



SNEHA VAANI

NEWSLETTER OF SAMASTHA PROJECT
CARE & SUPPORT PROGRAMME

Vol. 1, Issue 2, April 2008

Hope,

Life &

Restoration



Our Social Responsibility...

Contents

3

Special Feature

Partnership with FBOs for
Enhancing Care, Support and
Treatment

7

OVC and Social Concerns

8-16

Stories

17-19

News & Events

FOREWORD



Fr. Mathew Perumpil MI
President, SCT

It has been an year of great satisfaction for us, although filled with challenges, in rendering quality services to the HIV infected including children. The growing number of HIV infected persons requiring care was always a matter of great concern. In Karnataka accessibility to quality care services was very low in most part of our state, especially in the northern districts where prevalence is high.

It is in this context the FBOs running 'mission hospitals' came to respond to this need. It is very rewarding to see the impact they have made already in the first year of the Samastha programme in bringing quality care for PLHIV. Not only the number of patients who have received the care, but also the satisfaction we see in their faces is a great testimony of a model slowly evolving to respond to the HIV care in India.

The lessons are many and we are still learning. But the signs are very promising that through these faith based organisations more and more HIV persons will receive care in the coming years, adding not only years to their life but life to their years.

This issue of Snehavaani is not just a testimony of how faith based organisations have successfully responded to the care of HIV infected persons, but also a model that can be replicated throughout our country. The unique mission of all these health facilities is to reach out to the marginalised, the poor and the sick that needs to be tapped to evolve a sustainable programme of care in India. They need to be animated, guided, encouraged and 'hand holded' to make this model really work. We look forward with hope that HIV care can be extended and mainstreamed through these interventions and set up an example for the whole nation.

PARTNERSHIP WITH FBOs FOR ENHANCING CARE, SUPPORT AND TREATMENT

Baburaj V.C.

‘It has been a widely acclaimed fact that Faith Based Organisations (FBOs) have been profoundly contributing to the Indian health care scenario for many centuries together.’

In spite of concerted efforts across the globe, millions of people infected with HIV are still leading a miserable life. Many a times, the service delivery for care, support and treatment are hampered by problems of accessibility, affordability, acceptability and availability.

There is a sharp gap between the service providers and service receivers. Hence the survival rate of PLHIV is sharply unsteady in many countries and quiet evident in Asian countries including India. For instance, a vast majority of the people tested HIV seropositive at the VCTCs/ICTCs are not using the existing services in the community. When India has an adult population of 2.5 -3 million people living with HIV/AIDS, the access of treatment (ART) is only 94205(3.8%)- as of 31st July 2007 (Source: www.nacoonline.org.) The rebounding question then is where have the remaining chunk of PLHIV have gone? What are the lacunae in our health care systems to cater to the PLHIV?

The thought of enhancing services
The thought of enhancing the existing service delivery systems with a comprehensive approach for PLHIV stem out of this hapless social situation. The felt needs of PLHIV are complex that needs to be addressed comprehensively. There should be a convergence of Pro-PLHIV attitude, skill and knowledge among professionals at the health care institutions to deliver high quality services.

A close examination of HIV care scenario in India would reveal that those high prevalent

states with better public health care system performed better in terms of catering to the volume of PLHIV with quality. In contrast, states like Karnataka did so poorly in care, support and treatment due to its weak public health system. This fact is even acknowledged by the National Programme. Unless the service delivery potential of the public health system undergoes a radical change, the service would not reach to the needy.

The other alternative for care is the private health care system which is prohibitively costly and is available primarily in urban settings. Here the profitability is the key motivating factor. It is totally inaccessible and unaffordable to majority of PLHIV hailing from the lower socio-economic strata. Care is denied sometimes unethically also. Even the care and support programmes of the state were not adequate enough to meet the needs of the HIV infected due to many factors viz. quality service, reach out, accessibility and so on.

In this context, FBOs, especially the catholic health care centres / mission hospitals could play a vital role in extending compassionate care with quality devoid of stigma and discrimination. Another added advantage is that most of these health facilities are located in medically underserved areas of the state.

The Karnataka Scenario

Antenatal sentinel surveillance data suggest that HIV prevalence in the general adult population is high: approximately 1.6% in 2003-2005. Karnataka probably has more than 250,000 persons living with HIV and more than 10000 orphan and vulnerable children. The PPTCT services are in a deplorable condition. There is a crude mismatch between the existing facilities for care, support and treatment and the requirements or the needs of PLHIV. Before the launch of USAID Samastha Project, the State was managing the show with a less number of Community Care Centres. The demand of services is always higher. The finding that the



"The project is a Blessing in disguise. It has helped us to understand better the HIV infected and their problems. The comprehensive care became a reality for the clients and their family members. It has given us an opportunity to bring them together under one roof to share their difficulties and joys. As a whole the CCC efforts could relieve the clients and enlighten the care providers to deliver quality care."

-Sr. Nirmala, Lourdes Hospital

HIV prevalence is similar in rural and urban areas warranted more care centres in the state. A review of the situation exposed the scope of HIV prevention, care, support and treatment initiatives across the State.

The quality of care was always been a mind-boggling issue. It was a common finding that there is a need for enhancing the quality of existing services as well as upscaling the number of CCCs into more regions of Karnataka, particularly in the high prevalent districts. It is at this juncture, the stupendous health care contributions of Faith Based Organisations to the State gets noticed and recognised. This paves the way for catholic FBOs to play a critical role in the care, support and treatment in the chosen Samastha districts. Snehadan, a pioneer in HIV quality care in the State was given the role of lead implementing partner in coordinating the FBOs.

Partnering with FBOs

It has been a widely acclaimed fact that Faith Based Organisations (FBOs) have been profoundly contributing to the Indian health care scenario for many centuries together. Catholic health care initiatives contribute 22% of health care facilities in India (5000 health facilities in total) and 33% of total health personnel in the country are Catholics. Interestingly, 85% of Catholic health facilities are in rural areas serving the poorest section spread out in 149 Dioceses. The poor, the sick, and the abandoned are taken care of with warmth, genuineness and an empathetic understanding! It is these qualities that would make them almost natural partners to extend quality care to PLHIV across the State.

Initiatives of Sneha Charitable Trust

Sneha Charitable Trust through Snehadan coordinated an Implementers forum under CHAI banner from 2003 onwards. Snehadan organised a chain of awareness programmes, motivation and mission orientation activities among the member organisations. These exercises and interventions helped the organisations conceive the importance of responding to the issues and concerns precipitated by HIV/AIDS pandemic. Many of the member institutions incorporated the HIV/AIDS care, support and treatment with their mission statement. Further Snehadan laid more emphasis on preparing and motivating the CHAI Karnataka members through capacity building programmes. The efforts generated pro-PLHIV attitude among them with required skills and knowledge in extending quality services.

