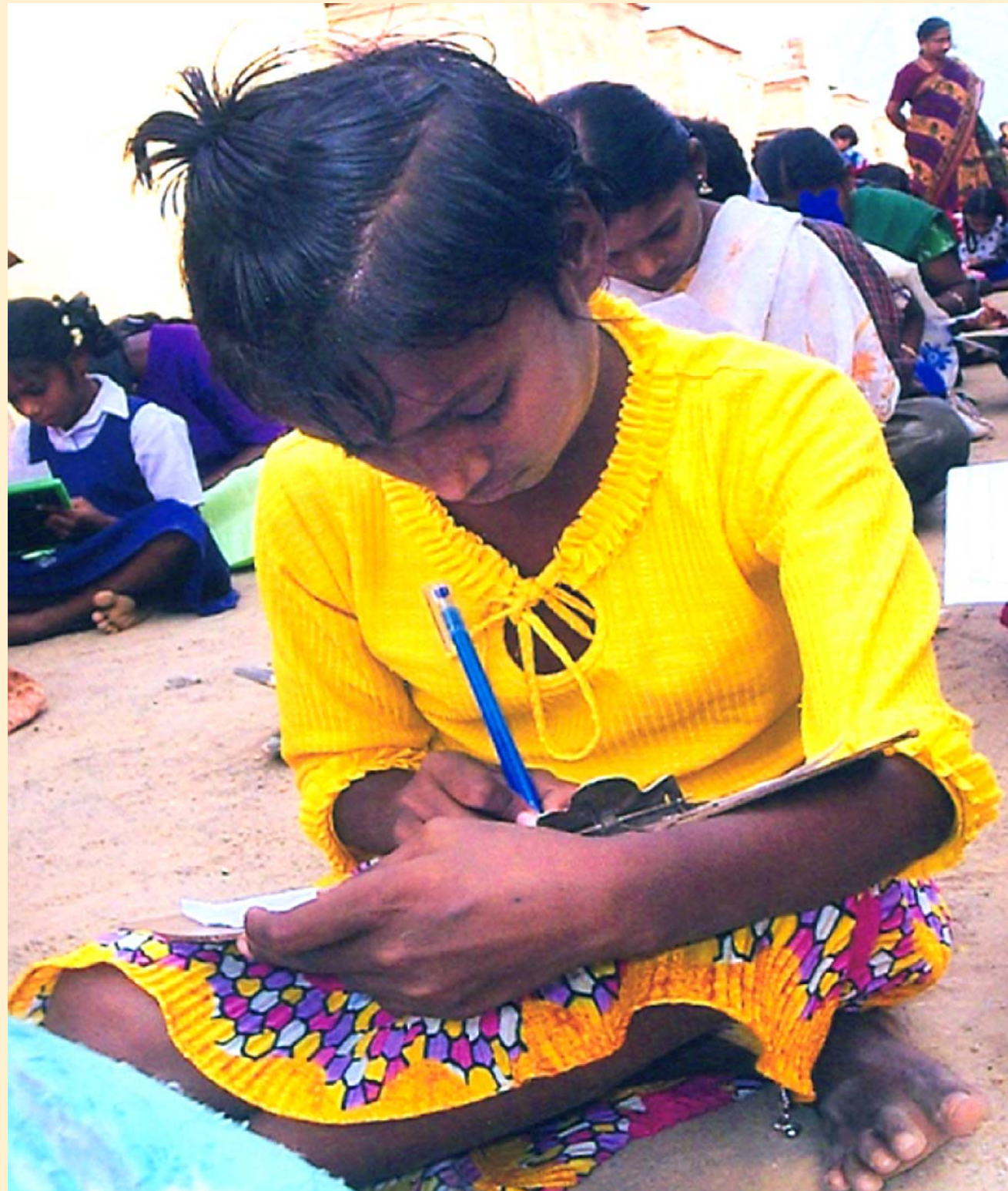


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For more details contact

VASAVYA MAHILA MANDALI

Benz Circle, Vijayawada - 520 010, Andhra Pradesh, INDIA

Tel : 91-866-2489784, 2470966, Tele Fax : 91-866-2473056

e-mail : vasavyamm@sify.com, vasavya@vasavya.com

Url : www.vasavya.com

A Hope for Positive Life



THE CLINTON FOUNDATION

PEDIATRIC INITIATIVES IN ANDHRA PRADESH



VASAVYA MAHILA MANDALI

Vijayawada, Andhra Pradesh, India

www.vasavya.com

Vasavya Mahila Mandali (VMM)

