Foster a Child Affected by HIV/AIDS

I. THE PROJECT

1.1 Title

Foster a Child Programme (FCP) in the Namakkal District, Tamilnadu, India.

1.2 Place

The Project is going to be implemented in 90 villages of two unions viz., Pudhuchathiram, and Erumpattai in the Namakkal District, Tamilnadu, India. Please see the Area Map in Annexure I .

1.3 Duration

The duration of the project will be **36** months

1.4 Objectives

Main Objectives:
To Provide an enabling environment for the social, educational and health development of 150 Children of HIV Infected / Affected in the Namakkal District.
Sub Objectives:

- Social integration of children through Children's Club in the HIV/AIDS hit areas.
- Controlling dropouts and enrolling in the schools for continuation of education of these vulnerable children.
- Providing health education and health care services to these children.
- Referring the children who are suspected to be infected to the Virtual Controlling Testing Centre.
- Bring out the potentialities and talents of the children through competitions.
- Providing special coaching to the children in the village for improving scholastic achievements.
- Promoting Sustainable Economic growth among the Parents / Care takers of HIV positive children.

1.5 Justification of the project and description of the target group

a) Identification of the needs and constraints of the target group(s)

The Namakkal District was not a area conducive to the outbreak of HIV/AIDS before 1990. However, this changed after the whole region suffered from drastic climatic changes. The failure of the monsoon led to an increased migration of landless agricultural labourers, small and marginal farmers, semi skilled and skilled labourers to other districts, states, and even to other countries.
The migrant nature of the population contributed to the development of this wide spread epidemic in the Namakkal District. It has been estimated that there are above 31 thousand people living with HIV/AIDS in he Namakkal District. consisting of males, females and children
The SSH –(Society for Serving Humanity) has the practical experience of dealing with HIV/AIDS as it already runs projects related to Health, Education, Agriculture, Environment and Development, within two Panchayat Unions – Namakkal, Mohanoor, and is looking to expand its activities in the regions of Puduchatram and Erumaipatti of the Namakkal District. Through running these projects, SSH has been able to assess the needs of the community and has been able to collect data on HIV Infected people in the area. To this date, data has been collected on 400 Persons Living with Aids as

well as on 300 children affected/ infected by HIV/AIDS.

Adverse affects of HIV on Children, the family and the community

The Child :

In the Namakkal District., as many as 100 children are infected with HIV and 2000 children are affected by AIDS. The effects of HIV are felt within the family and the community and are listed below.

The Family:

- Children live with family members – parents, or older siblings who are HIV infected.
- Children are burdened with the care of their sick parents who have AIDS.
- Children have lost one or both parents to AIDS, and are thus orphans.
- Children become heads of a family – some orphans may have younger siblings, and as AIDS erodes traditional community support mechanisms, children head an increasing number of households.
- AIDS inhibits the family's wage earners from working or creates a need for expensive medication, hence many children end up being the family's principal wage earner.

The community :

- Children may lose their friends to AIDS.

  Children who have HIV in their family may be stigmatized and affected by discrimination in the community.

Special needs of the children who are HIV-positive.

In addition to having their physical needs fulfilled ,children have critically important emotional, cognitive, social, developmental, and spiritual needs. Fulfilment of these needs is essential to a positive human development as a whole and the impact of HIV/AIDS can impede this. Such impacts may include social isolation, rejection, emotional stress due to witnessing the suffering of a parent or family member, burden and responsibilities of caring for an ill parent or raising younger siblings, and involuntary school dropout. In addition to this group, there is also another vulnerable group. This being the children that are separated from their siblings or forced to live on their own after the death of there parents. The long-term effects the children are subjected to are:

- High risk of dropping out of school
- Decline in nutritional status
- Reduced access to health services, including vaccinations
- Possible increase in child labour.
- Potential loss of assets, including inheritance of land, house, properties,
- Discrimination and exploitation
- Reduced financial resources to support school fees and supplies
- Reduced resources for food, clothes, shelter
- Migration and relocation of families from the community
- General weakening of informal coping capacity.