These efforts were heading towards a creative and meaningful partnership for addressing the felt needs of PLHIV in Karnataka. As part of this novel venture, Snehadan in collaboration with KHPT organised a two day workshop exploring the potential FBO partners and also discussing challenges and opportunities of this

"Passing through a darkest tunnel during the setting up of this project, I feel that I have grown, grown to make others grow. What I thought is impossible has become possible. A great light has shown to those who live in the darkness of stigma and discrimination. It is a great opportunity for me to extend helping hands to those who struggle in life."

-Sr. Regi John, Holy Cross Hospital

partnership. This was mainly in view of applying for Global Fund Round V for providing care and support through CHAI member institutions throughout Karnataka. A proposal was also developed in this context. But unfortunately the Global Fund Round V did not come through in India.



Nevertheless, the efforts of Snehadaan continued. It collaborated with CHAI and CBCI in the process of developing the Catholic National Policy on HIV/AIDS. It was a major milestone achievement. Finally Sneha Charitable Trust entered into a partnership with KHPT to coordinate the FBOs in the implementation of care and support component of USAID funded Samastha project in Karnataka.

Moments of excellence

Pre-partnership efforts: Snehadaan initiated purposeful interactions with potential CHAI member FBOs for raising partnerships. As part of these discussions and dialogues at various administrative levels of the potential FBO, many of them became really concerned and motivated to take up HIV/AIDS care and support initiatives. It is one of our measurable achievements that many of the partnering FBOs have incorporated PLHIV services with their mission statement.

Partnership initiation: Further Snehadaan coordinated a joint assessment of these partners that gave deeper level of insights to them in relation to their potentials and resources. The partnership bloomed to its full effect after these assessments.

Implementation:

Capacity building: Quality care is delivered where skill, knowledge and attitude strike right balance. The CCC partners are exceptional in their selfless caring but the care, support and treatment for PLHIV needs a deeper level of professional training.

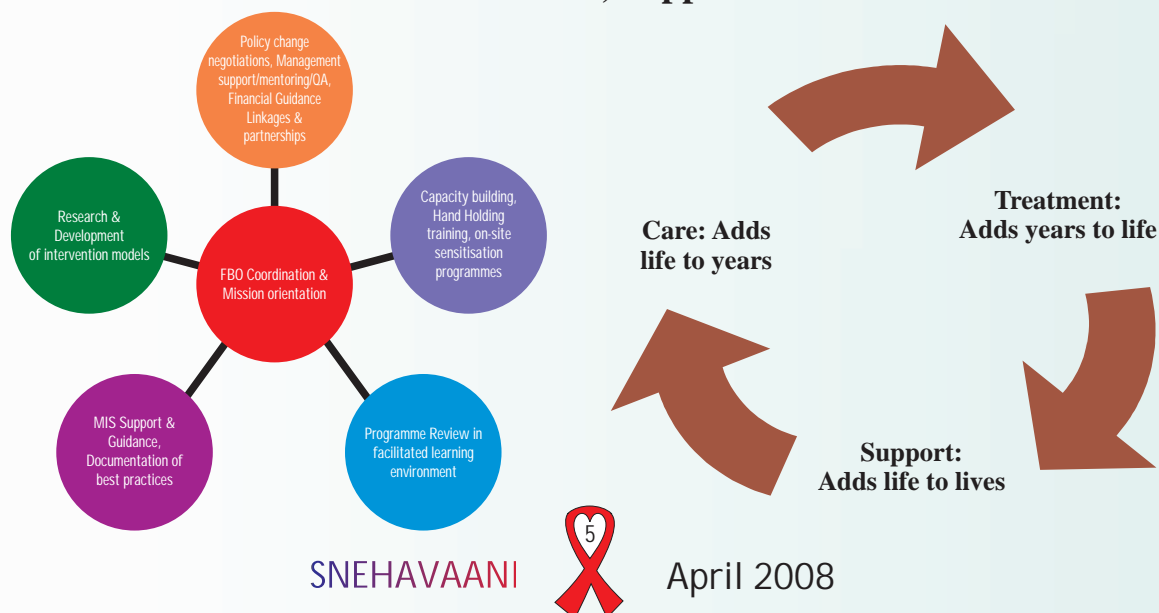
The initiatives together with Samastha capacity building team of St. John's Medical College convinced the partners of their needs of capacity building and cooperated wholeheartedly to sharpen the quality of care. First level of hand holding training has covered almost all personnel at the CCCs. The MIS data shows that the CCCs are equipped to extend quality care without compromising the quantity expected.

Quality improvement: Being new to the comprehensive care of PLHIV, there was a demand for constant mentoring. The management team of Sneha Charitable Trust honed its attention on the unique service delivery needs of the CCCs. This was mainly done through on the site mentoring visits.

On the site sensitisation programmes: HIV care has brought certain new challenges especially for the CCCs attached with general hospitals in terms of universal precautions and issues of stigma and discrimination. Initiatives are on to address these issues through on the site sensitisation covering the entire hospital care providers.

Linkage and leverage efforts: All the components of Samastha project are mutually complementary to realise the envisaged goal. As part of raising linkages among Samastha and Non-samastha care providers, CCCs are facilitated to organise coordination meeting at the respective district levels. The efforts were helpful in converging and mobilising sustainable services for the maximum benefit of PLHIV. Apart from outstanding linkage efforts, CCCs mobilised funds for meeting various treatment and other needs of PLHIV.

FBO Coordination Model of Care, Support and Treatment of HIV



Results of the partnership

A huge shift in attitude has taken place. The fear of being branded as HIV hospitals that adversely affect their existing health care interventions are replaced with initiatives for committed service delivery.

Another key factor is the development of a trust in working with projects.

The fear and concerns about documentation is melted with professional mentoring.

The successful implementation of the project accomplished the mainstreaming of HIV care with general hospitals/health centres. This was even recognised by the national programme as a replicable model across the country.

The Future directions:

The intervention has already broken the service delivery barriers. This model needs to be expanded as there is a huge demand for quality service across the state.

Ongoing capacity building is required for further enhancing quality and comprehensiveness of the services.

To gather more attention and make concrete efforts for advocacy on care, support and treatment issues.

Ensuring sustainability through optimal leveraging, stimulating an enabling environment and linkages with Public health care systems.

