



# AALHAD SAMACHAR

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## From the Editor...

Recently there has been a lot of talking of fear within care givers who work in palliative care with PLHIV.

Psychologically speaking, *fear* lies at the heart of ignorance and irrationality. Although health providers have to work in potential risk situations, fear of getting infection also reflects negligence on the part of the health system and lack of awareness in health providers, regarding safety measures and universal safety protocol.

Such fear in the health providers reflects lack of knowledge about safety measures, universal safety protocols and training, apart from other factors. Recent reports and studies - especially in India - indicate that there is a great need of training health providers in taking precautions against getting infected. Most of the hospitals and health centres, particularly in rural areas, do not follow the safety protocols in this regard. A recent study in some Indian states on the status of services to positive people suggests that most of the providers do not have the proper information about safety measures and universal protocols. Many providers were unaware of the correct safety measures to be adopted while providing services to positive persons.

Hospital and health centres must have to pursue universal safety protocols to avoid infection to providers on a war footing.

Mike Marshall

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LIGHT UP PUNE - 20 MAY (P. 3)

## The Dance of Life

Taking a cue from Sahara in Delhi, we have begun to have a "coffee night" every Friday night from 6.30-9 pm. There are snacks, music, games, lots of dancing, and of course, coffee. The response has been amazing. Even the clients who seem least able, those who are partially paralyzed, or quite weak, make their way to the dance floor and boogie down. The smiles of the clients light up the night. We only wish we had begun earlier. It is a low-effort, low-cost way to break the monotony of the week, giving the clients something to look forward to, something to laugh about, and giving clients and staff alike a way to blow off steam. Feel free to join us. I guarantee you will be inspired and touched; joy and hope always find a way and everyone has cause to celebrate being alive.



By Emily Brown - Link Overseas Exchange Volunteer

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## A FRUITFUL TIME

Samuel Thomas

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It's been an eventful few months for Sahara. At the beginning of February we hosted several weeks of training sessions for groups from Deep Griha, PCI, and other local NGOs.

To facilitate these sessions, Sahara sent us Dr Deep and Ms Daisy from New Delhi, who were enormously helpful with their in-depth knowledge of ART and its side effects, and other forms of primary care. Mike Marshall handled the counselling portion of the sessions. Drawing from his almost 20 years experience, he provided the trainees with solid advice and an opportunity to role-play 'counsellor and client'. Hans Billimoria covered nutrition, stressing its importance - alongside medication - in the health of HIV+ people, and how one might start a nutrition program in their own NGO. In total, three batches received this all-inclusive and free training.

At the end of February we were blessed with four new volunteers from the Scottish organisation, Link Overseas Exchange. They have brought fresh enthusiasm and ideas to Sahara, taking up new



SAHARA'S LINK VOLUNTEERS IN ACTION

projects which we simply didn't have the staff to begin. Sahara Aalhad can be a very intense environment, even for those who have been in the field for years. We were slightly worried how the new volunteers would handle it, but they have fallen right into place with grace and ease.

Emily and Daisy have begun English classes with the clients. They have begun with the alphabet, with basic words, and numbers. The clients are enthusiastic students. They look forward to a break in their day and also to developing new skills. Alisdair and Sam have taken the arduous task of putting together a database. The database will include records for all of our clients, present and past. With this database, we will be able to trace trends: health upon admission, distribution of medication, length of stay, and many others.

*The author is Sahara's In-House Coordinator*

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## RECOVERY OF THE MONTH

Ryan Turner

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At the beginning of February, a client whom we shall call Siddharth was sent to us from Rakshak hospital. 80% of his body was covered in third degree burns from a work-related electrocution. His wife and baby were also with him, they were far from their village and could not afford the treatment he required from a regular hospital, so they began staying with us at Sahara. Siddharth is also HIV+, which meant that his recovery would likely be slower and that he would be very susceptible to infection.

