

The Pink Bicycle

The road from the Government General Hospital in Anantpur to Bukkarayasamudram is a journey in metaphors.

It begins vivaciously with promises of exciting destinations. Auto rickshaws move with abandon, buses snort disdainfully at smaller vehicles, cars honk pleadingly at cattle that gossip at intersections; animals, humans and machines come together to accommodate each other in the journey of life.

A few kilometers away, a lane turns darts out from this arterial road turning right into a quieter and more pensive world.

It is a road of no great consequence. Pits and bumps pockmark the entire stretch making a pogo stick out of the occasional cycle. Large tracts of arid land border one side of the road, a canal the other. Life thrives, lopsidedly, by the canal. Women beat bright saris on rocks, children jump in and out like energetic amphibians, cattle swim across lazily; it is a semi-rural scene, pretty for those who are not a part of the landscape.

The road finally dissolves into the several alleys and by lanes that make up the nondescript Gandhinagar Colony, home to a quiet and pensive 13-year-old called Anusha. She is like any other teenager, fond of bangles, a tad puzzled by science, moony about movie stars and given to sulks. Only that for the most part there is no one to either notice or care.

Anusha lost her mother when she was six. Her father walked out leaving the six year old to fend for herself. Her paternal aunt took her in. Over the years, Anusha fell ill frequently and a bout of blood vomiting led to a visit to the RDT Hospital near her village. The doctors referred her to the Community Care Centre (CCC), where their worst fears were confirmed: Anusha was diagnosed as being HIV positive.

Then one day, her father returned just as abruptly as he had left. Anusha was sent off to live with him. It was far from an ideal arrangement for a child with HIV. Anusha's father was positive too. He worked as a daily wage earner, and was away from home for days on end. Self-obsessed and fond of the bottle, he cared little about his daughter's health despite knowing well that good food and rest were crucial for a positive child. When he was home, Anusha was expected to cook, clean and look after home and hearth. When he was not around, he did not care.

So while other children had mothers coaxing and cursing them through their meals and studies, young Anusha had only herself to rely on. She cooked and ate when and what she could, got her frail frame to school, studied, and coped with an alcoholic father.

Then things turned for Anusha. B.Ramanjaneyulu, a Family Case Manager with the Balasahayog Programme found her, through the CCC data. He recalls:

I came across a frail and lonely girl looking after her household, when she was obviously the one in need of care. Poor nutrition and lack of care had left her both de-motivated as well as physically incapable of walking the three kilometers

to school. It became evident that there was an urgent need to get her CD4 count done and see if she needed ART. It turned out she did, we immediately enrolled her for medications.

Balasaahayoga or “active support for children” is a programme of the Government of Andhra Pradesh and APSACS, for children and families infected or affected by AIDS. Implemented by the consortium of Family Health International (FHI), CARE and Clinton Foundation, this programme works around the interesting and innovative platform of Family Case Management.

In order to make a difference to the life of a child it works on the larger environment of the child’s family, treating each household as a unique case, assessing and catering to individual needs so as to create an enabling environment for the family as a whole. The programme offers a basket of services that includes health, psychosocial support, nutrition, education and safety net. These services are leveraged from existing schemes, so there is no duplication of offerings and needs are met within an existing and established system. There is a strong focus on establishing linkages.

This approach requires intelligent prioritizing from the Family Case Manager. After Ramanjaneyulu, the Family Case Manager for Anusha’s family had enrolled her for ART, he realized that she needed two very important parallel inputs: nutrition and continuing education. The first was important because it was imperative for her body and the second, because school was both a social and intellectual stimulant for this otherwise lonely child. Anusha needed her friends and childhood escapades as much as she needed food.

Anusha was linked with existing nutrition programmes thus making her diet independent of her father’s whims and fancies. But it was the school, more than three kilometres away, which posed a problem. It was a distance that tired the little girl out. The Rural Development Trust (RDT), the partner NGO, which implements the programme in Anantpur, also has a department that runs programmes on child health and education. Ramanjaneyulu, presented Anusha’s case to the concerned people and the result was a new pink bicycle.

It is on this pink bicycle that Anusha pedals happily through life, with the wind in her hair and a new found vitality. The cycle takes her to school, which she loves, but more importantly it takes her to the ART centre every month for life-saving medicines.

What motivates an unsupervised child to fetch her medicines on her own ,cycling down a couple of kilometers through bustling traffic and tiring roads? It is so easy to play truant. It’s a question that Anusha herself answers in her shy and quiet way.

He (Ramanjeyulu) and other people often come over and enquire after me, asking me if I am eating and taking my medicines. It makes me feel nice. It makes me feel if they come all the way to ask me that, then I can go all the way to the hospital to get my medicines.

Then she grins impishly and adds: *I love cycling.*

What perks this girl up? Better food and medicines, the fact that people ask after her, the comfort of having someone to turn to or, her uniquely resilient personality?

The answer perhaps lies in the simple statement that she makes as she leaves for her science exam and we wish her the best: “ *Thank you, one day I hope to become a teacher myself.*”

It appears that hope gives her wings and that, is an invaluable outcome any programme would be proud to achieve.