

Health and hope

HIV

The tribal communities we deal with are principally made up of 9-10 indigenous tribes all steeped in tradition and culture and taboo. A society where the world seems to pass by, for we see only few benefits from the economic growth that is obvious in the major cities of India. HIV/Aids in many regions of India is swept under the carpet, and we find this to be the case in our area, making it difficult to obtain reliable overall statistics as to the number of infected persons. We have been working with the rural poor now for over 15 years and have established confidentiality and trust with the tribal groups, as we are respecting of culture and traditions at all times.

Our programme of support continued throughout 2015. Monthly meetings were attended by an average of around 18 people living with HIV (PLWHIV) including children. Towards the end of the year, discussions were commenced with local agencies, including NAWA and ACCORD, to piece together an intervention programme that the PLWHIV and Aids wanted to see and which filled more of the gap that existed between need and what is currently provided or not provided. What is emerging is a revised programme of intervention defined by PLWHIV themselves.



The photograph above, shows some of the 32 PLWHIV who attended a meeting to discuss how this might be achieved.

Geographically, the Nilgiri hill villages are often really difficult to access, the region is forested and mountainous. Travelling between townships although not far in terms of distance becomes lengthy in terms of journey time.

There are about 1000 registered PLWHIV in the area, and of those around 400 do not attend clinics nor do they take ART. Their non-participation is largely because of stigma and so our plan is to try and bridge this divide with a new intervention programme and day clinic.

We discussed with NAWA and GoHT about providing support programmes to cover the Ooty, Coonoor and Kothagiri bloc. It was also agreed that a young woman, Shanti, would look to involve the PLWHIV themselves and so implement a sustainably holistic programme of intervention for the area. There are also 20 children and young people up to the age of 19 in the Ooty/Coonoor blocs who need support. These young people have either been orphaned or they are from single parent

family situations which are desperate, and where little or no income support is provided by government.

During 2016 we shall be looking -

- To secure the services of a trusted doctor and nursing support
- To find a suitable place in which to establish a day clinic where the PLWHIV could obtain help.
- To review counselling support, perhaps with a view to providing community and specialist support to restore individual confidence.
- Through the GoH Trust and NAWA, training and support would be provided to help PLWHIV secure a sustainable livelihood. Ideas promoted for secondary incomes or even primary incomes followed the strengths of The Garden of HOPE Trust and included organic kitchen gardens, traditional healthcare and possibly income generation such as tailoring, or income that might arise from providing training programmes such as blacksmithing which NAWA had introduced in the past.

We are also making available nutritional supplements to help boost the immune systems of PLWHIV and whilst good nutritious vegetables and pulses help, we are finding that other plants used in traditional healthcare and Siddha can help provide a significant boost, such as the leaf from the bush below.



The intervention programme for Gudalor bloc has been implemented by ACCORD (via ASHWINI their Adivasi (tribal) hospital). This programme includes home visits, counselling and screening, for both HIV and TB. Currently there are 23 PLWHIV participating in the Gudalor programme, with approximately 160 people from tribal communities in the Gudalor district being screened each month for both TB and HIV (support information available). During the last five months ASHWINI have identified significant mental health issues among the PLWHIV and their care givers. Their report on this is awaited.



Above, Health education meeting, part of the ASHWINI HIV programme, being held at Choladi village, Pattavayal



Above, Health education and TB/HIV screening programme being held at Koomamoola village, Pandalur

The Proposed Program and Activities: Gudalor block

A team consisting of HIV / Mental health counsellors, a psychiatrist, community health workers and a lab technician has been established by our implementing agency in Gudalor, ASHWINI. This team is providing comprehensive services to the community in the Gudalor valley.

Outputs:

1. Health education sessions -30
2. Awareness creation campaigns - 96
3. Home visits for counselling as per requirement – 24 approx a year
4. Screening camps for HIV/TB – 30
5. HV (Health Volunteers) and DOTS provider training - 60 people

In summary

You may have heard negative reports about money being sent by large charities to India to help with HIV. We don't have details of any of those programmes to hand but what we can say is that our programme is helpful with patients being really appreciative -**"it's good to know somebody really cares"**.