Every day, Ajay would wash him and apply the ointment. Every night we would listen to his quiet moans, and check in regularly, doing as much as we could to manage his pain. Sahara does not have the resources to provide the kind of pain-killers that he required, such as morphine. He was in agony, but he was brave, never falling into despair, but fighting through. During his recovery, his wife became a helpful part of the community, helping with the cooking whenever she could, and their chubby-faced baby became another one of Sahara's darlings.

Now, only a month later, he is significantly healed, up and about. He can be seen walking about as much as possible, working hard to regain his strength and flexibility. His smile is huge and constant, he is finally able to hold his baby again. Our prayers were answered.

*The author is a former Sahara volunteer*

### Detox Ward Opens

We're proud to announce that Sahara's new Detox Ward was formerly opened on 1 July. Here's to the future!



## TAKING ADVOCACY TO THE GRASSROOTS

Himakshi Piplanni

The world is fighting HIV every day.

Lack of adequate knowledge and preventive services is leading to new infections; the stigma attached with HIV is breaking many a family; men and women are losing their jobs and homes due to discrimination against HIV positive people; thousands are inching closer to death for want of access to affordable treatment and care; countless children are suffering in the absence of paediatric formulations for treating AIDS.

With all this and more, an estimated 39.5 million people worldwide struggle to live positively.

It is time that we as a society wake up to the reality of HIV in our country, our towns and cities, our neighbourhoods. We have managed to break the silence on HIV and AIDS; it's time to ACT now. Let us take advocacy to a new level - to the grassroots, to the common man.

- Teachers coming forward to advocate the introduction of comprehensive, evidence- and skills-based sex education
- Sportspersons playing with PLHIV to fight the stigma around HIV in society
- Office-going men and women sacrificing their Sundays to protest against HIV-related discrimination at workplace
- Housewives marching the streets asking for introduction of second-line anti-retroviral drugs
- Students rallying for HIV+ children's right to education

It is time we all joined the fight that PLHIV, countless NGOs and CSOs, governments and international agencies are fighting each day to support positive living and stop HIV from spreading further.

The world is fighting HIV every day.  
Have you joined the fight?

*The author is coordinator of YAHAAN (Youth Action HIV And AIDS Network)*

## 'Light Up Pune' - 20 May



## CORPORATE EMPLOYEES LEARN ABOUT HIV AWARENESS

Azzi Momen

On Friday June 1, the Xansa Corp, an outsourcing and technology company welcomed the *Wake Up Pune* team to their headquarters. The main lobby was kindly provided to spread HIV awareness through slide presentations, HIV knowledge quizzes, and a kiosk promoting the *Wake Up Pune* campaign, which employees could access at their own convenience. While enjoying their breaks, they had the opportunity to purchase some beautiful jewelry, pillowcases, purses and scarves made by women living with HIV, from Sahara's Delhi project.

All proceeds went to better the facilities provided at Sahara Aalhad. Staff were also provided with accurate information about the transmission of HIV, how they can protect themselves and their loved ones, and learned how HIV and AIDS related stigma and discrimination indirectly fuel the spread of a disease that has now become an epidemic in their own city. The many myths surrounding HIV transmission were theatrically broken through short skits followed up by a discussion of the facts.

The performance entitled 'the Stigma Chakra' vividly portrayed how Silence, Ignorance, Fear, Stigma and Discrimination further the spread of HIV within the community. Mike spoke about the reality of HIV in this city and let the corporate sector know that their socioeconomic status is no protection from a virus that currently infects 5.7 million people in their country. The primary message conveyed was that HIV does not discriminate, but we discriminate against people living with HIV and AIDS, and those that seek accurate information in order to protect themselves. More importantly, upon receiving this newfound knowledge about HIV, the employees gained a sense of agency in protecting themselves and had the opportunity to sign up to volunteer or receive even more information. The feedback received was positive, as

many were surprised at how inaccurate their previous understanding of HIV was and really wanted to know more. In fact, many signed up to volunteer and find out more.

