

Tribute to the HIV/AIDS Workers In Gujarat



Raghavbhai at work in his salon

**WORLD
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Report by Amrit Sangma, PRCOM



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“31 HIV positive people from 8 districts of Gujarat have been introduced to government abled treatment (ART) between April to September this year alone” according to a six monthly report by Caritas India.

All have been linked to Antiretroviral Therapy that helps the virus attack to slow down. All are successfully accessing the treatment except for two.

What is the big deal?

People living with HIV can suffer from massive isolation from the society, let alone the deep trauma one succumbs to, once the news is unleashed on to him or her.

“Had I not been involved in the field and had I not educated myself about HIV/AIDS, I wouldn't have dared to shave a positive man” confessed Raghavbhai from Ahmadabad district.

Raghavbhai owns a salon and is part of the link workers scheme implemented by Caritas India in Gujarat state. Gujarat State Aids Control Society (GSACS) have awarded Raghavbhai the best Link Worker consecutively in 2011, 2012 and 2013.

Link workers are those that connect between the project and high risk groups (HRG) like Female sex workers (FSW), Men having sex with men (MSM) and bridge population like the migrant workers, the truck drivers and a number of other vulnerable people like housewives and

youth groups.

Between the period of 2010-2016, Caritas India has reached out to 2.5 million such vulnerable people in the effort to curb the tricky virus.

Between the same period, the project has contacted over 53 thousand HRGs, referring them to government installed Integrated Counseling and Testing Centers (ICTC), Primary Health Centers (PHC)

“We have an exemplary rapport established between us and these centers, which why we have been able to reach to an extensive vulnerable and HRGs” says Nirmal Minj, Gujarat State officer of Caritas India.

“Services like ICTC, ART and STI were not sufficiently reaching out to the villages”, Joint Director for Targeted Intervention in GSACS, Mr. Kamlesh Meswania told in an interview to Caritas India. He said that the services were delivered through Caritas India.

Caritas India has been implementing LWS in the state of Gujarat since December 2009 to August 2016 in a total of 12 districts.

On World Aids day today, Caritas India pays respect to its 2.2 thousand Link Workers and tens of thousands of community volunteers who formed one big Caritas family in this mission.

Investing in PRI members for PESA/ FRA adherence

Report by Bijay Ekka, SO-Jharkhand
Edited by Patrick Hansda, Caritas India



In the absence of proper information on Panchayats (Extension to Scheduled Areas) Act (PESA), Forest Rights Act (FRA) and Panchayati Raj Institutions (PRI), tribal communities are not able to exercise their rights and duties.

PESA empowers tribal Gram Sabhas to approve all developmental plans, control over all functionaries and institutions of all social sectors. Whereas, FRA recognize and vest the forest rights and occupation in forest land to the forest dwelling Scheduled Tribes and other traditional forest dwellers who have been residing in such forests for generations but whose rights could not be recorded.

These act creates space for people's empowerment and genuine popular political participation but tribal village communities are in confusion with regard to PESA and Panchayati Raj Institution. Social welfare schemes and other provisions meant for marginalized communities were hardly shared or informed with them.

Caritas India through its Swadhikar programme recognizes the capacities of tribal communities to strengthen their own systems of self-governance. It empowers the tribal communities of Jharkhand by strengthening traditional village level institutions to access the entitlement over resources provisioned for them through various government programmes

In this regard newly elected PRI members of Jharkhand were oriented on the fundamental issues of Panchayats

(Extension to Scheduled Areas) Act (PESA), Forest Rights Act (FRA) and Panchayati Raj Institution (PRI).

The orientation was attended by 154 representatives from PRI, SHG, and progressive farmer's community from swadhikar project cluster areas.

The resource person for the programme, Mr. Pran Ranjan and Mr. Rameshwar Oraon helped participants to understand various provisions and norms made in constitution in favor of tribal community.

During the programme the participants collectively decided to form village committee for forest protection, draw village development plan for various development needs, reactivate the village development committee with greater responsibilities etc.

To get maximum return from the agriculture, they planned to combine indigenous agricultural practices with scientific methods.

They also decided to provide health facilities like institutional delivery, regular immunization, sanitation etc. to every village on regular basis.

Through this program villagers received first-hand information with clarity on different provisions and schemes. The orientation helped the tribal community to gain better understanding of local self-governance and to preserve and conserve the traditional rights over its natural resources.





Sanitation needs in emergencies is more than just constructing toilets!

Report by Lee Macqueen, Advocacy Manager

A one day WASH Sector Resilience Consultation was held on 25 November in New Delhi by GOAL India, Caritas India, and Sphere India and other members. This was an opportunity to hear about various successful community models of WASH, particularly toilet designs, in the backdrop of emergencies. For Caritas India, it was a platform to foreground the community centred inclusive approach to WASH, focusing psychosocial wellbeing associated with WASH, and equitable access by the excluded and marginalized to WASH facilities.

Water, Sanitation and Hygiene (WASH) is inextricably linked with enjoyment of other rights that enable Right to Life with Dignity, and need to be equitably available and accessible by the all community members in peace times and emergencies, stated Ms. Lee Macqueen, Advocacy Manager for Caritas India. She underscored the need for

Inclusive and Rights Based Disaster Risk Reduction (DRR) approach to Participatory Toilet Designs. Guided by the humanitarian imperative, toilet designs have to be informed by the social, cultural and political dynamics of a community. The design must enable equal and dignified access by all, particularly the most marginalised and neglected communities (pregnant women, elderly, differently abled in general, and those from socially and geographically excluded communities, Dalits and Tribals) in disaster times. The toilet models should envisage the management aspects at the outset to avoid assigning the job to any particular community (scavenging), in line with the objective of eradication of manual scavenging and prioritising this community for WASH interventions by Swachh Bharat Abhiyan. Lastly, looking at WASH needs in times of slow onset disasters (droughts) and urbanisation causing ghettoization of migrant/labour classes from humanitarian perspective and DRR lens was recommended.

Further strengthening the emphasis on community and inclusive approach with field experiences, Ms. Hardeep Kaur, Programme Officer at Caritas India foregrounded the “Voices from Field”. She shared the field learnings from Caritas India's WASH interventions in Bihar flood response this year. While explaining the process of WASH intervention, which included WASH orientation to adolescent girls, and women and male members of the community on hygiene issues, the psychosocial impact on women's health was emphasized. Menstrual hygiene has implications on the complete well-being of adolescent girls. Lack of satisfactory provisions at schools cause them to discontinue their schooling. The need to sensitise the community on psychosocial wellbeing associated with health and hygiene was strongly recommended in WASH interventions in humanitarian response.