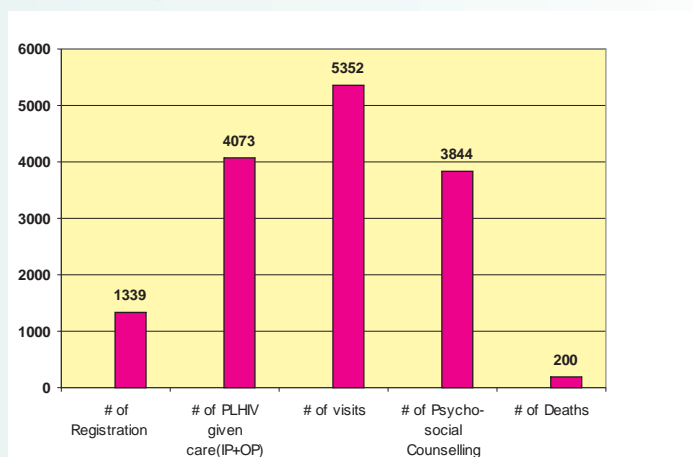
“It has been a great experience working closely with “Faith-Based Organisations” to expand the availability and scope of care, treatment and support to people living with HIV and AIDS (PLHIV) in Karnataka. These institutions have always been at the forefront of care for destitute, stigmatised and marginalised population groups. With a mission to “care” the social motivation needs no further strengthening. The infrastructure available and the cleanliness and decorum maintained within these institutions ensure health. Their receptiveness to technical inputs from the medical and social sciences and their willingness to go the 'extra mile' to reach out to others in need, makes them incomparable in the area of health care for PLHIV and their families. Evidence for this is borne out by the fact that within the first year more than seven thousand PLHIV have been registered into the “Samastha” supported HIV care program and have come back regularly to seek better health. We look forward to continuing to work with these institutions and recommend that others take cognisance of this opportunity as well. We are confident that we can all mutually learn and work together to improve the quality of life of PLHIV in Karnataka and India.

Dr Reynold Washington MD, DNB
Deputy Chief of Party
Samastha Project (funded by USAID)

Postscript

Karnataka with these purposeful and meaningful partnerships with FBOs and civil society organisations is heading towards achieving (enhancing and ensuring) universal access to treatment care and support by 2010 well ahead of the target. ■

Service Delivery Output (April '07 - March '08)



OVC and Social Concerns



Recollections and Reflections of a Social work intern

Ever since the discovery of HIV/AIDS in 1981, about 20 million people lost their lives and more than 15 million children across the globe were orphaned due to this epidemic. And the expected estimation is that globally there will be more than 25 million children orphaned by AIDS by the year 2010. By this time in Asia the proportion of children orphaned due to AIDS is expected to rise from 2.8% to 7.5 % (UNAIDS).

The Problem

Unlike other issues of social concern the OVC issue is the one that is least considered and debated. Since many countries still focus on HIV awareness and prevention, the care and support needs of OVC are often neglected. OVC interventions initiative in some of the countries are poorly planned and managed. Many of them forget the importance of educational, psychological and emotional needs along with the needs to be protected from stigma, discrimination, abuse and exploitation.

The major threats faced by the children are their rights to survival, health, development, education, leisure and protection from abuse and neglect and from sexual and economic exploitation. Apart from the aforementioned problems the children affected may have many other problems like: i) poor health and nutrition, and have less access to health care, ii) scholastic backwardness or dropout from schools, iii) working in hazardous work

"The society has to take a responsible role in caring the orphan and vulnerable children."

environment, iv) lose their right to inherit the family properties and other assets, v) subject to stigma and discrimination from the society, particular problems of children and families affected by HIV/AIDS instead of one inherit the family properties and other assets, vi) lack of care, love and attention, vii) psychological problems, viii) drug abuse and involvement in crime, ix) trafficking and sexual abuse, x) vulnerability to HIV infection. Besides, there are instances of orphaned children denied school fees, unsympathetic behaviour from teachers and care takers forcing them to do more work and gender disparity in providing education.

Strides

Plans that ensure comprehensive care and protection to the OVC should be evolved, properly addressing the six areas of concern viz. education, health care and nutrition, protection, care and psychological support, shelter, livelihood and economic support.

Care plans should be tailor-made to fit the individual needs with proper understanding of the particular problems of children and families affected by HIV/AIDS instead of one fit-for all plans. Besides, our governments should come to the realization that it is the duty of a democratic government to assure its citizens the right to have life with dignity. Above all it is the duty of a civil society to look after its weaker sections. Hence the society has to take a responsible role in caring the orphan and vulnerable children.

Joby Joseph



The Silent Victims

Quackery has a strong presence in the society even in the midst of twenty first century. It is a labyrinth so intricately entangled with rustic life. It is a big threat to modern medicine. In many villages illicit quackery thrives on people's faith and superstitions.

Apart from irrational medical practice, quacks spread misinformation. Their actions can injure, disable or sometimes kill patients. Alternative medicines have not developed adequate treatment for HIV infection. Due to the severe stigma and discrimination and lack of complete cure for HIV infection people sometimes slip into the hands of quacks. In case of HIV infection, patients who fall into the trap of taking treatment from medical quacks end up wasting their money and delaying or not receiving necessary treatment for opportunistic infection or ART. If one defaults ART and ATT, the virus will develop resistance to the medication. Unfortunately patients, especially many of the HIV infected, throughout India, are falling easy prey to the sting of quacks.

We come across several such examples in Snehadadaan. Hanumantha N (30), from Bangalore, is a victim of Quackery. After he was diagnosed as HIV +ve, he was admitted in Snehadadaan on 26th May 2007. The medical investigation diagnosed him having T.B. and started to receive Anti Tuberculosis Treatment (ATT) category 1. He regained his health and was discharged on 27th July and was referred to Bowring Hospital, Bangalore for ART treatment. He went to Bowring hospital and received ART counselling. But instead of starting ART, he went to a medical quack in Badakotta of Kodagu District. He had seen an advertisement in T.V 9 channel, that a person named 'Yoginenda' who claimed to have a cure for HIV, Cancer, Skin Diseases, TB, etc. He went there with his wife.

He paid Rs. 2000 for one month medicine. This combination of medicine consisted of 2 tonic, one hair oil, 3 leaf powder, 2 tablets and one white powder. Quack claimed that within one month he would become freed of HIV and all his illness would be cured. It was reported that about 500 people, majority of them appeared to be from poor economical background, were there in queue to get the medicines. In the course of time Hanumantha dropped ATT. After a few weeks he realized the medicines were not working for him as he was not improving his condition and his weight decreased from 49 kg to 35 Kg. He decided to pursue allopathic treatment from Snehadadaan.