In one short day, this group of young professionals gained much insight into how HIV is affecting their community, and learned how breaking the silence and spreading the knowledge they gained can help end the stigma chakra and combat HIV in Pune. The employees at Xansa were told to WAKE UP to the reality of HIV in Pune. Many were shocked to hear the truth, and the truth is that 1.8% of Pune's population is currently infected. Unofficial figures report that about 2.3% of the population is HIV+, more than twice the national average. We all need to wake up! The reality is that HIV is in Pune! Breaking the myth that this virus only infects the poor or is a product of perceived immoral behaviour is vital in effectively preventing HIV, as well as bettering the lives of the many neglected and stigmatized individuals living with HIV. The employees were told to be more positive about HIV. How can we be positive about HIV? By being positive about educating ourselves and others about HIV/AIDS, being positive about raising awareness in our wider community and being positive about reaching out to people living with and affected by HIV/AIDS.

*The author is the Wake Up Pune administrative coordinator*



[www.wakeuppune.org](http://www.wakeuppune.org)

## LEARNING FROM EXPERIENCE

Hans Billimoria

It's Friday afternoon. It's hot. March is about to end and the heat has decided to begin...

The DISHA team, including the five new recruits from the Ramtekadi community, is downstairs in the hall listening to Mike. His intake of coffee and nicotine keeps him going. Just back from a conference in Thailand his energy reserves have depleted. His commitment to the DISHA team has not.

This is the relationship Deep Griha's HIV and AIDS project shares with Sahara Aalhad. Two organizations that recognize HIV as not just another issue that affects the marginalized and poor of this city, but arguably, if unchecked - such an obtuse word for the gamut of prevention, education, awareness, and sensitization efforts in this city to check the spread of the virus - can cripple an economy and bring with it a devastation that is unimaginable to those of us within our comfort zones of everydayness. Even most of us in the development field in India, those of us who have journeys that are marked by their own unique joys and pains will admit that we cannot imagine the scale of devastation that is prevalent and was prevalent in sub-Saharan Africa.

It is unimaginable that a nation like India will ever groan and totter on a similar brink of darkness to that of sub-Saharan Africa?

In this age of Information Communication Technology (ICT), Economic Progress, Outsourcing, 'India Shining', you'd think that containing or controlling HIV is far simpler and more effective than it used to be in Africa in the 1980s.

Then - HIV gripped Africa's visceral soul and pulled it into the darkness where the demons of ignorance, stigma and discrimination danced together with the demons of fear and silence. They danced their malicious way about the continent leading the scared and lonely and abandoned to Death's door. They knocked, and danced away leaving the bewildered to be gathered in by Death's release.

Now - in India do these demons of silence, ignorance, fear, stigma and discrimination still live on? Or do we worship other Gods? Mammon perhaps?

- Hasn't the Government of India's official response to HIV - the National AIDS Control Organization - learnt from the African pandemic and put in place measures not to go the sub-Saharan African way?
- Haven't a multiplicity of NGOs and other not-for-profit agencies emerged (mushroomed) over the last 21 years to respond to this very real crisis in India?
- Are there not funds like there have never been before in HIV and AIDS research and prevention?

Visit Sahara. Find out why we need the Aalhad team doing what they do. This will help you answer the questions posed above that people think answers exist to, simple answers, black and white answers, answers that placate our very soul. And put it to sleep.

*The author is Project Manager for DISHA (Deep Griha's Integrated Service for HIV and AIDS)*

## A LONG WAY TO GO

Ann Varghese

In the last newsletter, Mike wrote about the discrimination and stigma which make the fight against HIV that much harder. DISHA (Deep Griha Integrated Service for HIV and AIDS) developed a tool to explain this: the "stigma chakra."

Ignorance, Fear, Stigma, Discrimination, Silence, Ignorance... the cycle perpetuates itself.

Sahara has had plenty of problems with the medical fraternity before, but many people are incredulous. "Is it really possible that a medical doctor could be so ignorant?" Yes, it is. That ignorance is the reason that many of our clients are sent away from the hospitals, told to "go home and die".

