have any problem. He is unmarried and lives with his family. His family knows that their son is HIV+ and their behaviour towards him has not changed. We realised that he was totally unaware of the effects of missing a dose.

After listening to him, our counsellor explained to him that the HIV virus damages the immune system of the body and it becomes an invitation for opportunistic infections like T.B., Pneumonia, Typhoid, etc. Anti Retroviral Treatment (ART) is a life-long treatment and avoiding it for any reason is harmful. The dose must be taken regularly. He explained that the effect of ART lasts for twelve hours only and one has to consume it again after twelve hours. The timetable of ART should be followed strictly otherwise side effects may occur. Missed doses increase the viral load and the first line ART medicines, that are free of cost, stop working. 2<sup>nd</sup> line ART medicines are costly and middle class man can't afford them. So, he realized his mistake and understood the importance of ART.

We convinced him to start ART once again but he was afraid that the ART Centre doctors would not provide him the medicines. So we assured him that we would help. He came to the office next day and we sent our outreach worker with him to the ART Centre. The counsellor at the ART centre also counselled him about the importance of adherence. He was given various checkups and after checkups started his ART. We met his mother after 20 days and she told us

that now her son is taking ART regularly and on time. We also counselled her and gave her complete information regarding ART. When the client visited our office after two months, we found satisfaction on his face and he thanked us for efforts. We also asked him to visit us regularly and invited him to a support group meeting.

There are so many people who have misconceptions regarding ART. It is our responsibility to help them in these matters.