He was readmitted on 5th January 2008 with TB and diarrhoea. It was a pathetic scene, he was found helpless and hopeless. He was also diagnosed with severe Cytomegalovirus (CMV) Retinitis. If he was not treated at proper time, this virus could damage his vision. Treatment for CMV retinitis is quite expensive and difficult to bear for an extremely poor man who earns livelihood by selling brooms in the street. Fortunately the timely intervention of Snehadadaan helped him to treat CMV retinitis freely from Vital Hospital, Bangalore. Snehadadaan also provides food grains to his wife, who cannot work independently. Now he is steadily regaining his health.

Many quacks have advertised that they can cure AIDS and in fact worsened the condition of PLHIV. They are the real threat to society. They should be caught and punished. Proper and necessary drug testing should be conducted to ensure that both allopathic medicine and alternative medicine help rather than harm people. It calls for developing (and) sound government policies.

Jithin Sebastian



Snehadaan, Bangalore

Snehadaan was formally started on 14th July 1997, and is primarily involved in care for PLHIV, palliative care of AIDS patients, and support and training of the family members to care for their loved ones who are sick. Snehadadaan currently has the capacity to provide in-patient care for 52 people. The outstanding infrastructure and service delivery of multidisciplinary team has been duly acknowledged by the NACO, KSAPS, CHAI and Karnataka Health Promotion Trust (KHPT). It also provides training for Doctors, Nurses, Health Care Workers, Social Workers and Medical Students on medical management and cases of HIV&AIDS.

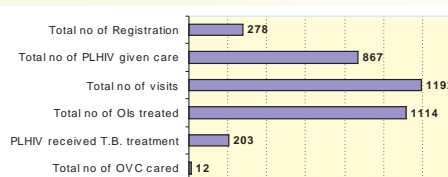
Vision

To provide quality health care to the sick, that is comprehensive and holistic, with a preferential option for the people infected and affected with HIV/AIDS

Mission

To be a positive force in addressing the comprehensive needs of the HIV/AIDS persons, ensuring their dignity and overall quality of life, by motivating, caring, supporting and rehabilitating them, with a priority for the palliative care of those who are in the end stage of the disease.

Service Delivery Output (1 year)





From Footpath to the lap of Support

Aishrya Rai* was born, to ordinary parents, where she was accepted and loved. Because of financial constraints in the family, she was grown up with her grand parents. She was more attached to her grannies than her parents. As she grew up, they realized that she is mentally challenged and still send her to school, but she was not able to continue it because of her mental status.

As she grew up, she started to run away from the family, they were not able to control her. She was away from the family from her 11th year. She travelled from place to place, state to state and at last she landed up in Bangalore. No doubt, the brutal behaviour of some people didn't allow her to be free from HIV. She was in different institutions such as Accept,

Snehadaan, State Home, Swathi mane etc. In 2004 she came to SUPPORT for the treatment and Rehabilitation.

Except the moments of mental aberrations, she found to be one of the smart girls in SUPPORT. Many times we tried to repatriate her but it was in vain. She could not adjust to the environment. Her relatives brought her back to SUPPORT. As an experiment we engaged her with some activities of the knitting section where she amazingly developed her skills. Now she is getting proficient in knitting activities. She is mentally steady also and very rarely gets disturbed. She is happy with her "Thread and Needle".

*Name is changed

Lizy Manoj



Support, Bangalore

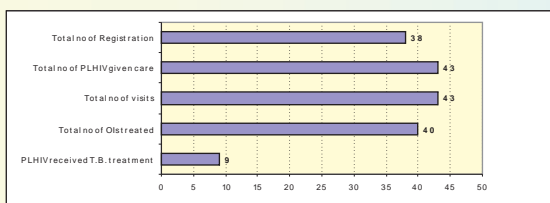
Sumanahalli means 'village of people of good will'. Sumanahalli was started in 1977 with initiatives for the people living with leprosy. SUPPORT, Care and support centre for PLHIV was started in 2003 to extend care, treatment and rehabilitative services for HIV infected destitute. Support is a sub-centre of Snehadaan in the Samastha project especially to carry out destitute care and rehabilitation.

Motto

Love, Light and Life

The objectives for which the Society is established are: Without distinction of Colour, Caste, Creed or Religion to carry out activities for the welfare and education of those affected by leprosy, HIV, disabilities and disasters and persons either related or depended upon such persons and to rehabilitate them.

Service delivery output (one year)



Ray of Hope

“My inner self wanting to see the people infected with HIV receiving more access to quality services devoid of stigma and discrimination.”

I was born on 3rd December 1963 in a highly educated family. I enjoyed my childhood with my parents in the lap of their love and affection. Then I studied in a convent School staying in the boarding for seven years. I had a sweet life there too. My education up to 10th standard was very pleasant with the care and affection of my parents. My mother expired when I was doing my Bachelors degree. Though I was totally depressed, with my father's care I completed my degree. Daddy was a doctor and had a good relationship with the society. I was very much attached with him. But unfortunately his presence did not last long. I was orphaned with my daddy's death in 1987. Though I had two elder brothers and an elder sister, there was lack of understanding and co-operation among us. At that time I took my friends as my books in my life from which I had a lot of bitter experiences.



Hence I was pulled to be an alcoholic and gradually doomed into alcoholic addiction. My friends deserted me when I was financially collapsed. Somehow I got a job in a bank with the help of my uncle and I left the house and my home town. But I continued to be an alcoholic. I got married and my wife was so good to me. A son was born to us but due to my alcoholism and lack of understanding my family relationships ended up in divorce. The efforts made up by elders to reunion both of us were in vain.

I sold my property in the year 2000. Afterwards I met with an accident. Because of the serious injuries I had to undergo a surgery and received blood from a donor. In 2005, I began falling sick very often and my health condition deteriorated very badly. I had undergone many diagnostic investigations and finally I was diagnosed as HIV +ve. It was a shock for me when I heard that I am HIV positive. But no one was around to pacify me. I was utterly disappointed and asked the Almighty, why I was born? No place to stay, nowhere to go, no one to call my name! My friends and relatives shut the doors before me when they came to know that I have HIV infection.

I felt myself in a capsizing ship with no ways to escape. In my way of agony, I was given treatment, care and support by Dayabhavan. Now my health has improved and I feel better.

I understand that a lot of people living with HIV are still facing stigma and discrimination. I hope and wish that the world will realize that HIV infection can be treated and managed like any other chronic disease. My inner self wanting to see the people infected with HIV receiving more access to quality services devoid of stigma and discrimination.