Mike had one such unbelievable experience this month. He received a call from a local doctor. The doctor said that he had heard Mike is in the HIV field, and wondered if Mike knew where he could get an anonymous HIV test. "Well, yes, I can arrange that for you, but what risky behaviour have you engaged in that you may have contracted HIV?"

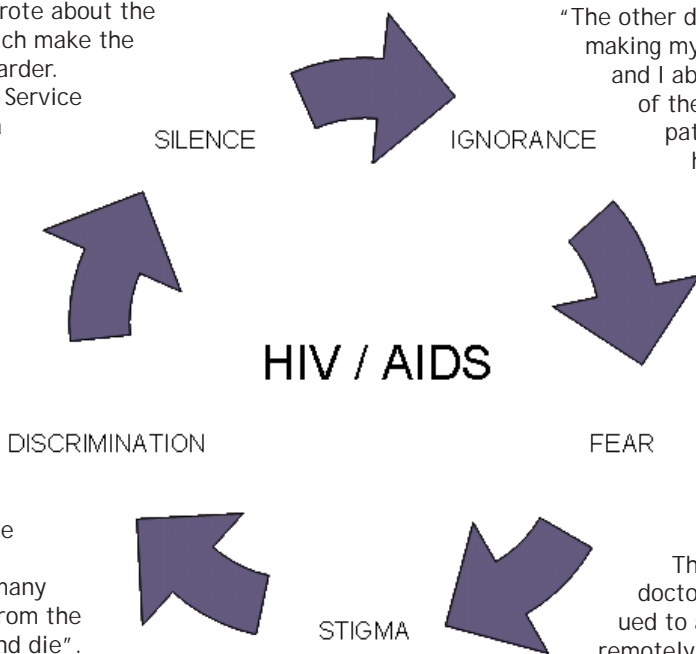
"The other day," explained the doctor, "I was making my rounds, examining the patients, and I absent-mindedly took a sip from one of their water bottles. Then I read the patients chart, and he is HIV+. I haven't been able to sleep, I'm so scared."

Mike, being the patient man he is, did not proceed to question the doctor's credentials or recommend he leave the profession. Instead, he carefully explained that there are only four ways to get HIV: through unprotected sex, exposure to infected blood, sharing needles, and mother to child.

This was not enough to assuage the doctor's irrational fear, and Mike continued to assure him that it wasn't even remotely possible that he could contract HIV this way.

We've got a lot of work to do yet.

*The author volunteered at Sahara Aalhad through AIF*



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# EMOTIONAL PAIN

Mike Marshall

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All addicts have familiarity with pain. Whether it's emotional, physical, social, intellectual, mental, or spiritual, there is no form of pain that we don't come to know on intimate terms. We shake when we recall past pain and are in absolute terror over future pain. We hate pain so much, that when we learn that we're creating it, it's hard to believe. For us, it takes a special form of courage to continue our efforts toward improvement after the initial terrors have passed. We got used to awful pressures in our addictive addiction. Recovery requires us to become more sensitive to the signals from the world around us. If we're used to people yelling when they want something, we may have to learn to listen to someone who seems to be whispering. We learn to re-evaluate our impressions of the world around us. By doing this, we realise a major portion of the freedom that we seek.

In active addiction, we developed a ritualistic, unconscious and reactionary style of living. Our addiction tells us that we have to look good, cover up our feelings, deny fault, and never accept responsibility even in trivial matters. These life styles hardly seem 'liberated.' Freedom has a price: honesty. One of the problems that many of us face in early recovery happens when we begin to deal with life on life's terms. Emotional honesty takes courage and courage takes hope. After a few months - or years - clean, we begin to run out of problems. We don't know what to do. People call us 'crisis Queen' or habitual worrier. We find ourselves sharing about something that feels like an immediate crisis but is still months in the future. Upon closer examination, we find that the problem may not even be possible. Confused, we wonder what have we been doing? We call this 'borrowing problems from the future', despair on the time plan.

