

## defending dignity, fighting poverty

### Turning Hopelessness Into Meaningfulness

A testimony from a Drop-In-Center Volunteer in Nepal



Gauri at work ; providing IEC materials to Nepali on the way to India

Gauri is a 28-year old Nepali woman with two children currently living in Dhangadhi, Nepal. She is from the Far-western region of Nepal; however she was born in South India because her father migrated there to work as a night watchman. As a child in India, she was denied education because of her parents' belief that daughters will quickly leave home to get married and do not need to attend school. Instead, Gauri's childhood was spent doing household chores such as cooking, washing and feeding family members.

When Gauri turned 16, her parents worried that she might begin a relationship with other boys. Her parents began aggressively searching

for a potential husband for her to marry. Finally, they found a man from Nepal who was also working as watchman in the same place as her father.

After getting married at the age of 16, Gauri soon had two children. When she got married she had dreams of having a noble and loving husband, but she never dreamed of the reality of what her marriage became. Her husband was often intoxicated and used to physically abuse her. There wasn't a single day without a fight with him. Her husband often did not come home at night and did not give reasons for his absence.

Gauri learned that her husband had multiple sex partners. She repeatedly requested him to stop for the sake of their

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#### EMPHASIS

Enhancing Mobile Populations' Access to HIV&AIDS Services, Information and Support Program is a five- year (2009-2014) regional initiative which aims to reduce the vulnerability to HIV&AIDS of mobile populations across borders of Bangladesh, India and Nepal and to mitigate the impact on affected communities, with a specific focus on women.

BIG in the UK supports the program. CARE implements the program in Bangladesh, Nepal and India. A regional secretariat in Kathmandu provides overall program direction and day to day oversight of country teams in Bangladesh, India and Nepal.

#### In this issue...

Capacity building...	2
Law and policy...	2
Centers and service...	4
Coming home...	5
Enhancing program...	6
News / resources..	7
An experience...	7
Engaging community...	8

# Capacity Building Program for Health Service Providers



*A woman living with HIV shares her experiences with service providers*

The EMPHASIS team in India organized a capacity building program for 18 local health service providers in West Bengal on 24th December 2010. The program dealt with topics on epidemiological issues of HIV and AIDS along with STI management, Syndromic approach, ethics, confidentiality, counseling techniques,

condom promotion, referral techniques, follow up mechanisms, mobility issues, and vulnerability towards HIV & AIDS. The group included a good mix of homeopaths, allopaths, and ayurveds etc.

A woman living with HIV shared her experiences with the team of health

service providers. She represented a large network of PLWHA in West Bengal called NNP+ (North 24 parganas Network of PLWHA) which has a membership of 600 PLWHA.

Female condoms were demonstrated with the help of a projection of female reproductive system.

## Law and Policy Review

EMPHASIS has carried out a study on *Population, Mobility and HIV AIDS: Review of laws, policies and treaties between Bangladesh, Nepal and India*. The study looks into laws, policies and treaties in relation to HIV&AIDS and cross-border population movement between Bangladesh-India and Nepal-India. The findings show that cultural affinity, abject poverty, climate change, and growing economic opportunities in South Asia have been the push and pull factors for people from Bangladesh and Nepal to migrate to India. There are also costs to this migration; most of the mobile populations end up working for minimum wages and live without basic human needs or rights. The

governments of these countries have responded to HIV&AIDS through formulation of various policies, strategic plans and programmes on key issues encompassing development of good surveillance system for tracking the epidemic, development and implementation of a prevention strategy, continuum of treatment and care, advocacy of countering stigma and discrimination, empowering PLHIV and protecting their rights to guarantee the enjoyment of a dignified life, mainstreaming HIV and AIDS into relevant lines ministries conducive to a multi-sectoral and integrated approach. But much of this work does not include cross-border mobile populations, who are not in

the mainstream of these programs. Despite several attempts to address vulnerabilities to HIV, it has been observed that the issues of cross-border population mobility still remain weak for policy formulation. With this piece of knowledge EMPHASIS at the regional level in partnership with other like-minded organizations and institutions is planning to take these issues for advocacy to reduce the vulnerabilities of the cross-border mobile populations towards HIV & AIDS.

*If you would like to read further and learn more on the topic please contact [swagle@co.care.org](mailto:swagle@co.care.org) for the full report.*

family and children; he never listened to her. Consequently, she became part of his risky behaviour despite her faithfulness.

