Dindigul Aids Control Society (DACS)
ANBAGAM CHILDREN'S HOME
Annual Report 2015 to 2016

On the north-eastern outskirts of Dindigul, beyond the ring road, frenetic urban life and congestion yields to sanity and quieter surroundings. In a residential area a humble single story (and probably single room) cottage still stands – the original DACS Anbagam. This is where at his own expense Thankachan first sheltered six AIDS infected boys in 2003 and began his mission to help them and children like them. Money was tight, conditions basic and in the early days, his private memorial book containing photos and details of deceased children was regularly updated. Numbers grew as abandoned children were referred to him and he was forced to move several times to larger premises, not only gaining experience but also concerned interest and support along the way, including from JHC.

Now, just a kilometre from his starting point but almost light-years ahead in terms of HIV related expertise and successes, his new purpose built children's home is up and running. Not for nothing is this called 'Anbagam' - meaning House of Love in Tamil. Mortality rate has plummeted, children attend school and now governmental and non-governmental agencies visit this centre of excellence to see how it should be done. Massive change achieved in a short time, while the children here are not only changing their lives - some have literally been given life.

The new Anbagam stands in an open, sparsely developed area with plenty of sky and a wooded horizon, a fine, smart building which fulfils one of Thankachan's four crucial requirements for his children to grow and flourish – scrupulously clean and healthy surroundings. It's light and airy with tiled floors and, inside walls tiled way beyond reach of active youngsters. The hub is a large ground-floor room, variously used for playing, watching TV or eating. Opening off is the entrance hall, a small room for a mother and baby (or just a baby), storage and a splendid kitchen. This provides another of the four requirements – a good high-protein diet; it cooks by gas, with electric aids like kettle, mixer, grinder and fridge freezer. With an age range from infant to adolescent, there's no 'stuff' lying around getting grubby and inviting a good sucking – floors are kept clear and clean. A small office and staff room completes the ground floor layout, while the first floor is divided into two – boys' and girls' dormitories each with toilet and second room for quiet study. Top floor is partly roofed, to house water tanks (keeping them cool and clean) a washing machine and open-air clothes lines. The Anbagam has its own borehole and water purifier and UPS for emergency lighting.

Children in front of the new training room

While this has been working well for some two years, has a comfortable capacity up to 50 and fulfils all Thankachan's expectations, he continues to think outside the box, which accounts for a massive extension nearing completion alongside. Finished and in use on the ground floor are a self-contained flat for

Thankachan and his wife (he fills the role of Warden and regulations require him to live-in) and, a training room with three computers and three sewing machines donated by UK supporters, for skills training – the older children already make good use of a previously UK donated lap top. First floor is again divided into boys and girls dormitories, this time for youngsters who have finished school and are in further education or vocational training; they too need a home and are very much part of the extended Anbagam family. The second floor will be accommodation but nothing yet is cast in tablets of stone. The entire project is an example of proactive thinking stimulated by a steep learning curve and, one likely need for the future is 'sheltered' accommodation for Anbagam members incapable of independent living. Between the two buildings concreted space is used for vehicle parking but maybe in time they'll be joined at upper floor level to make more, versatile accommodation. Literally "Watch this space!" The parking space holds DACS' two donated mini-vans; one for the various school runs and domestic needs and the other used as an Ambulance with which to collect new arrivals from hospitals or wherever they are found and, to make the hospital run for routine monitoring and assessment or for any medical emergency.

Children with newly donated computers

Girls enjoy using sewing machines

The children's total at 39 (down from 43 a year earlier) with 11 new admissions and 15 leaving. Admissions were either referred by the State health sector or a local NGO network and two were relatives of existing DACS children; no babies were born here in the past year. 14 children left voluntarily for various reasons to return to a single-parent or relative and one was a rare mortality. Baby Shalomi was born outside the health system and found hours later abandoned on a village street, covered in ants; she gave up her fight for life in the Anbagam barely two months later. The system for referring cases to DACS by the medical authorities works well for cases already known/handled by them. Cases of abandonment without formal awareness, usually triggered by fears of stigma arising from either HIV status or illicit pregnancies/births, defy regulation and reach DACS haphazardly. 13 children are HIV negative and here because their admitted mother and/or sibling were positive and there was no other home for them. The scrupulous cleanliness and orderly conduct of the Anbagam make it a safe place for them too. Until recently very few children left DACS, usually terminal or advanced medical cases. Now increasing Government intervention actively involves the children, they learn of their right to leave and some become restless. Responsibility for the child's on-going physical or medical safety is then signed over to the relative. In the same period two more foster mothers joined raising the total to six. They didn't bring children or deliver babies but came as women-in-distress - all six are HIV positive.