An addict shared: "I remember the day when I first became aware of the fact that I really didn't have any major problems. It was weird because my disease quickly told me that I needed to keep inventing crises to share in meetings. After all, you're only here to hear about 'my problems.' At least that's what I heard out of one of the readings and it took me a long time to share about this in meetings. I finally, after a peaceful week, shared that it had been wonderful. You would have thought that I had dropped a bomb and killed everyone. The response was 'dead silence' but I felt better because I had loosened addiction's stranglehold just enough to catch my breath."

Sometimes, we need to think through what actually happened and compare it to the version that we have in our mind. This is especially helpful when we feel like we're getting resentments. We no longer need to over react to hearsay. In other words, we need to look at the facts rather than letting our emotions cloud our judgment. Otherwise, we may say and do things that we can't take back.

**"One mark of our growth is the ability to tolerate 'real emotional pain'. We know all too well that the chemical buffers are no longer an option."**

Prayer, meditation and close contact with clean addicts help us find our way. As we grow in recovery, we learn to think through what is really happening as it happens. One mark of our growth is the ability to tolerate 'real emotional pain'. We know all too well that the chemical buffers are no longer an option. Our emotions tell us to do things and this is good if what they tell us is true. If someone we love and care about is suffering, we should feel some pain. It is part of caring and motivates us to help. If current circumstances stimulate our strong disapproval, we feel somewhat angry. If we have enjoyed successes, we have every right to feel good. If we feel overwhelming ecstasy, complete despair or unfocused hatred, it is a clear indication that our emotions have taken control of us. We must remember that addiction is planning our next usage.

Being clean does not mean that we won't have to face some major tragedies. The sudden death of a loved one, the illness of a family member or a close friend can bring up strong emotions of concern. This is a part of loving someone. Feelings are healthy. They register what is happening in the world around us or the world within us. If they are inaccurate, we may start doing things that have nothing to do with reality. Our disease tells us that we are wrong to feel so strongly and makes us misinterpret and label these feelings as unworthy or defective rather than the mark of

a caring, healthy human being. At some point, we must allow ourselves the right to grieve. We aren't made of stone and our reactionary pain at the apparent unfairness of life gets to us sometimes. Maybe God does have a master plan for everything. Maybe there is an afterlife. Still, we are unable to see how some things are right or justified. We may not know where God is going with this. Maybe we wake up somewhere, maybe there is nothing. Staying true to our recovery is most important here!

We find ourselves reviewing our belief as our need for assurance increases. Making a written list of the things that are going right for us might help to counterbalance the feelings of distress or hostility. Avoiding confrontations may be the correct action in one situation and in another very similar case, confrontation may be the only way to resolve things. We find ourselves hiding our pain under the assumption that others don't really care. Our disease tells us that even if they did care, they couldn't possibly have workable answers for our problems. This is one way that the disease works to reassert itself into our lives and it happens whether we stay clean or not. It seems that our awareness grows in recovery to include these previously invisible areas. Our demand for personal honesty grows.

As addicts, we may ignore the good things in our life and focus entirely on a painful event. We become obsessed with the negative to the exclusion of all the goodness in our life. We then justify proceeding as if any hope of betterment is foolish. At this point, our disease will make us do something dumb to cover up how much we care. Pain is the common denominator amongst addicts. Going about our business and keeping to our meetings can help us get through a tough time when a major upset occurs. We have to keep thinking, "What should I be doing right now?" We persevere and try to manage as much of this as we can. If we've taken time off from work, eventually we have to return to our jobs and resume our life. If we take too long, we may create other problems that don't have to happen.