-Umesh Moorthy



Infant Jesus Children's Home, Bangalore

This institution for women and children is run by the congregation of the Servants of the Poor (Deena Seva Sabha). Infant Jesus Home was started in 2001 to meet the needs of HIV infected and affected children. This is a well-established 45-bedded residential home, committed to the care of the children coming from Bangalore and neighbouring districts. There is also a separate unit, House of Mercy, of 35 beds, where women who have been abandoned are provided with shelter, care and support. The centre is in the process of introducing vocational training for the women and creative skill development for the children.

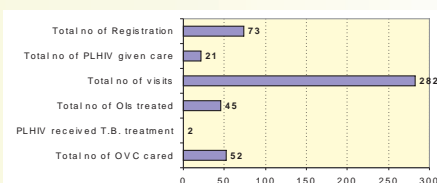
Vision

To provide holistic care to the sick with a preferential option for children and women infected and affected with HIV/AIDS.

Mission

Addressing with compassion the different components of needs of children and women infected and affected with HIV/AIDS, thus ensuring them dignity, and improved quality of life, through care, support and rehabilitation.

Service Delivery Output (1 year)



Abode of Love

Chanda mama raavi
Jabelli raavi
Kondakki raavi
Gogupulu teevai

It is a hymn sung by mothers in the rural areas of Andhra Pradesh when their children do not have meals and cry. The full moon that appears in the clouds of heaven is called 'uncle'. "O' uncle moon come to my child, O cool moon come quickly, climb over the hills and come and bring some jasmine flowers to my child". The mother carries the child on her hip while singing this song, showing moon and the stars and somehow makes him/her joyful. When I think of this song I feel our children in Snehasadan lost those comforts of hearing the songs of their mothers, sitting on their hip, looking at their face in the full moon light and prowling on their lap. They miss the kiss and hug of mother, compassion and forgiveness and at times a loving slap on their cheeks.

People of our locality see our care centres as "Houses of death", and "Lands of suffering", but Snehasadan community care centre is called "*cheerful house*", "*Joyful house*" and "*Makkala Mane*". Any one who comes to Snehasadan is taken up by the "Cheerful Welcome" and the "*Soothing Touch*" of our children. They play with you and make you feel

Reflection of a care provider

at home in Snehasadan family in a short period of time.

If any one of us thinks that these children are incapable of dreaming because of HIV we are mistaken. They travel in their own dream world. Ashwin wants to be police while Ranjith dreams to be a teacher. There are many lower and higher esteem dreams, desires and wishes. "*Sickness and death*" are the constant shadows and enemies of our children. IV bottles, oxygen cylinders, needles, syringes, stethoscope, thermometer and bundles of tablets at times become play items for these children but they never stop dreaming. They don't know why these medicines are given but they stand in queue to receive them. They speak of CD4, Art, TB drugs, cough syrup, mouth-wash and so on. This might put you in wonder. Snehasadan community Care Centre looks forward to further strengthen the programmes for the "*Holistic care*" and "*over all development*" of these children.

Br. Suresh



Snehasadan, Mangalore

Snehasadan was started in the year 2001 as a care & support centre for people infected and affected with HIV/AIDS. This is the third ministry initiative of Sneha Charitable Trust in India. This facility started with the support of local community and Rotary Club of Mangalore. As a people oriented institution, Snehasadan is sensitive to the needs and concerns of people affected by HIV/AIDS and it endeavours to provide comprehensive care for them. Here, a multi-disciplinary team approach involving physicians, therapists, nurses, counsellors and volunteers help patients to regain their health, confidence, dignity and will to rejoin the society. The centre has added orphan and vulnerable children (OVC) component to its care plan from 2002.

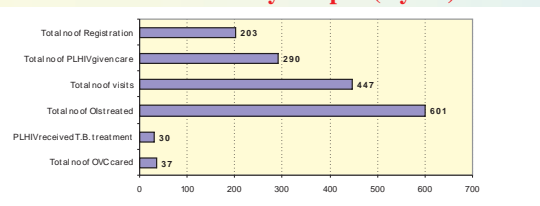
Vision

Bring salvation and total health to all and to promote the culture of Good Samaritan, ensuring human dignity in the given reality.

Mission

To be a positive force in addressing the comprehensive needs of the HIV/AIDS persons, ensuring their dignity and overall quality of life, by motivating, caring, supporting and rehabilitating them, with a priority for the palliative care of those who are in the end stage of the disease and OVC.

Service Delivery Output (1 year)

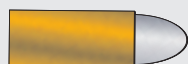


Home day Celebration

Mangalore: Snehasadan family celebrated its 'home-day' on February 2, 2008. Curtains of week-long celebrations and various competitions came down as the patients, staff, neighbours and well-wishers of Snehasadan gathered together in a pleasant evening at its lawn-square to share the joy of the day. Various cultural programmes by the children of Snehasadan and Jeevadaan and staff added hue to the day.



The event was celebrated on the Conversion Day of St. Camillus; commemorating the inauguration of the centre on February 4, seven years back. As a preparation for the celebration, Snehasadan family was divided into two groups to conduct various athletic and cultural competitions. The director Fr. Joy George welcomed everyone on the occasion and Ms. Sunanda registered the vote of thanks.

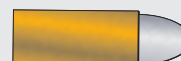


Point Blank

The stigma and discrimination towards PLHIV among the insensitive doctors and other health care professionals is striking at the root of care and support initiatives across Karnataka.

We are lagging far behind, beyond words...

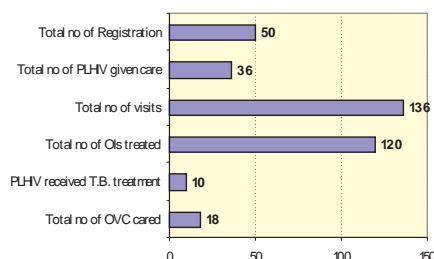
*“If I do not burn, If you do not burn,
How can the shadows become light?”*



Jeevadaan, Mangalore

Jeevadaan is a care and support centre for HIV/AIDS, established by the society of the Daughters of St. Camillus on 2nd February 2004 to provide care and support for HIV/AIDS infected and abandoned women and children. The centre was started with the primary objective of providing residential care for HIV/AIDS infected women and children and facilitate community care. Jeevadaan has the facility to provide services for fifty inpatients at a time. Jeevadaan functions as the sub-centre of Snehasadan in the Samastha project focusing on Destitute women and OVC.

