



AALHAD

## 2014 HIGHLIGHTS OF THE BHAVISHYA PROJECT

Conducted 3,800 home visits to sensitize and mobilize community members, provide home-based support, and referrals to health and social services.

Helped 641 people access HIV screening services at Government HIV counseling and testing centers.

Inducted 444 people into skill training programs (computer, sewing, mobile repair, etc.).

Provided direct care and support to 3,238 children, young people, and adults, over 1,300 of whom are living with HIV. This includes providing inpatient care for 343 clients, outpatient care for 1,369 clients, and care from the outreach clinic in Yerwada for 1,526 clients (mainly women and children).

Expanded and provided 185 clients with specialized mental health services, including cognitive behavioral therapy and psychiatric evaluation.



Formed 6 women's self-help and savings groups, of which 44 members were direct Sahara clients.

Conducted ongoing training and on-the-job mentoring for Sahara staff, including on pediatric HIV care, youth-friendly services, nutrition and HIV, and mental health support.

Facilitated workshops for adolescents to strengthen their support groups, called "Sunshine" and "SO WHAT?" Also held a workshop for caregivers of children living with HIV. Developed a range of resources for young people living with HIV, including a book of personal stories and an inspirational video called, "So What! Transitioning Positively," which aims to fight stigma.

Assisted 4,000 people to enroll in government Anti Retroviral Treatment (ART) services, with the help of the "Red Cap Man" and other Sahara staff. Conducted 1,390 accompaniment visits to help clients navigate government health centers for refills, lab tests, and other services.

Launched the 100 Good Deeds project in October 2014, with the generous support of activist and artist Mary Fisher and her team. 25 women living with HIV have been trained in bracelet-making.

Assisted 46 widows to access government pensions, 42 children living with or affected by HIV to access local child support organizations, 54 clients to get jobs in the community, 20 women to open bank accounts and, 22 families to access government food and welfare schemes.



## DROP IN CENTRE (DIC) BUDGET RAISE

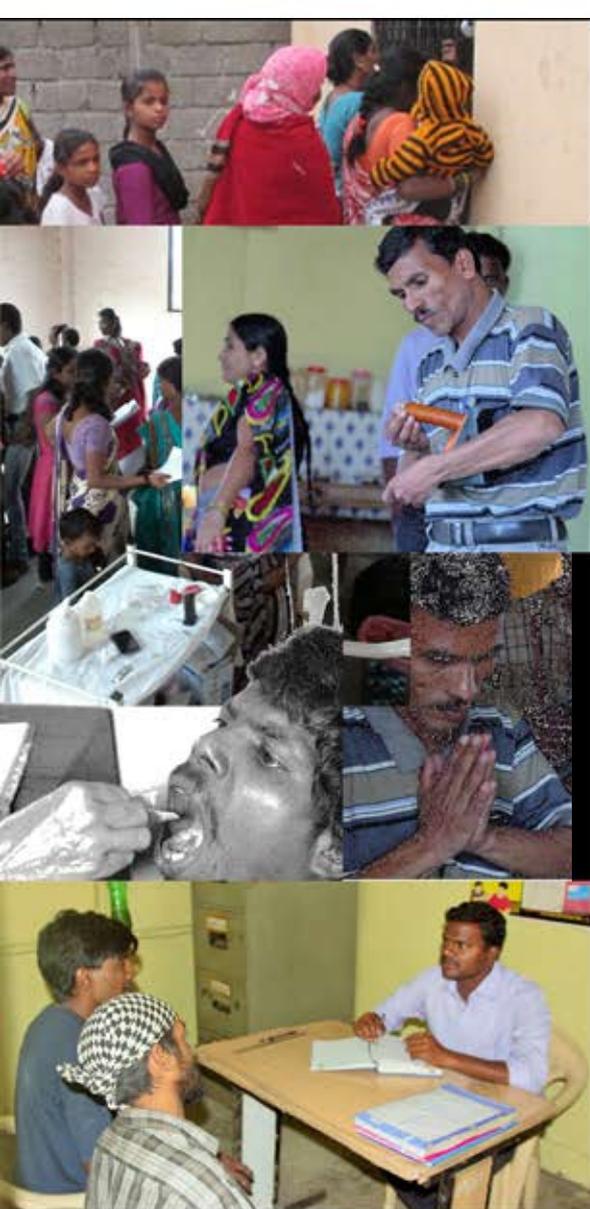
The Sahara Aalhad / Maharashtra State AIDS Society “ Targeted Intervention Drop in Centre for street based Injecting Drug Users” (TI/DIC/IDU) saw a substantial increase in their budget for the year 2015.