**"We learn to focus on the good things, allowing them to become more important than the negativity."**

If we do an honest examination of exactly what we are giving, we are better able to evaluate the results we are getting. Recognising pain as merely an indicator that something needs correction, we get results. Before we act, we pray. If we want dignity, peace and creative action, we can have it. We can go, see, and do like never before. We can also choose to remain stuck in our ruts and make believe we're trapped and without choices. We tend to run from and avoid problems as our addiction progresses. In recovery, we tend to find ourselves in more agreeable surroundings and our need to be agreeable increases proportionally. We see where we were creating problems that were invisible to us before. Recovery teaches us that we choose our reality. We never hung around long enough to see this; we changed our surroundings before it got too bad. We may cry out when someone harms us but later we see where we put ourselves in harm's way. We learn not to ask for trouble. We begin to pay attention to the stages that make up having a happy life. We work diligently to root out contradictions from our thinking, speech and actions. We learn to focus on the good things in life, allowing them to become more important than the negativity has been. We spend time doing charitable works and we no longer feel complacent about the pain and suffering in the world.

We make ourselves part of the solution. Just as we crossed an invisible line as our disease progressed, we will cross another invisible line in recovery. When we have gone as far with recovery as we went with our disease, our progress turns into real building blocks of recovery. We become more caring, nurturing, and competent. We are slower to anger and quicker to help. Humour becomes a habit. Those of us who regress into personal self-obsession are like prisoners trapped inside a wall. We climb, reach the top of the wall and fall back into enslavement again. We must continue to remind ourselves of the ways to deal with our feelings today. We can step out, look around and establish directions. This disease can be beat but it doesn't want us to know.

*The author is Program Manager, Sahara Aalhad*

## OUR MEMORIES

### Anya Kamenetz

In November and December, my husband Adam and I spent nine weeks backpacking around Southeast Asia and India on an extended honeymoon. We had been looking for a chance to stop somewhere along the way and volunteer but hadn't been able to set anything up in the frenzy of the wedding and trip planning. Once we were actually travelling, a friend who was doing human rights work in Madurai put us in touch with Mike Marshall at Sahara Aalhad. And so began one of the true highlights of our trip of a lifetime.

*"Immediately, I had to get over my fear and lose my preconceptions"*

Mike picked us up at Pune train station and drove us straight to Sahara, out along the busy Wagholi road. We had almost no experience volunteering in hospitals, and I was expecting some kind



of orientation or rules to follow, but instead he simply showed us around the center and introduced us to everyone inside. Immediately I had to get over my fear and lose my preconceptions. From the beginning it was difficult to tell who was a patient and who a staff member among the people cleaning, preparing food, caring for children, or simply sitting in the courtyard and talking. Later I realised that this was because many of the staff were former patients. This lack of distinction or hierarchy is only one of the ways Aalhad creates an atmosphere of mutual respect and humanity.



Adam, my husband, is a software engineer, and he was given the task of building a website for Sahara Aalhad. As a journalist, I had the great privilege of interviewing ten of the residents in order to write the content for the site. Sam, the coordination assistant took time out of his day to translate for me. I still remember Avinash holding his shirt over his nose and mouth to show me how his brothers reacted when he came near them.

With courage and openness, the residents showed me vividly that the global HIV / AIDS epidemic is about more than a virus. It's about poverty, ignorance, the oppression of women, stigma, discrimination and fear. Money alone can't stop it. Government programs have an inherent problem travelling the last mile into people's hearts and minds, where they need to go to be effective. I might have known these facts intellectually but now I feel I know them at least a little bit personally. For example, although the Indian government has had a policy since 2004 of providing free antiretroviral drugs to people with HIV, many of Sahara's clients told me they weren't able to afford the CD4 test, or were reluctant to take it because of the stigma of infection.

There was such a contrast between our time at Sahara and the rest of Pune. The city is a sophisticated automotive and tech boomtown with luxury condos as omnipresent as chai stands. Most tourists visit because of the Osho Meditation Resort, which ironically administers an HIV test to everyone who crosses its gates. The Indian government reports that 1.8% of Pune's population is infected double the national average and almost twice the World Health Organization's epidemic mark of 1%. It's hard to believe that Sahara, with its 30 beds, is the only facility of its kind in the city. It operates without government funding or regular grants from any large NGOs, has no doctors on permanent staff, and is frequently 50% over capacity. When a patient needs a ride to the hospital at 3 am, she travels in Mike Marshall's car.