Lead partner to Clinton Foundation Pediatric ART Initiative

Vasavya Mahila Mandali was initiated in 1969, at a time when few people were working for the cause of women and children. VMM was founded by GORA and Saraswathi Gora, well known social reformers and atheists, and is under the leadership of Mrs. Chennupati Vidya, former member of Indian Parliament. Mrs. Saraswathi Gora was a recipient of the Janaki Devi Bajaj and Jamanlal Bajaj Awards for her contribution towards the development of women and children.

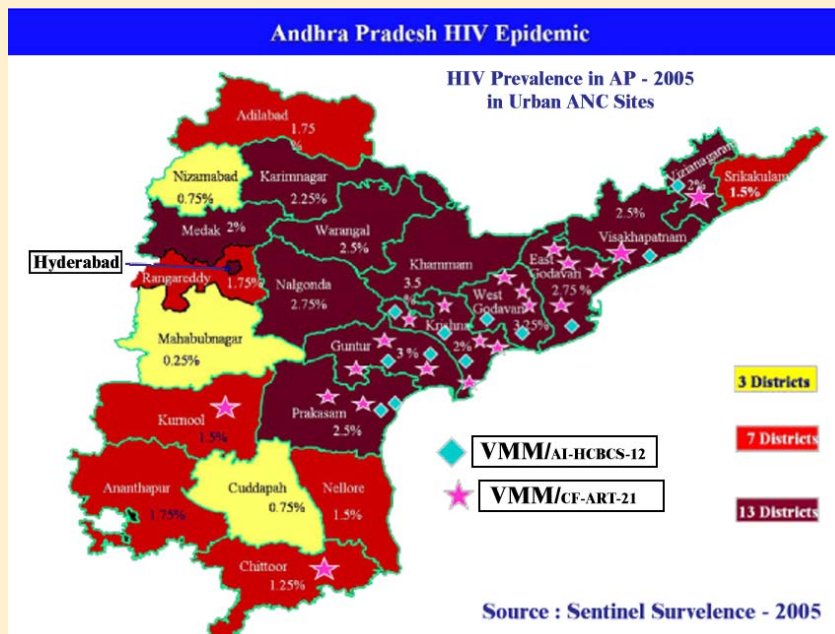
VASAVYA is an acronym for

VA - VASTHAVIKATA (Reality)

SA - SANGHADRUSTI (Social Outlook)

VYA - VYAKTITVAM (Development of Individual Personality)

VMM is addressing the emerging issues at the right time and started a campaign on HIV/AIDS since 1993 when very few people were aware of the magnitude of the issue. Lack of research specifically on pediatric AIDS and the non availability of pediatric ART are the major hindrances for the treatment of children living with HIV/AIDS till now. VMM is raising awareness on the child focused issues related to HIV/AIDS in India through Home/Community Based HIV/AIDS Care and Support program since 2000.



VMM is a lead provider for the care and support program of the Clinton Foundation pilot initiative on Pediatric ART in Andhra Pradesh, India which was launched on 20th September, 2006 at Guntur ART Center, AP. VMM is working with a network of 21 NGOs in Andhra Pradesh at present.