This much appreciated development has been a long time coming and well received owing to the fact that the communities served at this project site – street-based Intravenous Drug Users (IDU’s) and Drug Users (DU’s) and their partners come from the poorest and most marginalized section of society. Besides Oral Substitution Therapy (OST), Needle Syringe Exchange Programs (NSEP), condom distribution, abscess management, basic medical check-up, tests for Sexually Transmitted Diseases (STD’s) and HIV, counselling and referral, this program also offers a meal and tea supported by Pune well-wishers.

The project has around 376 clients registered with the TI/DIC and it currently has 200 clients accessing harm reduction services. The TI/DIC and is intensifying outreach services to engage with and interface with other as yet under- served hot spots.

Sahara Aalhad has begun a support group for Female Injecting Drug Users (FIDU’s) and for partners of male IDU’s/DU’s in order create a platform for expression and to feel a sense of inclusion. A support group for HIV positive IDU’s/DU’s meets once a month at the TI/DIC.

An increase in cash flow will help improve the level of the quality of services, quality of life and assist the spread of services over a larger geographical area.



Prayas, a Sahara Aalhad partner in the Bhavishya project, conducted a few consultations with organizations from all over the state to discuss issues of youth infected and affected with HIV. Representatives from Sahara Aalhad attended these consultations and provided inputs. Following this a Sahara Aalhad staff member attended a training of trainers for rolling out a module for this target group.

Sahara Aalhad has initiated its own 3 day non-residential workshop, to implement the module to help with its finalizing.

The finalizing, based on the feedback given by the youth aged 12 to 22, participating in the sessions, games and activities described in the module.

The sessions and activities were culled from various organizations which had designed them to provide information, educate and inspire certain positive responses and learnings.

More than 6 organizations are taking part in this exercise and Sahara Aalhad has adopted a method to nurture its youth who are part of their clientele.

The overall purpose is to come up with a module that is applicable in different situations, with different types of youth with varied issues and needs.

The focus will be empowerment of the youth, sensible use of freedom and making intelligent choices.

Towards that end, the key will be the complete and in-depth responses of the youth participants who will be telling us what works and what doesn’t, what to keep and what to discard, what to change and what to present.

## MODULE TRIAL FOR HIV INFECTED/AFFECTED YOUTH



Sahara Aalhad Director Mrs. Elizabeth Selhore participated in the first GCTA meeting (Global Coalition of TB Activists). Cedric Fernandes, Program Manager, Sahara Aalhad attended the Asia Regional Workshop in August 2014 in Delhi where there were participants from 9 Asian countries. The workshop had key members of the Revised National Tuberculosis Control Program and representatives from Health Ministry making an appearance and engaging in discussions.

Sahara Aalhad's shared experience with HIV and tuberculosis co-infections. With HIV the type of TB is mostly Extra Pulmonary which poses a different set of challenges for diagnosis and treatment.

Jennifer Dietrich, Technical Officer, STOP TB Partnership explained the New Funding Model of the Global Fund and conducted an exercise of proposal building and writing as either grantees or sub-grantees (of the Global Fund) and the whole process of selection procedure. The other highlight was the formation of ACTA – Asian Coalition of TB Activists modelled almost exactly on the GCTA which would then mirror the tenets of the GCTA on an Asian scale.