Special attention to children who are HIV positive*:*

The number of children who are HIV positive continues to escalate in the district where HIV is prevalent indicating a great need for better health care. The Health Care Services administered to the infected mothers and children are reported as beng inadequate and have been neglected.

Other contributing factors to the lack of good health care are the very poor postnatal follow-up services for children in the PPCT programs, and the lack of facilities most laboratories are confronted with to treat HIV-infected children less than 18 months of age because of the cost and complexity involving DNA and polymerize chain reaction testing.

Infant mortality has been directly linked to children that have been diagnosed as being HIV Positive. Likely causes of death such as pneumonia, malaria, and diarrhoea could be identified and prevented at early stages if proper follow up were undertaken. Hence the need for better health care in the form of are needed and summed up below:

- Community-linked maternal and child health services
- Institutional and community mechanisms for follow-up and ongoing care
- Comprehensive health care packages for HIV-infected and affected mothers and children

- Therapies to reduce morbidity and mortality of HIV-infected children
- Information about why children need testing for HIV infection

Not to be underestimated are the psychological problems ,children suffer from parental illness and death. Therefore the children should be taken care adequately and appropriately. The treatment of psychological problems is less tangible than the material problems children suffer from and requires meticulousness.

b) Description of target groups

Social category and economic situation	In the project villages the Orphan and Vulnerable Children (OVC) devastated by grief and the loss of the parents love, guidance and protection are increasingly exposed to poverty, discrimination and severe risks to their well-being. Orphans and CAA / CIA living in families coping with chronic illness, have less access to education, income, psychosocial support & nutritional food security, without care and support, they are more susceptible to abuse and exploitation.
Age group	6 years to 15 years
Estimate of anticipated number of direct beneficiaries (give a approx number)	150 children (75 children per union approximately)
Gender what percentage of the direct beneficiaries is women/girls? (In%)	60% of the direct beneficiaries are girls.
Location what percentage of the direct beneficiaries live in a rural area and what percentage in an urban area? (In%)	90% of the direct beneficiaries live in rural area.

1.6 Detailed description of activities

ACTIVITIES:

1. Formation of **Children's clubs** enrolling all the children in the street or geographical area.
2. Establishing **Coaching Centres** for the Children in the village or geographical area according to the needs / number of children.
3. **Home Visits** by Health Workers to the Children of HIV Infected / Affected.
4. Providing **Education support to the Children** of HIV Infected / Affected for the continuation of their studies.
5. Conducting **Workshop, Seminars** for the CBOs – SHGs, Youth Clubs, Community Leaders on Child Rights and Child Development.
6. **Training** programmes for the Caretakers of Children of HIV Infected / Affected.
7. **Advocacy Meeting** with Teachers, Health Service Providers, Community Leaders etc.
8. **Cultural Programmes** on Child Rights, Elimination of Stigma and Discrimination, Care and Support to OVC, Gender Discrimination, Community Responsibilities of Control and Prevention of HIV/AIDS and Care and Support.
9. Linkages with Banks / govt. Departments.
10. IGP support to PLHA families.
11. Monthly Review meetings for the staff.

