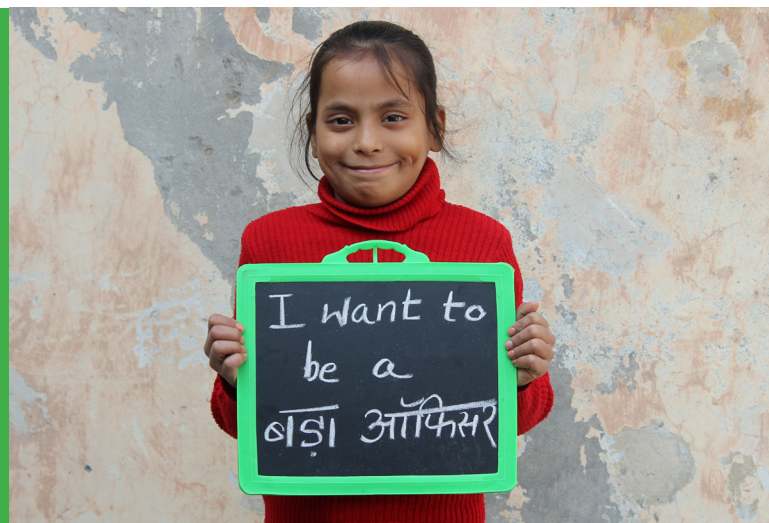


Brighter future for children in Tripura

Vihaan has registered 63,164 children living with HIV (CLHIV) till October 2016; 10,419 (16.5%) children among them are living with one parent, and 9,480 (15%) are orphans. Economic dependency and social stigma are two major reasons that deprive children living with HIV their chance to grow and flourish to their fullest.

Care and Support Centre (CSC), Anandalok, organized a state level advocacy meeting on 31st October 2016. Officials from Social Welfare Department, Tripura State AIDS Control Society (TSACS), Agartala Medical College (AGMC), CSC and SR team from FXB Suraksha participated in the meeting. The objective of the meeting was to sensitize the participants about the needs of the CLHIV and identifying measures to respond to the same. It also aimed at creating an enabling environment for CLHIV and their parents/guardians to get access to the existing welfare services.

During the meeting it was highlighted that there are 56 CLHIV registered with the Anandalok CSC, of whom 21 had only one living parent and 2 were orphans. Thirty two among them were on ART, 15 were not attending school and 33 very poor. There were further discussions on support required for children, such as, free hostel facility, free books and stationaries,



monthly stipend and special financial benefit scheme till completion of school for children living with HIV. In response, the Deputy Director from Social Welfare and Social Education Department acknowledged the issues faced by the children and expressed his commitment to support the programme. He specifically shared that the Integrated Child Protection Scheme (ICPS) has a provision for children in need of shelter and care will benefit under the provision for “foster care”, particularly the orphan children.

With the Government’s encouraging responses, we are optimistic that CLHIV in Tripura will have access to welfare schemes and services, addressing their unmet needs and CSC will follow up with the department.



Health insurance for PLHIV- A milestone set in Kerala

Access to health insurance for PLHIV in India is still difficult, despite several advocacy efforts. The Council of People living HIV/AIDS in Kerala (CPK+), made a representation to the Government of Kerala, advocating for the inclusion of PLHIV in the national insurance scheme, Rashtriya Swasthaya Bima Yojana (RSBY). The Government considered the demand and issued an order, paving the way for PLHIV to access benefits under the scheme. In order to discuss the implementation plan, a high level meeting was organized and officials from RSBY, Kerala State AIDS Control Society (KSACS) and CPK+ attended it. Thereafter, Project Coordinators and Councillors of CSCs and Help Desks were oriented on the enrolment process and a campaign was launched in October, 2016 to enrol PLHIV, who were not getting the benefit of the scheme. During the campaign, 1,269 new RSBY cards were issued, providing insurance coverage to 1,757 PLHIV and 1,701 other members of their families. The successful linkage is yet another achievement by Vihaan partners, CPK+, to ensure the health and well-being of the PLHIV community!

Better late than never

Pratima tested HIV positive in North Bengal Medical College and Hospital Siliguri in 2011. She stopped coming for treatment and became one of the lost to follow-up (LFU) cases.

In December 2013, Coochbehar Network of Positive People (CSP+) that runs a Help Desk started tracking her. The outreach worker (ORW) from the Help Desk, met Pratima and she admitted that she was taking medicines from Siliguri ART Centre. She said that even though she lived in Coochbehar, she had gone to Siliguri to avoid stigma in her hometown. However, afterwards she changed her statement and claimed that it was her sister-in-law instead, who became LFU and now lived in Kolkata.

The ORW discussed the case with Project Coordinator during the team meeting and they visited Pratima to talk to her about getting her sister-in-law back to treatment. Pratima kept giving reasons, such as, lack of holidays, work pressure and family commitments, due to which her sister-in-law was unable to come to Coochbehar for her

treatment. The Help Desk team decided to delve in further, they discussed the case with the ART centre where Pratima's description matched with the LFU description, while, her health condition was also visibly worsening.

The team kept following up with Pratima and finally one day, she admitted that she was indeed the same woman as listed in the LFU. She was scared of losing her job in the diagnostics centre if her HIV status was disclosed, which would make her unable to support her two daughters. The ORWs counselled her that she had to start the treatment for the sake of her daughters, to be able to take care of them and assured her that her status will be kept confidential.

After almost a year of continuous following up, Pratima agreed to go to the ART centre in Coochbehar where she was successfully transferred by the helpdesk. She looks forward to live her life in good health and with dignity and raise her daughters for a better future.

(Names have been changed to maintain confidentiality.)

Vihaan Updates

10,76, 684 PLHIV received care & support services

4, 29, 147 PLHIV and family members linked with social protection schemes

2, 42, 690 Lost-to-Follow-Up PLHIV tracked and returned to ART services

7, 34, 796 PLHIV screened for TB

(Through November 2016)