Service Delivery Output (1 year)





Living Life positively

I was a post graduate working in the accounting department of a leading firm in Bangalore. I had a lonely childhood losing my mother, brother and sister. My father brought me up. I was 31 years old when my father was planning for my marriage to one of my close relatives. It was all planned against my interest. Eventually I had to yield and marry the girl who was an illiterate. Though I tried to get along with her, I was unhappy and depressed.

Since my work was in an audit department, I had to travel extensively. The long stay away from homestead and the unhappy married life pressed me to resort to alcoholism and sometimes extra-marital relationships. Eventually my health was declining and later I was tested HIV positive. I was captivated, negative thoughts and hopelessness crept in. My dear and dear ones started avoiding me and I was even disdained by my wife & parents.

Sickness along with mental agony overruled my life and I lost my job. I was admitted to different CCCs across Karnataka. I got a job in one of the Samastha CCCs in 2007. I receive wholehearted support from my colleagues. Now I am on ATT&ART and doing pretty well.

Though I am away, deserted by my loved ones, I am determined to lead a positive life. I have no malice towards anyone and I still pray for my parents & relatives.

-Nakesh (Changed)



“Though I am away, deserted by my loved ones, I am determined to lead a positive life.”



Birds Heal, Gulbarga

BIRDS (Brothers Integrated Rural Development Society) - Heal (Society for Health, Education, Action for Liberation) is an off-shoot of BIRDS, Bangalore. BIRDS-HEAL, is under the legal-custodianship of 'The Sacred Heart Brothers Society'. Since the year 2001, BIRDS-HEAL is working among the poorest of the poor in 146 remote villages of Jewargi taluk, 36 villages of Hapur taluk in Gulbarga District. One of the major thrust areas of BIRDS-HEAL in Gulbarga is 'community-based preventive and curative health'. With the initiation of Samastha project, the centre has developed its infrastructure into 25-bedded facility to render IP services to PLHIV.

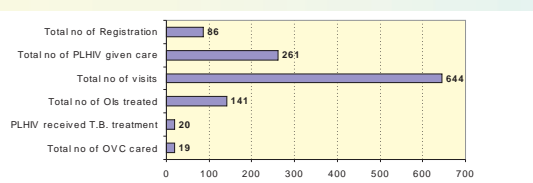
Vision

A society, which ensures its people justice, freedom, equality, health and opportunity for growth without any discrimination.

Mission

Promoting sustainable process of social change in favour of the poor, the sick and the marginalised communities through building community-based people's organisations, strengthening their capacities and affirming their rights, based on the values of equality and social justice.

Service delivery output (one year)



Handholding Training

Capacity building initiatives are integral to the professionals delivering services in the field of HIV care, support and treatment. Snehadan in collaboration with St. John's Research Institute, has developed a unique model of handholding training for the personnel of Samastha - community care centres. It is aimed to enhance their skills and knowledge with a pro-patient attitude. The hands on approach of the training is not just restrained to technical inputs but focuses on attitudinal change through direct interaction with the patients. During the course of the training, participants get daily hands-on clinical training and experiential learning, daily didactic and case-based sessions, mentoring by experts and faculty.



The primary aim of the intervention is to maximise the quality and quantity of service delivery. The issues and concerns of the partners are unique and hence they are to be addressed uniquely at the centre of excellence considering the best convenience of the partners. Since Snehadan has been evolved as a centre of excellence and identified as a learning site through consistent quality service delivery in the field of HIV/AIDS - Care, Support and treatment, the centre has the

potential to address the capacity building needs of the partners.

The handholding learning opportunity would optimise the service delivery potential of each partner. It would help evolving a sustainable system for mainstreaming the comprehensive HIV/AIDS care. The training inputs can contribute to building confidence and rapport within and among partners (Community Care Centres) for support and referrals. During the course of the project period, August 2007- March 2008, we have reached out to 70 professionals (14 Counsellors, 28 Nurses, 7 Doctors, 2 lab technicians, 3 health workers, 1 physiotherapist, 2 MIS cum accountants, and 13 Social workers/coordinators).

Snehadaan also extends learning exposure for participants who come as part of Samastha training of St. John's Medical College on 'Comprehensive care of PLHIV. During their visit, Snehadan organizes Case studies, focused group discussions, presentations, demonstrations and role plays for better understanding of the concepts.

Learning happens when one's mind really longs for it and the same happens here in its full meaning; the mindsets undergo a radical transformation for a positive care!!!



St. Anne's Clinic, Bijapur

St Anne's Centre for Non Formal Education (CNFE) comes under the Karnataka Jesuit Educational Society. Presently it has programmes in 50 slums. It runs a school for child labourers, children of sex workers, and underprivileged children. There is also a Non Formal Education Centre, which caters to child labourers and children who cannot attend a full time school. It also runs an ITI for school dropouts. St. Anne's Clinic started in 2004 with a special focus on catering the needs of PLHIV. It began as a half way home with OPD facility. With the initiation of Samastha project, St. Anne's clinic extended IP services to PLHIV in a holistic way with a facility of 15-bedded IP care unit.

Vision

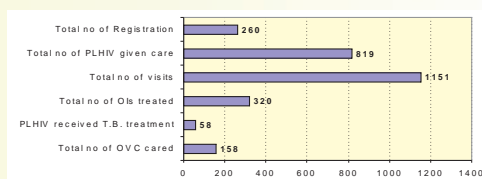
The Disciples of Jesus walking with the people of good will, for the service of the marginalised, the sick and the powerless to promote harmonious, healthy and a just Society.

Mission

Building Peoples' Movements for the oppressed in the society. Economic, Social, and Cultural Empowerment of the oppressed.

Promoting holistic health care.

Service Delivery Output (1 year)



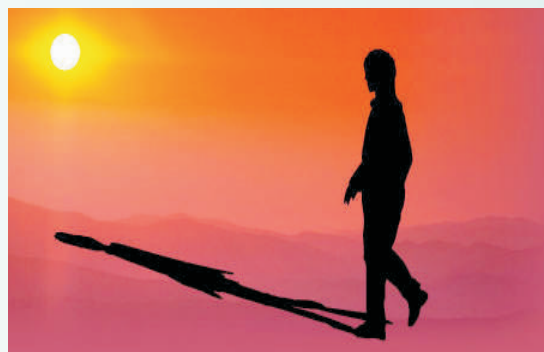
We are nothing but walking shadows...

Sr. Solly

Today HIV/AIDS is considered as the plague of 21st century, where people are isolated by their own family and society. They have no one to share, care, to love and to be loved. We are called to be the life bearer - an anchor - to these people. Here I am reminded of an incident which touched my heart.