1.7 Expected results

- 15 Children clubs will be formulated and strengthened.
- 300 children are benefited through Coaching centres
- Reduced level of new cases of HIV/AIDS in the operational areas through the home visits.
- Improved knowledge on personal hygiene, RTI//HIV/AIDS among vulnerable children.
- 100 children will use VCTC for earlier identification.
- Health seeking behaviours is increased among children and taking continuum treatment for OI.
- Frequency of occurrence of OI is reduced and 50% of positive children will be under ART treatment.
- 150 vulnerable children will have increased approach to Govt. and private health care institutions.
- Reduced stigma and discrimination of families and community .
- Increased community support to CIA/CAA in terms of food, cloths, educational materials etc
- Reduced self-isolation among CIA/CAA and they are actively involved in children's club activities.
- Increased scope for positive living among CIA/CAA.
- Increased sense of security, love and emotional support to CAA/CIA.
- Reduced school dropouts and increased attendance and performed well in the academic year.
- Increased level of abilities and skills among the children.
- Reduced farness and loneliness among CAA/CIA through children's club, activities and enjoyed their childhood happiness with playing materials.
- Reduced number of PPTC as 90% of pregnant mothers would be tested on time.
- Created opportunity for children to acquire life skills necessary to understand, talk about and cope with their life circumstances in a healthy and positive way.
- Increased community support and resources to PLHAs/FAA and CAAs (Handful of rice, cloths, education materials and space for recreation club and tuition centres).
- 30 PLHAs and 50 CAA/CIA benefited through welfare schemes like SGSY,widow pension, old age pension and other Govt. programmes
- Created and strengthened community support structures (Youth clubs, SHGs, Village Development Committees) , which will work for the development of HIV/AIDS affected people and that will ensure the sustainability of this project.
- The staff and volunteers will conduct 2 Cultural programmes monthly.
- Increased Income earning capacity 150 of PLHAs through IGP support.
- Increased level of social consciousness among children as involved in social actions like mass cleaning, tree plantation etc.
- CAAs' active participation in child centred programming would build the capacity of children to share their inner thoughts and feelings in a conducive environment.
- Increased community concern towards CIAs / CAAs (Sponsorship of children, Foster care and Recurring Deposit facility).
- Improved knowledge on leadership skills, cultural performance, children's rights etc. They will be involved in planning, implementing their activities, addressing their issues and resolving themselves.

1.8 Sustainability

The running costs will be financed from the CBOs (Community Based Organisations) like Women sangas, Youth Groups, PRIs (Panchayat Raj Institutions), Welfare Organisations, Philanthropists in the local areas, and through local mobilization etc., Community Participation will take care of the project once the project is over. The Community will be sensitized to implement the "Fistful of rice" by which each family sets aside a handful of rice when they go for corking every day. At the end of every month, this rice is collected at the Women Sanga meeting and in turn distributed to the PLHAs and their children's.

SSH makes use of the various community initiatives and groups spread in all its target villages like the Women sangas, the Youth groups, the Children's club etc. In Collaborating with SSH They provide the foundation on which this project can be built. These groups are helpful in ensuring the proper identification of childrens' needs and ensure regular follow by monitoring the school attendance of the children.

The strengthening of th children's clubs through this project will encourage the socialialization of children of different caste and religion. Children will learn the art of coming together, learning together and growing together.

The linkages made with education and health institutions will ensure the proper attendance of children to schools and timely treatment for children respectively. Hence all the initiatives that SSH introduced in this project will be sustained even after the project period.

1.9 Description of the partner organisation

SSH is non profit organisatiion and was set up in June 1988 and began to operate in January 2000. SSH has been involved in training, referral, linkage, emergency relief, nutrition demonstration, campaign activities, monitoring and evaluation etc.,

4. Capacity to manage and implement projects

Please describe your experience with similar projects.

SSH has rich experience in undertaking Reproductive and Health Education cum Service Programme for the Prevention and Control of STD, Targeted Intervention on Behavioural Change among Migrant and Industrial workers,Tannery Workers, Community Based Care and Support for PLHA and Elimination of Stigma and Discrimination on HIV/AIDS among Health Service Providers and Care Takers.