The following are the main tenets in the struggle to end T.B. Proper involvement of its most important stakeholder- the people and communities affected by this disease. Strengthening national and regional networks and coalitions of TB affected communities. Strengthening linkage with existing national, regional and global organizations and partners. Strengthening the capacity of TB affected community to be effectively engaged in all processes at all levels. Advocacy for more resources and new tools for TB control and eradication.



### CAMPS & MOBILE FIELD CLINICS

Sahara Aalhad has been 'taking health care to the streets' in a big way by understanding the difficulties of poor marginalized communities from areas like Wageshwari Nagar and Khulewadi which have little or no access to public utilities like water and electricity, and absolutely no access to health care, diagnosis and treatment. Field clinics are conducted which consist of a team of 2 doctors, a nurse, a nurse assistant, a lab technician and a care team who go to 5 designated spots after careful reconnaissance and consultation with the locals. 4 field clinics have been held and over 400 people served. The revelation has been that there is an alarming concentration of HIV infection in this population indicating a definite need for more comprehensive prevention/intervention strategy. The trends are also similar to the other economically weak settings that Sahara Aalhad has worked such as Yerwada with a high number of young widows, increased vulnerability therefore increased risk. Aside from the "Health camps" Mobile Clinics are another service that seeks to take healthcare to the marginalized poor and sections of society that are stigmatized like street based drug users, sex workers and

their partners. The services are accessed by general population, from whom Sahara Aalhad then gets to through the extremely marginalized and vulnerable population.

The mobile clinic also has a doctor, a nurse and a care team to provide diagnosis and treatment, counselling and referrals. The mobile clinic stops at the same spot once every week at 4 separate sites and voluntary testing for HIV is conducted periodically at each site once every 2 months.

If people display symptoms of communicable diseases like TB, the affected person is referred to hospital. People with high vulnerability to HIV are channeled through the Sahara Aalhad Care Home for tests and management, after informed consent is obtained.

The **100 GOOD DEEDS** project was initiated in September 2014 with the support of AIDS activist Mary Fisher. Mary Fisher and Jennifer visited Pune and trained around 25 women mainly HIV positive widows at the Sahara Aalhad Care Home. At first there were 9 women (HIV positive and vulnerable women). Another 5 women joined in as the work progressed. Over the next four months, the women received 3 orders for 300, 200 and another 300 bracelets respectively which they have been able to complete on time and in accordance with the expected quality requirements. The women are also being trained in financial management and 7 of them have opened saving bank accounts.

**100 GD team: A safe place to share feelings, fears and hopes ...a supportive community.**

Two mothers brought their babies with them and the others take turns to care for them while making bracelets. One mother excitedly shared that her 5 year old son's HIV status report had just come in and it was negative. The others rejoice with her, hearing the good news.



**HOW A FEW BENEFITTED FROM THE 100 GD PROJECT**

**WHAT**

- “We talk all the time as we work. We share our thoughts, joke and laugh with each other.”
- “We share the good things in our life and also some of our struggles.”

**THEY**

- “I do not talk much, the others talk all the time. Some of the others tell me that I should talk more, but I do not. This is my nature.”
- “We help each other. We do not think that this bracelet belongs only to her and this is her work, we help each other.”

**SAY**

- “I came here today, even though I have finished my target number of bracelets. I like being here and spending time with the others, so I just came by to sit with the others while they work.”

“I am the only earning member in my family. I used to work as a lady security guard in an institution. The long hours of duty were too much and my health was badly affected. I became too sick to work. I have two young sons. My husband deserted me. One of my sons earns but the amount is too less. Now after the 100 GD project I can afford to pay rent and also electricity for my house and also my son's college fees. We are able to manage together.”