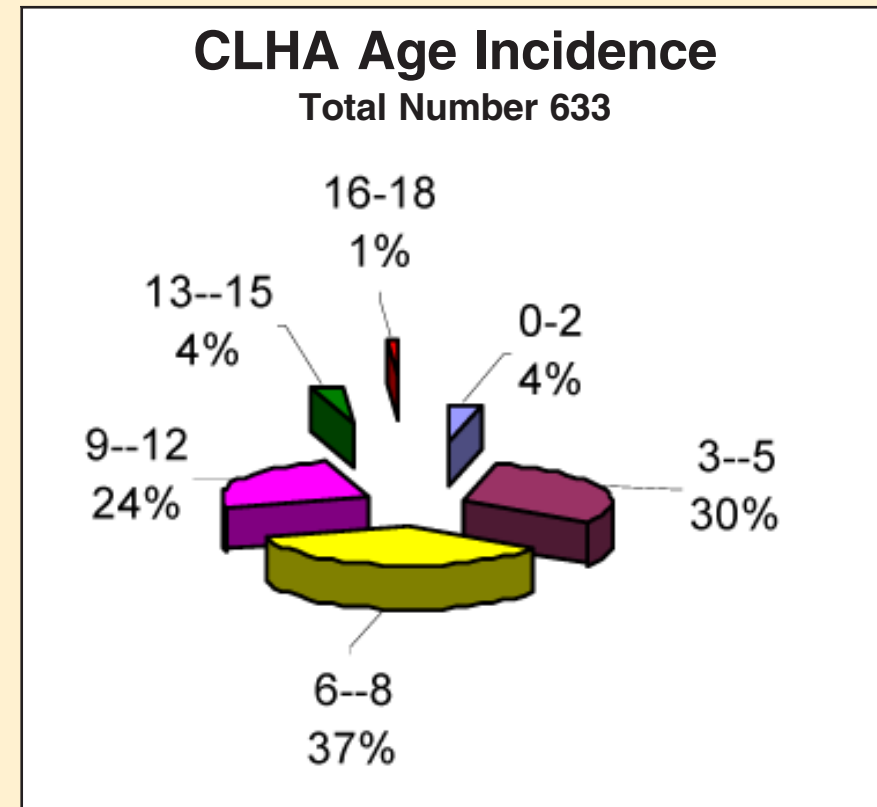


Caregivers are trained in Care of the sick child and adherence to ART

Case study 3

“I did not want to go out to play with my friends before as I had rashes all over my body which embarrassed me. Now, I do not have rashes after starting ART and I am going to school everyday. It makes me happy” says Master Raju.

Master Raju, 8, from Andhra Pradesh, India and is living with constant illness and is discriminated within the family and local community as his illness became obvious. He lost hope of living, seeing his father’s death and his mother’s illness, due to HIV/ AIDS. He is confused about his frequent illness when his friends are not suffering much. The adherence counseling provided prepared him to take the medicines regularly with 100% pill intake. His mother’s desire, to see her son to be happy and healthy, has come true.



Total children tested in AP are 2182 and the number of children on ART is 438 till date. Many children born infected with HIV/AIDS now have the opportunity to grow up healthy. The gender is equally represented among the CLHA and the children below two years of age are still unable to avail the pediatric ART due to lack of PCR testing.

Psychosocial, nutrition, education and treatment support to the children and their families are the major components of the program. Most of the CLHA are orphans and are living with grannies or extended families or single parent who is sick to take care of them. So the community structures like adult support groups, children support groups, grannies clubs and key persons in the community are the important stake holders in the adherence program.

Pediatric ART initiative improved the quality of life of CLHA and instilled hope for a better future.



Venu and Rajesh

Case study 1

Master **Venu**, 8, is living with his elder brother, 11, and grand mother 71, in Vambay colony, a relocated slum of Vijayawada, AP, India. The child dropped out of school due to chronic conjunctivitis and is having difficulty in reading. Venu and the grandmother are interdependent. His ambition of going to school is not fulfilled due to his health and also the granny cannot cope up with the timings in formal schooling.

Now the child is on pediatric ART and his grand mother is happy to see the difference in her grand son's health and his ability to read and write. She shares her happiness in grannies club of VMM and became an advocate for the cause of pediatric ART.

“Why are you afraid of the ART? See my grandson, how healthy he is looking” advocacy of the granny”.

Case study 2

Rajesh 9 years old boy is living with HIV and is dependent on his 16 year old married sister after the demise of his parents. He is studying in fourth standard but faces problems with his eyes which are constantly red and irritable. His regular treatment is not effective as doctors advised him to have ART which is neither in the reach of the family nor VMM. He is one of the first child who are kept on pediatric ART. His weight improved after 20 days and his eyes stopped giving him trouble. His sister's perception has changed after witnessing the improved quality of life of her brother.

“I am afraid that my brother may not be able to play with my child who is due in three months. Now I am confident that he will be there for my child”, says the sister of Rajesh.