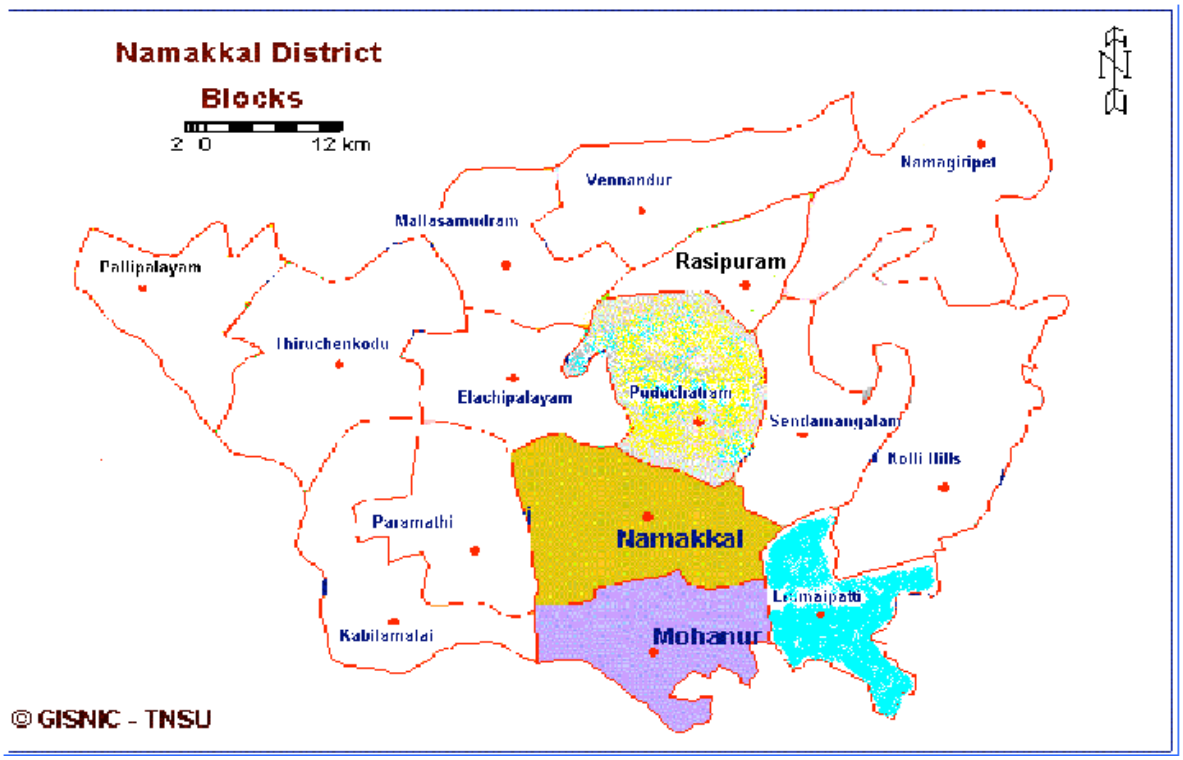
The Staff and Volunteers gained good experience and exposure to deal with the issues in the project area.

Above all SSH has got good rapport with the Families Affected by AIDS and keeping confidentialities of clients.

SSH has got SHGs (Self Help Groups) in all the project villages who are going to play a major role in Foster a Child Project.

ANNEXURE - I

NAMAKKAL DISTRICT WITH PROJECT AREAS



ANNEXURE – Ii Abbreviations

SOCIETY FOR SERVING HUMANITY, NAMAKKAL
Abbreviations used in the Project :

SSH	-	Society for Serving Humanity
VCTC	-	Voluntary Counseling and Testing centre
PPTCT	-	Prevention of Parental to Child Transmission
DNA	-	Deoxy Ribonuclic Acid
OVC	-	Orphan and Vulnerable Children
CAA	-	Children Affected by AIDS
CIA	-	Children Infected by AIDS
CBOs	-	Community Based Organizations
SHG	-	Self Help Groups
IGP	-	Income Generation Project
PLHA	-	Persons Living with HIV/AIDS
OI	-	Opportunistic Infection
ART	-	Anti-retro Viral Theraphy
FAA	-	Family Affected by AIDS
SGSY	-	Swarna Jeyanthi Grama Swarojgar Yojana (a Central Govt. scheme for Self Employment).