“I used to work as a support staff in a call center. I developed chest pain and due to long work hours (12 hours), was stressed and became sick. I used to earn Rs. 6800/- per month. I could not reveal that my sickness was due to my HIV/ AIDs status. It was so difficult. Then I came in contact with Sahara and started making bracelets. It is a wonderful place to learn. I feel good about this opportunity to earn and work in a calm environment.”

Observations: The women in the 100 GD group have come together through Sahara's initiative. These women in difficult circumstances are doing more than their share in earning and keeping their families together.

The flexible working hours at 100 GD enable them to attend to their household chores as well. The 100 GD project has given the women an opportunity to learn, earn and in doing so they share and support one another in different ways. Given their life circumstances, poor education and limited resources, these women would have limited or no opportunities to earn if not for 100 GD. Some would have to work in jobs with poor wages, long work hours and perhaps even subject to abuse at the workplace.

During a short span of 4 months, the 100 GD project has gone a long way in helping women without substantial income source, and their families to rise above difficult circumstances and reach for their dreams, including better education for their children, achieving self-sufficiency and living with dignity. Some experience a sense of achievement and others enjoy relating to members in the group. The initial batch of trainees, having once mastered the craft after making a few batches of bracelets, can then train more women to make them, generating a ripple effect of economic empowerment. Together they reach out to each other, experiencing belonging and a hope for the future.



# A.R.T. (antiretroviral therapy)

There has been a mass move to Tenofovir/Lamivudine/Efavirenz as the first line regimen by the all the government Anti-Retroviral Treatment (ART) centers in Pune, Maharashtra. Earlier, the first line full name (Fixed Dose Combination) were usually Zidovudine, Lamivudine and Nevirapine or Tenofovir, Lamivudine Nevirapine. Those on anti-TB drugs were prescribed Efavirenz as Nevirapine is contra-indicated with some anti-TB drugs.

The move to Efavirenz (Efa) as the choice third anti-retroviral drug was that it was a better option as it has less side effects as compared to Nevirapine. This decision is binding for all and has caused a lot of problems by way of side effects for those now on the TDF/L/Efa regimen. The milder side effects are dizziness and nausea but the more troublesome side effects are neurological and psychological in nature - unusual dreams, depression, anxiety, agitation, disturbed sleep patterns and the like.

The African experience with Efavirenz has been to reduce dose strength to 400 mg from the standard 600 mg for those with a body weight below 60 kgs but that tactic has yet to be adopted in Pune.

Counselling plays an indispensable and crucial role in managing Efa side effects. Non-compliance, defaulting and being lost to treatment are real threats due to the discomfort and fear generated by the side effects. This, in turn, could lead to drug resistance.

Dose adjustments, timing adjustments, examining drug interactions with concurrent treatments complicate the matter even further and need to be looked at closely.

On raising the issue with ART doctors, the response was "not to worry"; that the symptoms will subside within 2 weeks. But there have been patients who have complained of side effects even after 2 months. Probing further, it seems some symptoms could last for years.

To add to this scenario, there are people with pre-existing psychiatric conditions who need to be handled carefully.

All things considered, the switch to Efavirenz requires a multi-pronged approach to ensure that both ART experienced as well as ART naïve patients cope with their regimens.





## SUPPORT for SAHARA

The Tabor Church based in Mumbai has had a 2 year long association with Sahara Aalhad. They visit every month and conduct a prayer session that is enjoyed by all the staff and clients. The prayers and the songs are said and sung in the local language and everyone participates with gusto. The Tabor Cottage Church also donates generously. They give food, fruit, raw rations, toiletries, and regularly give items to all the staff as a token of their acknowledgement and appreciation.

St. Helena's Church is also a regular donor. They give bulk rations, biscuits and other items of daily consumption and use.

Mrs. Jumani has a unique way of donating to Sahara Aalhad. Aside from nutrition, she books movie tickets in bulk for all the staff, the clients and their families and everyone goes off for a day of fun.

