



*Bridging diverse communities in the HIV/AIDS pandemic*

October 3, 2007

India Development Trust kindly invited a team from the United States to evaluate the Manavya orphanage located in Bhugaon Village, just outside of Pune, India at the end of September. We were given the four following objectives to accomplish:

1. Evaluate if and when the children's HIV status is disclosed and it's implications
2. Devise the best possible vegetarian diet using the local foods
3. Determine how to encourage the women in the surrounding villages in basic health and hygiene and infant care
4. Evaluate how to support the children emotionally past puberty

Upon our arrival, we met with Mrs. Lawate, her staff, and the pediatrician, Dr. Partil. They were very helpful in explaining how the orphanage operates. We were told that the children who can understand are already aware of their HIV status and that there is a social worker who assists with the care of the children. As we toured the facility, we were impressed by the excellent health and well-being of the children, in addition to the maintenance of the facilities. The children were seated in their classrooms and were well behaved and attentive as we walked in. The kitchen was clean and well-stocked with a chart on the wall of the nutritious foods provided to the children on a timely basis. Mrs. Lawate even commented that the children were receiving a spoonful of honey a day based on Mr. Chowdhry's recommendations and noted that their skin conditions had resolved.

We also toured the Krishnarpanam Niramay Medical Research Centre and found it to be well equipped and maintained. Dr. Kuhn gave a lecture to the orphanage workers on "Basic Health and Hygiene", including breast self-exams and handwashing techniques. There was one woman who mentioned she had a lump and was evaluated by Dr. Kuhn after the lecture. She was found to have an enlarged lymph node in her armpit and will be sent for further evaluation.



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We were also given the opportunity to accompany Dr. Partil as she traveled to the surrounding villages to provide medical treatment to needy individuals at minimal cost. We were impressed with how well the villagers responded to Dr. Partil as she examined them and prescribed medications. Upon our return to the orphanage, Dr. Partil consulted with Dr. Kuhn regarding the medical conditions of a few of the children and the treatment options that may be available to them. Dr. Kuhn examined one of the children who appeared to be markedly stunted in his growth relative to the rest of the children. The doctors discussed the evaluation and possibility of utilizing growth hormone in such a case.

Both the physical and emotional health of the children is notably a high priority of the staff at Manavya. In our discussions of how to support the HIV positive children emotionally, especially past puberty, we presented an HIV/AIDS education program utilized in the United States that specifically targets adolescents. Though it is currently utilized for HIV negative individuals, the possibility of reformatting the material to address the issues of sex, family planning, and the future in a positive manner was explored. Additionally, the material addresses HIV prevention and could possibly be utilized in the surrounding villages to educate the adults. A copy of the program was left with Mrs. Lawate for reformatting and translation.

The final leg of our journey ended in Mumbai, where Dr. Kuhn presented a lecture on HIV and Women's Health to 30 women living in the complex where the team stayed. There was much lively discussion as the women asked questions regarding HIV transmission and prevention, in addition to questions about their own health. The comments from the participants after the lecture indicated that they were very interested in the material and would like to be involved in further programs regarding women's health.