3 infants are too young for school, 33 children regularly attend four schools, 2 adolescents are waiting to join the next school year (June) and one is uneducable owing to mental impairment. 3 children attend kindergarten, 16 primary school, 13 secondary school and 1 higher secondary school (equivalent to A levels). Most travel by DACS' minibus but two older children cycle. DACS children attending Government schools qualify for routine free issues which are subject to irregularities of quality or supply – uniforms, sandals, geometry box, bag, exercise books and at Higher Secondary School level, bicycle and lap-top. Government schools charge nominal fees whereas the private school used is fee-paying. However that is the better

Children at the local primary school

school, is English medium and more children will be placed there in future. HIV positive children have restricted stamina and sometimes their intelligence is dulled, so Thankachan goes to great lengths to ensure teachers are understanding and cooperative. He took issue with one school recently for its harsh treatment of his children, enrolling the help of sympathetic friends of DACS in high places and won – handsomely. They won't mess with him again! All DACS schoolchildren take their own packed lunch and bottled water from the Anbagam's own water purifier. Back home, while the children study or do their homework, coaching or "clearing doubts" is provided by Thomas, a retired live-in volunteer and from children helping each other. Currently there are no children in Vocational or Skills Training. Next academic year it's expected three will attend a local ITI (Industrial Training Institute) where they will be placed on physically undemanding courses suited to their status, eg Electronics or Computer-related. HIV negative youngsters of course don't have any health-related limitations and can aim high.

This has been the best year yet for general health; only four cases were admitted to hospital, suffering from opportunistic infections owing to their reduced immunity – diarrhoea, high fever and, severe mouth ulceration – even an epilepsy case was the effect of HIV. Opportunistic infections arise from attending school, seasonal variations and visiting hospital! There have been no major non-HIV-related illnesses or injuries, just the usual bumps and scrapes of active children. Dental care extends only to providing and using brushes and powder. Preventive/restorative dentistry is unaffordable and when a tooth gets troublesome the only way out – is out. 4 cases of Eye and Ear problems are HIV related - I child has spectacles, 2 have implanted lenses which are reviewed annually but can cause irritation. Eye cases are seen at a Private Eye Hospital running a pro bono programme for the poor. One girl has a persistent ear infection causing discharge and pain, requiring periodic visits to hospital. Medical costs for HIV positive adults and children are borne by Government;

Thankachan explains that measuring the severity of HIV is more than just the antibody count (CD4 count) and he factors in physical state, level of activity and food intake to arrive at four levels - Good, Moderate, Severe and Critical. Most of the children are Moderate, with 3 Severe and I Critical. 4 Foster Mothers are Moderate and 2 Critical (one is new and it takes time to respond to care but one with long service is facing kidney failure). HIV-infected children exhibit clear physical and mental limitations, compared with their 'normal' peers. Their physical strength is lower; two may carry the same load but the HIV child tires sooner. HIV reduces confidence and concern for their appearance. Memory is poor – at school they cannot remember what they hear. Up to about 8th standard (about age 13) they tacitly accept their daily routines and way of life, including its limitations. Above 8th std. boys especially find this irksome and want more freedom, like their normal peers. Their rights become their aims. Thankachan tirelessly counsels – education isn't the prime objective, survival is! Blood testing was carried out during the year to determine Haemoglobin levels (lowered by HIV) and blood groups; two were very low. HIV cases are monitored regularly and if low taken to hospital for a blood transfusion. Children from new-born up to age 3 are taken to a private hospital that accepts HIV patients although fees are charged. Medicines issued by Government are mostly satisfactory but sometimes substitutions (or spurious products) make them ineffective.