ABC Farms have been providing free milk for years to Sahara Aalhad. They give 15 liters every morning. This show of generosity has been instrumental in adding nutritional value to the overall diets of the clients accelerating their recoveries. The donation has also been responsible for local people to include milk into their daily diets when at one time it was rejected as a Western concept.

Cottage Worship Group has been donating 52 eggs daily for very many years

Lions Club has also donated bulk rations, fruit and toiletries to Sahara Aalhad.

Jyoti and Collen have been regular supporters. Jyoti has donated a fridge, dryer and a washing machine. Colleen threw a great Christmas Party and a fabulous meal for all the Sahara Aalhad clients.

### **STANDARD CHARTERED BANK:**

Standard Chartered Bank have initiated a robust association with Sahara Aalhad, Pune as part of their personal social responsibility for some time now. They have come forward to sponsor the educational needs of children/youth registered with Sahara Aalhad. This is important for the children/youth as many of them have had to take a break from school due to illness and need extra tutoring to keep up with their lessons. Some of them have not had the money to pay for course and/or school fees and Standard Chartered Bank has come forward to make sure that they continue and not end up dropping out and ruining their academic careers. The Standard Chartered have a dedicated team who visit regularly and get involved in product development, design and the retail of the items produced by the Sahara Aalhad's business enterprise department. They have also conducted recreational activities and educative sessions on community awareness.

In January, 2015, the bank sponsored two runners from Sahara, an HIV affected youth and an ex-drug user who took part in the international renowned Standard Chartered Marathon. They ran the Dream Run for Causes and put Sahara Aalhad's name up in lights.

Standard Chartered Bank also support Sahara Aalhad's crisis nutrition service for 2 marginalized and economically backward communities based in Wageshwar Nagar and Khulewadi. These communities are showing an alarmingly high density of HIV and food security is the best entry point into these needy communities. The bank has donated two washing machines, clothes, toiletries and toys.

Apart from all this Standard Chartered have raised money for Sahara Aalhad which is utilized for educational and medical expenses.

Besides the people mentioned, there are a good many people who donate freely and generously to Sahara Aalhad but prefer to remain anonymous. We salute them nevertheless.

## ADVOCACY FOR PRAMILA:

Pramila Ankushe, 21years (orphaned when very young) married early and was trapped in a violent and abusive relationship. Pramila's husband and in-laws ill-treated her so much that many times when she fell ill she was literally starved and thrown out on the streets causing her to become extremely weak and ill.

She contracted several illnesses and due to her immuno compromised state struggled to recover. That's how Sahara Aalhad chanced upon her semi-conscious at the ART center and brought her to the Care Home.

Here she recovered, became aware and started to believe that she could repair her marriage, bring it back on equal terms and be reunited with her son despite being attacked when she was an in-patient at the Care Home.

Pramila was discharged and returned to the Care Home to catch up with everyone after approximately 3 months of treatment. She said she was doing very well and that her husband had begged her to return to his home and be a wife and mother.

Pramila said things had changed and that she was very, very happy. She looked it.

But 3 days later Sahara Aalhad was informed by Pramila's family that she had died suddenly and under mysterious circumstances.

Her husband apparently had found her lying still and unmoving and had taken her to a private hospital only for the doctors to declare her dead on arrival. The doctors then called the police, as is the standard practice in such cases, and moved the body to the government hospital and morgue where a medico-legal case was officially filed.

The body was released after a few hours and the viscera preserved for a second and more detailed post mortem.

Sahara Aalhad couldn't believe the turn of events and put into motion a process that would bring the truth to light.

Dialogue was initiated with the police. An FIR was registered and the post mortem reports called for. It wasn't easy getting the police to take up the case with urgency as Sahara Aalhad feared that the husband would get away with what they believed was a crime.

However, under Sahara Aalhad's persistence, the police have begun to move. The post mortem reports will soon be available and action initiated accordingly.

Sahara Aalhad is still following up...