It was a bright cool morning of December. As usual I came to the hospital. I saw someone standing in front of the hospital. I looked at him. His appearance was so simple. His name was Prasad (Name changed). His wife was Shantha and he had two children; elder boy was 8 years and the younger boy 6 years old. Both the children and mother were also looking sick. Prasad is the only bread winner of this family. The whole family was tested HIV positive and they seemed hopeless and hapless.

Being in this field, we meet many people who are suffering from various kinds of pain and



agony, but there is a ray of hope if at least one person in a family is negative so as to continue the sustenance of that family. But here the situation is different.... What can they hope for...? We planned our psycho social intervention so carefully that within a week time they were able to accept this fact and cope with the reality.

We come across so many similar cases of this kind. It is indeed a very challenging field. But we are happy when we see many people getting better and going home with a different outlook towards life.



C.G. Hospital, Belgaum

Cardinal Gracious (C.G.) hospital was started about three decades ago. This is a 50-bedded hospital run by the Sisters of St. Charles Borromeo. The outreach programmes covers 15 surrounding villages in the Deshnoor area. This Hospital seeks to have a friendly interface with PLHIVs. All patients regardless of their status are treated with equal parity. On an average about 10% on the OPD and Inpatient services are addressed to meeting the health needs of PLHIV. To address the needs of PLHIV comprehensively the hospital undertook care and support component of Samastha project from April, 2007. After taking up of the Project, C.G. hospital could establish effective linkages with RNTCP and now going to be a DMC. Now the hospital is bold enough to address the multitude needs of PLHIV holistically.

Vision

To incarnate the compassionate love of God for all people especially the poor, the marginalised and the sick through Christian education in all our ministries.

Mission

To address the health needs of the underprivileged and marginalised by demonstrating the love of Jesus in action.

Service Delivery Output (1 year)



A Moment of Excellence

“We are grateful to all those who have helped us to impart better service to the Client who had confided us. We realised the beauty and meaning of coming together and working together!”

Shantala (name has been changed) came to the Hospital from Hospet, a historical town in Bellary District. She is a teacher by profession. She was pregnant and found to be in her fifth month.

She was panic and confused. She was in need of psychological support. When we enquired about her husband, she told that he had left her after knowing that she was infected with HIV. We made her feel comfortable and counselled. She was also made to understand the relevance of PPTCT services. She was accompanied to the Civil Hospital, Dharwad by our health worker and followed the procedures of the PPTCT. Her report was positive. Once again she was counselled along with tips of positive living. She was rather relaxed when she left our CCC.

She visited the Hospital regularly and the counsellor had telephonic counselling as well. With our interventions she revived her confidence in herself and others. In her last visit she was accompanied by her husband whom we had never seen before. During this time both were

counselled and her husband was taken to the ICTC, where he was tested negative. After the family counselling they were asked to come for the delivery one week before the scheduled time as they had to travel a long distance. But they reached our Hospital one day before only.

Our OBG doctor sent a request to the Civil Hospital for the ART which they refused to give. Neverapine tablets were bought from the Medical Distributors but the Hospital could not get the drops for the infant. We called up Dr. Sunil Kumar (KHPT) and he too tried to convince the counsellors of PPTCT but all those words fell in to deaf ears. Finally Dr. Gajanan KHPT was contacted, who had promised to help us. Meanwhile *Shantala* was in labour pain and had to be taken to the Operation Theatre. As per the Doctor's guidance, an Ambulance was sent to C.G. Hospital (Samastha CCC) to get the dosage. We managed to get the medicines in time to administer it to the new born baby. Thus for the first time in our experience, we sought the help of

another CCC to help a Client in distress. This was the First Caesarean Session which took place at our Hospital after taking up the Samastha project. We are grateful to all those who have helped us to impart better service to the Client who had confided us. We realised the beauty and meaning of coming together and working together!

Herrick Fernandez



LOURDES HOSPITAL, DHARWAD

Lourdes Hospital, run by the Sisters of Charity. It is a 150 bedded general hospital, which admits on an average 3000 patients annually. It has also an outreach unit, which reaches out to 17 villages around Garag, Dharwad. It has got a full fledged blood bank run by the Rotary Club of Dharwad. On an average about 5% of both the inpatients as well as outpatients are PLHIV. Special care is given to meet the needs of PLHIV with medical management of OIs and psycho-social support. More PLHIV receive comprehensive care with the introduction of the Samastha project in April, 2007.

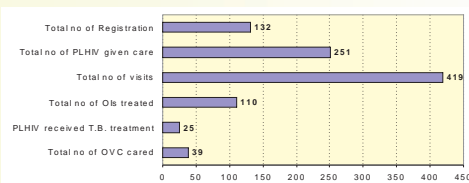
Vision

A hospital that seeks to provide the humane touch in addressing the health needs of the population especially of the underprivileged and marginalised.

Mission

To provide care without any discrimination, in addressing the health needs of the underprivileged and marginalised thus actualizing the love of Jesus in action.

Service Delivery Output (1 year)



Support Extended

Dharwad: In association with the Canara Bank, Narayanpur Branch, Samastha CCC team of Lourdes Hospital, arranged a programme for the Orphan and Vulnerable Children (OVC) on 6th February 2008. The Deputy General Manager of the Canara Bank, Hubli Circle branch was the Chief Guest. Sr. Nirmala D'Silva the Superior of the Lourdes Convent presided over the function and Mr. A.K.Suryavamshi the Senior Manager was the Guest of Honour. The programme began with a prayer song by Master Naveen and Adarsh. A brief introduction of the hospital and the aims and objectives of the Samastha Project was given by Mr. Herrick, the Project Coordinator. The Chief Guest was introduced by the Senior Manager Mr.A.K.Suryavamshi.

“Whatever has been done to the poor and needy remains forever. The Bank has a motto to serve the community and this is the right way that the money of the people is given back for the good of the Community.”



Mr. U.N. Mayya DGM in his address said that “whatever has been done to the poor and needy remains forever. The Bank has a motto to serve the community and this is the right way that the money of the people is given back for the good of the Community.”

He appreciated the work done by the Hospital and the service rendered to the poor and needy. He said that the Bank would like to extend its cooperation to the hospital as it is only through the team work the spread of HIV can be brought down. Later he distributed the **Blankets and towels** to 30 OVC in the presence of all the dignitaries who were present. Mrs. Sujatha Malgar thanked all those who helped to conduct the programme.