Diet and menus are decided by Thankachan who consults with the children to ensure the proposed meals are popular and unlikely to harm fragile appetites or jeopardize full nutritional intake. They don't receive any dietary supplements unless prescribed individually. A strong ally and source of helpful advice is the Medical Officer i/c the Anti-Retroviral Therapy Centre at the Government hospital (where the children receive their regular status checks, resulting in their individual on-going medication). That's the third vital plank in Thankachan's' strategy for the health of his children – regular monitoring and medication.

Christmas celebration

Common prayers are said, not aligned to any specific faith, though most children are Hindu. Christmas is observed secularly with the help of Santa Claus. A recent day at the seaside (with overnight bus travel) gave the children and staff a welcome and stimulating outing (possibly placing them one-up on their peers at school). Participation involves children proudly in minor campus 'responsibilities' – the Spy Group watches over the younger children and is alert to the arrival of strangers, another ensures the vehicles are ready-to-go, a third helps with food preparation and meal arrangements, etc. As usual, 'Best Friends' and mutual self-help ignore age or gender. An unexpected plus is the imaginative and carefully executed drawings and artwork of many of the children. Thankachan fills the post of Warden,

Volunteer Thomas, also resident, fills the post of Accountant & Home Manager. Administration is up to date, computerised and keeping track of changing occupancy details. A full time driver is employed for the school run to three different schools, while during the day he has routine hospital runs or shopping. Local donations include clothing and special meals.

Visit to Rameswaram seaside

Thankachan's Wish List - he'd like more play space and playground equipment – they only have a small slide. He'd also like a Prayer Hall – a simple quiet space that could have other uses. His plan for a home for the elderly on a nearby site (to fill a pressing need and generate income) is still a distant dream, while centre stage is his vision of a hospice for up to 25 children up to age 14, terminally ill with cancer and providing palliative care until death – the nearest is Chennai.

The weakness Thankachan highlights is in staffing; using foster mothers whose capacity is impaired by their condition means there is little in reserve to cover the on-going workload in case of fluctuating condition or more sickness. Ideally he'd like a nurse on the staff because of the need for regular individual medication, constant competent monitoring and, day to day health needs – he hates to admit children or foster mothers to hospital if they could be helped in-house. He's tried to find a volunteer, without success.

There are no constraints and certainly Thankachan has a history of achieving what he aims for.
The only threat is the active promotion of the children's rights not to stay in the Anbagam. Some older children, hearing this and envying the freedom of their peers at school, voluntarily leave. But there's a twist in the tail; children leaving create space for more children, allowing him to accept more applications and so change, or even save the lives of more children – and that has to be his No 1 Opportunity.

DACS unquestionable strength is the hugely successful model that Thankachan has developed and practices for the care of HIV infected children, resulting in dramatically reduced mortality and an improved quality of live to the extent that virtually all are in education, with several nearing or at the stage where training for future income generation (and self-fulfilment) is imminent. Like any other child, they are bright and lively and so pleased to welcome visitors. Similarly many can soon look forward to having their own Uncle or Aunty as they too open up to sponsorship. Clean environment, excellent nutrition, proper monitoring and medication all play their part in ensuring the success of Thankachan's great plan which has given life and a future to so many children; the fourth vital ingredient has to be his own clearly obvious love for each and every one, whether it's the toddler perched on his hip or the schoolgirl engrossed in her books, or in a board game with her 'Best Friend' – he's there, for them.

Terry Quadling, Volunteer 11th February 2016

Many youngsters supported by JHC are seeking sponsorship; you may have a relative or friend who might help these youngsters?

We need volunteers who might help these children and others in projects JHC supports with their education and spoken English, do you know anyone who might be interested?

Want to read news from JHC and India? Then why not follow us at www.facebook.com/JoeHomanCharity or www.joehoman.org.uk. We need friends to spread the news of our work with needy children.

To write to your sponsored child, please use the following postal address, or email via the charity website.
Child name / DACS
C/o Joe Homan Charity (India)
Post Box No 36
Dindigul – 624 001
Tamil Nadu
India