## CASE STUDY:

Every day, 35-year-old Aparna rises before dawn. Washing, cleaning, cooking, and sweeping, she prepares her daughter and son, aged 16 and 15, off to school. Since she lost her husband nine years ago to tuberculosis, Aparna has been the sole care-taker for her children as well as her elderly father and mother-in-law who live with her. Her husband, a market vegetable seller, was diagnosed with HIV before his death. Soon after, Aparna also tested positive for HIV, as well as tuberculosis and anemia.

She sought the support of the outreach workers at the Bhavishya clinic in Yerwada – a large slum area in Pune City. The outreach team counseled her and admitted her at Sahara's Care Home, where she received round-the-clock care and help to access the government HIV care and treatment program. The outreach workers also helped both her children get tested for HIV and, to Aparna's great relief, the results were negative.

They also helped her children enroll in local school classes. With periodic health checkups at the Bhavishya clinic, and ongoing support to take her medication, Aparna's health improved. Once well, Aparna decided to continue her husband's business of vegetable vending. She rented a small stall close to the local vegetable market, and started netting a daily profit of about Rs. 300/- (USD 5). Her mother-in-law helped by taking turns minding the vegetable stall, and between them, they were able to support the family.

After providing basic training in business and banking, Saahasee, a Bhavishya partner, granted Aparna a loan of Rs.10, 000/- (USD 167), which she used to increase the amount and quality of vegetables she purchased at the wholesale market. Soon, her daily profits doubled and she was able to repay two installments off her loan. Aparna's son enrolled for a computer course at the Saahasee training center, and Aparna has recently joined the 100 Good Deeds bracelet-making project, which supplements her income selling vegetables. For Aparna, it seems that the sun has come out again for her family back at home.

## SAHARA AALHAD'S PROJECTS:

### The Sahara – Population Council AVHI Project

New Delhi, the capital state in India is home to a large population of injecting drug users (IDU). It is estimated that there are approximately 35,000 IDU in Delhi, many of whom are at dual risk of contracting HIV infection primarily through sexual and injection behaviours. The National AIDS Control Organisation has adopted a harm reduction strategy to reduce incidence of HIV amongst this group and through its Targeted Intervention programmes has been able to induct a majority of IDU. As of March 2011 the coverage 177,000 (80%) has been successfully reached out to these populations at least once.

The AVHI (Averting HIV Infection among IDU) project adapts and evaluates an evidence-based HIV prevention intervention using IDU peer networks as a platform for recruiting IDU into HIV prevention services, and expands coverage to underserved IDU hotspots using fixed site drop-in centres, mobile sites, and peer outreach.

The services provided to over 3500 clients were:

- Primary Health Care
- Abscess Management and Care
- Nutrition
- Hygiene
- Referrals services
- Needle and syringe exchange program
- Condom distribution
- STI (Sexually Transmitted Infections) treatment
- Hepatitis B vaccination
- Post-test counselling for HIV, STI, Hepatitis B and C
- IEC Information, Education and Communication

The project has been successfully completed, and research papers have been published and presented at the International AIDS Conference in Australia in 2014.

Positive Outcomes for Orphans (POFO)

The Sahara – Duke University Orphan research project in Nagaland and Hyderabad This study is a 5-year continuation of the POFO I (Positive Outcomes for Orphans) study which followed more than 3,000 randomly selected OAC living in 6 culturally, politically, historically and religiously distinct sites representing nearly 100 ethnicities in 5 less wealthy nations including India.

As the research team is continuing to meet the aims of POFO I (16 additional manuscripts are underway or outlined), the participating children are transitioning to adolescence and young adulthood. Participants have been recruited from Kohima town, Dimapur town, 15 villages in Dimapur District and 3 villages in Kohima District, Nagaland. In Hyderabad, the participants are residents of Hyderabad and surrounding districts.

We hope to complete this project by the end of August 2015. The outcomes of this project will influence health policy decisions globally with respect to orphans and vulnerable children and their care.

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