Holy Cross Hospital, Chamrajnagar

Holy Cross Hospital was established in 1979, to meet the needs of the rural community of the disdained population of Chamrajnagar by the society of the sisters of Holy Cross. It is a well established 100-bedded hospital, committed for the care of the people coming from Chamrajnagar and neighbouring districts. The hospital has been treating PLHIV both in outpatient and inpatient basis on an average of about 5%. In the premise of the hospital there is an ICTC, and it is a Designated Microscopy Centre also.

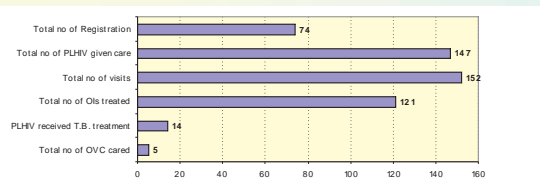
Vision

Working towards a society rooted in the gospel values of love, justice and peace to address the health needs of the population especially the down-trodden and the marginalised.

Mission

To continue the healing ministry of Christ by meeting the health needs of the underprivileged, poor and marginalised.

Service Delivery Output (1 year)



A Humble Beginning...

Kolar is one of the districts in the Karnataka that is severely affected by the HIV/AIDS epidemic. Poverty, lack of education and migration increase the spread of the infection in this district. Women and children are particularly at great risk and vulnerability.

HIV/AIDS has increased the number of deaths of the parents and morbidity associated with the infection. As a result of losing one or both parents, children are deprived of parental care and affection. Children suffer with, inadequate health care and parental care, reduced attendance to school, malnutrition, unhygienic living condition which in turn further worsen their condition. Apart from all these discomfort, the trauma and the stress the children undergo affect their total development and wellbeing. Learning these facts, a health camp was conducted by Snehadaan community care centre at Kolar IPPCC on 9th February 2008.

The team consisted of a medical officer, two counsellors, a nurse and health workers of IPPCC and the director of Snehadaan, dermatologist, paediatrician, two counsellors and four social workers. The camp commenced at 11 am. The whole team was divided into four groups. One group made the medical assessment while others conducted psycho-social assessment. 21 children (8 girls and 13 boys) were assessed by both medical and psychosocial team. In psycho-social assessment they covered the personal profile of the children and caregivers, education,



hygiene, nutrition and emotional issues of the children. Kolar IPPCC identified 30 infected children in the district. Out of these, 21 children attended the camp. The average age of the children attended the camp was 7 years (range 2 to 12 years). Majority of them were diagnosed with HIV infection during the last 8 months.

In the afternoon there was a meeting in which the caregivers opened up about their different problems. The Director of Snehadaan assured them that Snehadaan is going to develop a new intervention model to address the issues of OVC in the Karnataka.

The assessment found that most of the children are from lower socio economic background. The need of early diagnosis and treatment should be focused to get them in the stream of care and support. Nutritional support is a key area to be strengthened, with a goal to check wasting syndrome. The care givers find it difficult to meet the multidimensional needs of children. These concerns if not addressed would increase the morbidity and mortality of the children.



St. Mary's Hospital, Bellary

St. Mary's Hospital is a 75-bedded facility, managed by The Franciscan Hospitaller Sisters of the Immaculate Conception. The hospital seeks to provide services to the needy that are usually neglected by the mainstream society. The hospital has direct community outreach programmes in four villages namely Hallipura, Vokrani Camp, Lakshmi Nagar Camp and Somasamudra. Most of the doctors in the hospital are consultants who are directly attached to Vijayanagara Institute of Medical Sciences (VIMS), Bellary. Since July 2007, St. Mary's Hospital was included in the Samastha project to implement the care and support component. Now the hospital is facilitated to render comprehensive service to PLHIV with a multi-disciplinary team.

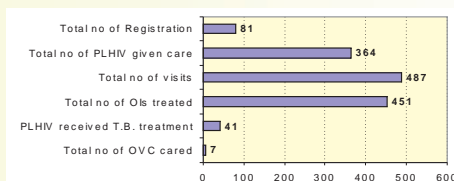
Vision

Strives to bring about a just and humane society where the dignity of every individual is recognised and nurtured with the belief that every individual is created in the image of God.

Mission

To enable every individual to a quality life by providing accessible service and treatment to needy individuals, with special focus to the poor and the marginalised.

Service Delivery Output (9 Months)



Social Work Intervention in the Field of HIV/AIDS

Bangalore: Management unit of Samastha project, Sneha Charitable Trust, organised two days workshop at Snehadanaan on 9th and 10th of February 2008 to generate deep understanding and scope of Social Casework in addressing the psychosocial needs of PLHIV. **Dr. Jacquleen Joseph**, Assistant Professor from Tata Institute of Social Sciences (TISS) was the Resource Person for the workshop.

The workshop briefed on psychosocial assessment, social analysis and social diagnosis. It also prepared a client intervention plan. Initial day started with exploring the role and scope of professional social workers in extending psychosocial intervention to PLHIV. The session distinguished the role of social workers in a multidisciplinary team in HIV/AIDS setting.

There were 15 participants for the programme. All the participants had undergone a preparatory exercise of refreshing their knowledge of social casework through literature review prior to the workshop. The participants from respective CCCs came with case studies. The methodology of the workshop was deeply interactive and participatory.



Resource person shared practical inputs to conduct psychosocial assessment. The sessions analysed the various aspects of a person's psychosocial well being. The discussions delved into the psychological, physical, familial, interpersonal, social, economical, cultural and spiritual aspects. This exercise helped the participants to make a comprehensive social diagnosis. After the technical input on the client assessment, guided practical training was also extended. Participants were facilitated to make social diagnosis based on the assessment report and

to social analysis and further to make psychosocial intervention plan. Intervention plans were drawn prioritising the felt psychosocial needs of PLHIV. As an immediate outcome of the workshop, the participants, guided by the resource person, could develop a format for the psychosocial assessment and an intervention model for HIV/AIDS Care and support setting. It is learned that Social casework, as a unique stream of intervention has the potential to enhance the care for PLHIV.

Our Team

Together



Fr. Mathew Perumpil MI
Chief Executive

Stronger



Baburaj V.C
Programme Coordinator



Shinu Joseph
M&E Officer



Thomas P.D
Programme Assistant



Manu John
Finance Officer

Cruising forward with a cause...

Hope Abides



Hope abides; therefore I abide.
Countless frustrations have not cowed me.
I am still alive, vibrant with life.
The black cloud will disappear,
The morning sun will appear once again
In all its supernal glory.

- Sri Chinmoy

Published on behalf of Sneha Charitable Trust (Snehadaan). Editors: Baburaj V.C. & Shinu Joseph.
E-mail: snehasamastha@gmail.com, Website: www.snehacare.org Printed at National Printing Press, Bangalore.