*"The sadness is real, but it is tempered with real happiness"*

But the feeling we brought home from our time at Sahara wasn't one of deprivation, but of being welcomed into a kind family. The sadness is real, but it is tempered by real happiness, the tireless work of the staff, and the residents' care for each other. We won't forget singing at the morning devotion service, playing with the children, chess games, trying to make chapattis, and decorating for the Christmas party. We'll keep Sahara in our heart until it is time to return.

*The author is a journalist and former Sahara volunteer*

## 'I Believe' - be HIV positive

I believe that the sun shines after the rain  
I believe if you don't get hurt you'll never gain  
I believe in not doing things the easy way  
I believe that being selfish doesn't pay

I believe that dreams do come true  
I believe there's destiny for me and you  
I believe that good things come to those who wait  
I believe love never arrives too late....

I believe to always look on the bright side  
I believe that life is just one big ride  
I believe when I die people will grieve  
But it's OK because I believe & hope

Hope abides; therefore we abide.  
Countless frustrations have not cowed us.  
We are still alive & vibrant with life.  
The black cloud will disappear,  
The morning sun will appear once again  
In all its supernal glory.

Far, very far, into the world of the beyond  
Our hope carries us and places us  
On the sweetest lap of the unknown.  
There we behold our Self  
In the Dance of life - Delight of the Absolute.  
The dance goes on and on, we celebrate life with hope  
and belief.

By Mike Marshall - Program Manager - Sahara Aalhad

## ABOUT SAHARA AALHAD

As Pune's only care home for people living with HIV/AIDS, Sahara Aalhad's philosophy includes never turning away a person in need. Created in 2001, Sahara Aalhad cares for acutely ill persons with HIV/AIDS. Most of Sahara Aalhad's residents have families who have rejected them and have no other source of shelter, food, or medical care. Sahara Aalhad does not turn people away based on religion, ethnicity, gender, or social status. When single mothers arrive at Sahara Aalhad, their children are also welcomed.

While Sahara Aalhad has a bed capacity of 30, it is the only place where many can turn to for care. As such, it is not uncommon for Sahara Aalhad to be 50% or more over capacity. Sahara Aalhad is situated on the Pune Nagar Highway and is strategically located to serve both the city and its surrounding areas. Currently, Sahara Aalhad runs with no outside funding

Sadly, stigma related to HIV/AIDS is one of the most significant problems facing the residents of Sahara Aalhad. HIV/AIDS-related stigma is the reason so many families refuse to care for our clients when they are ill and refuse to allow them to return home after they have recovered from their acute medical problems.

Sahara Aalhad is part of Sahara, a 28 year old organisation whose mission is to empower people facing difficult situations due to substance use and/or HIV/AIDS. Sahara is a therapeutic transitional community working with people irrespective of their beliefs, economic status, literate or illiterate and the marginalised. Its aim is to make people confident, independent and free them from the systems that ensure that their lot in life will not improve.

### The Needs Zone

Ambulance x 1 unit  
Desktop Computer x 1 unit  
Inverter (2 KV) x 1 unit  
Medicines / Groceries  
Office Furniture  
Two Wheeler (without gears)  
Autorickshaw (new or secondhand)

If you would like to donate or contribute towards any of these items, please contact us. Thank you for your support.

### The Gratitude Bowl

Your support made a difference. Thank you.

Mr & Mrs Mehra, Pune  
ABC Farms, Pune  
St. Paul's Church, Pune  
Rev. Thomas, Pune  
Mr & Ms Jumani, Pune  
Mr Kevin Lewis, Pune  
Clover Ladies Group, Pune  
HSBC Software, Pune  
Colleen D'souza, Pune  
Xansa Technologies, Pune

Sahara Aalhad Residential Care and Rehabilitation Centre  
63 Ganesh Park, near TVS Godown, Wagholi, Pune 412 207 ☎ 020 64102470, 9860624230  
[www.saharahouse.org](http://www.saharahouse.org)