

A. Name of NGO:

Child In Need Institute (CINI)
FCRA Status: **Yes**

B. Name of the Project:

ENHANCEMENT OF LONGIVITY OF WOMEN AND CHILDREN LIVING WITH HIV&AIDS IN THE DISTRICT OF 24 PARGANAS (S) THROUGH COMPREHENSIVE COMMUNITY BASED CARE AND SUPPORT SERVICES

C. Coverage and target population to be reached:

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- a. Geographical area and number of target population

This project will provide need-based care and support to 61 HIV infected women and 40 HIV infected/affected children residing in the district of 24 Parganas (S) of West Bengal. The beneficiaries have been identified through CINI's existing Integrated Counselling and Testing provision programme.

D. Need for the Project:

In response to the rapid spread of HIV/AIDS in India, CINI has initiated both prevention-oriented as well as holistic care and support programmes for people living with HIV/AIDS. CINI through its Home based Care and Support programme has been working for women and children living with HIV/AIDS since the past few years, where by the PLWHAs were receiving comprehensive care through psycho-social, medical, nutritional and educational supports. These basic amenities are not offered from any public /private donors. But to accomplish the goal, that would augment their life expectancy and would assist in edifice their child's future, a private-private partnership is essential.

E. Project Details:

a.

Sr. No.	Activity	Desired Outcome	Indicators to Measure Outcomes
1	Regular monitoring of Health Status of 76 beneficiaries along with treatment of Opportunistic Infections	<ul style="list-style-type: none">• 85% of the beneficiaries maintain a stable health• 90% of the cases receiving ART maintain healthy status	<ul style="list-style-type: none">• No. of beneficiaries maintaining stable health after receiving treatment for their O.Is• No. of cases receiving counselling on drug adherence• No. of cases regularly recording their CD4 count status
2	Extending need based nutritional support to at least 40 PLWHAs	<ul style="list-style-type: none">• Constant weight gain of 85% of the PLWHAs receiving nutritional support	<ul style="list-style-type: none">• No. of cases receiving nutritional support• No. of beneficiaries regularly undergoing nutritional counselling• No of cases monitored weight regularly
3	Psychological support of the beneficiaries through therapeutic counselling sessions to 61 HIV infected women and 40 HIV infected/affected children	<ul style="list-style-type: none">• 90%of the cases have improved their psychological status.• 80% of the PLHA couples practicing safe sexual behaviour• 85% familial disclosure of sero status• 80% of the beneficiaries receiving support from support group members• 80% of the beneficiaries	<ul style="list-style-type: none">• No. of beneficiaries receiving clinic and home based counselling on one-one basis• No. of sero positive couples being counselled on safe sexual behaviour• No. of parents and children brought together for special counselling sessions• No. of caregivers trained• No. of support group

		taken care by caregivers	members identified and capacitated
4	Recreational support for children both infected/affected with HIV/AIDS	<ul style="list-style-type: none"> 100% of the children showing improved mental and physical health 	<ul style="list-style-type: none"> No. of beneficiaries actively participated in recreational programmes

b. Please describe the monitoring plans and reports to be shared in not more than 100 words.

The proposed programme would be monitored both qualitatively as well as quantitatively based on the preset indicators, activity guideline and expected outcomes, which will be done on a monthly basis. This will also help to assess strengths and weakness in programme planning and implementation, so that better future planning can be made. Reports would be generated on half yearly and annual basis by utilising the records maintained in clinic registers (highlighting health status, weight record), counselling register, case specific records, home visit document, training documents and meeting minutes.

F. Project Cost Break-up:

Sr.No	Head of Expense (use the ones applicable)	Units	Rate	Quantity (month/year)	Amount (Rs)	
1	Personnel	Counsellor	1	8000	12	96000
		Technical Advisor (10% time)	1	4000	12	48000
		Accounts and Admin (20% time)	1	2000	12	24000
		Outreach Worker (part time)	1	2000	12	24000
2	Services	Medicine for 76 cases	76	275	1	20900
		Nutrition for 40 cases	40	100	12	48000
		Recreational support	1	12000	1	12000
		Educational support	20	500	1	10000
3	Training	3 training one each for staff orientation, caregivers of PLWHAs and support group members	3	3000	1	9000
4	Monitoring and documentation	Monitoring, Documentation and Report writing		4000	12	48000
5	Travel	Travelling Expenses		3000	12	36000
6	Office expenses	Cost for communication including telephone, fax etc.		2000	12	24000
7	Corpus Contribution			100000	1	100000
	TOTAL Funding requested from donors through GivelIndia					499900

G. Sustainability plan

Mainstreaming of sero-positive parents and children at the community level through its community based approach to address fundamental issues around HIV communication in the family which focuses on improving communication between guardians and parents living with HIV and their children, disclosing HIV status and other important information through Memory Work, is an important focal area that would act towards sustainability of the care and support programme. Through the programme it is also aimed to sensitise key community stakeholders who would eventually lead the way for community based rehabilitation for sero positive persons, in a stigma free environment thereby encouraging in the development of community based resource centres. Community volunteers would act as frontline workers and continue efforts towards community-based care and support of PLWHAs. In addition support groups and a network of positive people (emphasis on

positive women's network) would be encouraged who would be empowered enough to advocate for their rights through regular meetings and training programmes at various levels. Maximum Community involvement through a multi sectoral approach will be aimed at within the project period.

H. Time Frame:

Start Date of the proposed project: **April 2008**

End Date of the proposed project: **March 2009**

I. Past Experience:

a. Have you done any projects of a similar nature? **Yes**

b. Have you implemented other project in the same geographical region as the proposed project? **Yes**

The organisation has introduced the concept of home-based care and support for PLWHAs focussing primarily towards enhancing the life expectancy of the PLWHAs through psychological support-so as to assist them to maintain a positive outlook towards life despite their sufferings- medical support, nutrition management and care since 2002-2005. Another programme that got implemented through multi-sectoral approach of convergence in order to reach out to the general population with special focus on the need to further promote voluntary counselling and testing that aimed at identifying positive people, reducing social stigma of being HIV positive in a holistic manner. CINI has also worked towards empowering the sero positive women through various capacity building programmes in order to enable them to advocate for their rights. The beneficiaries under this programme have maintained stable health, sero positive women have formed a street theatre group. CINI has working amongst a population of 205,786. Initially there was lesser number, 30-45 cases, of beneficiaries but over the years with increasing number of sero positive cases, detected through indigenous ICTC programme, residing in the same geographical vicinity. Our benefactors were WBSAP&CS, ICCO and EJAF-UK. During this phase we have worked with Rs. 18,50,000/- per year for these programmes.