After 5 years of married life, her husband began to fall frequently ill with symptoms of recurrent fever, diarrhoea, weight loss and general weakness. He was taken to the hospital in India where doctors said he might have a disease called AIDS and suggested a blood test. He tested HIV positive, and the doctor also informed him that there was a chance his wife may also be HIV positive. After also testing HIV positive, Gauri was very discouraged and felt hopeless.

Gradually her husband's health deteriorated. He died three years after his diagnosis. After her husband's death, Gauri's life became more difficult due to stigma, discrimination, and the responsibility to look after their two children. She felt even more hopeless and lost the willingness to live. However, she decided to return to her husband's native village to live with her elder brother-in-law and sister-in-law with hopes to settle and live a more meaningful life. But again her hope turned to discouragement as she faced constant discrimination, verbal abuse and mistreatment from her husband's family. They ignored and abandoned Gauri saying "since our brother's death our relationship also died along with him, you are no longer our relative."

Gauri could not bear live with them and at the same time her health began deteriorating. Doctors advised her to take Anti-retroviral treatments (ARV), which were not available in the village. So she moved to her mother's house in Dhangadhi four years ago along with her two children. Since then she has been taking ARV and began work as a labourer in road construction to provide for her family.

Though her health and livelihood had improved, life was also difficult in her mother's home town. Neighbours knew about her HIV status; she often faced stigma and discrimination and was not allowed to mingle with them. She felt isolated and alone.

Fortunately, she met an Outreach Worker with a local NGO (FAYA Nepal, an implementing partner of CARE



Gauri at work ; providing IEC materials to Nepali on the way to India

“I have taken risk to share my sensitive and private matters to make people aware about HIV and AIDS so people do not face similar consequences like mine. If someone had given knowledge to me about HIV, I could have prevented being vulnerable to HIV and its negative impacts on my life.”

Nepal) for an HIV program called 'Safe Passage'. He encouraged her to participate in a PLHIV support group meeting. In the meeting she met many PLHIV peers with similar testimonies. This really encouraged Gauri and inspired her with the thought that, "if they can live a meaningful life; why not me".

Now Gauri is working as Drop In Center (DIC) volunteer with Samajik Samanta Abhiyan (SSA), a sub-grantee with CARE's mobility and HIV project, EMPHASIS. Mobile population can visit DICs and speak to volunteers who share ways in which to cross borders more safely and to reduce vulnerabilities to HIV while working as mobile population. As a DIC volunteer, Gauri shares her personal experience and testimony

with other mobile population, "I have taken risk to share my sensitive and private matters to make people aware about HIV and AIDS so people do not face similar consequences like mine. If someone had given knowledge to me about HIV, I could have prevented being vulnerable to HIV and its negative impacts on my life."

Gauri speaks enthusiastically about the platform through which the EMPHASIS Project works to sensitize mobile population about HIV and AIDS. Through her work with the DIC, she has become more confident and feels a strong commitment to make mobile population and their spouses aware of ways to reduce vulnerabilities to HIV and to mitigate the impact of AIDS.



# Strengthening a Continuum of Services Along Mobility Routes: Centers and Services

One of the salient features of the project is that it aims to make support and services available to mobile populations in throughout their mobility routes: at source, transit and destination. A number of services have been established for this purpose along two mobility routes in Nepal (from Achham to Kanchnapur to Delhi and Mumbai and in Bangladesh (from Satkhira/Jessore to Calcutta to Delhi and Mumbai).

Staffed mainly by local facilitators and volunteers together with two to three Outreach Workers, the centers are meeting places where mobile populations can visit and get information on topics related to HIV prevention, proper user of condom, and counseling services when travelling to their destination or coming back home. The centers also mobilize a number of Peer Educators who visit the mobile population and provide health education, referral/linkages services.



*A Drop-in-Center for mobile population in transit to and returning from India.*

The following table describes the number and location of centers established by the project as of January 2011.

Country	Centre	No.	Location
Bangladesh	Community Resource Centre	9	<ul style="list-style-type: none"> <li>Satkhira - 5 (Biokari, Debhata, Kolaroa, Sadar and Sonabaria)</li> <li>Jessore - 4 (Shalkona Bazar, Shamta, Sharsha, Jhikorgacha)</li> </ul>
	Drop-in Centre (DIC)	2	<ul style="list-style-type: none"> <li>Satkhira -1 (Bhomra)</li> <li>Jessore -1 (Benapole)</li> </ul>
	District Travel Centre	1	Satkhira (Sadar Upazilla)
India	Drop-in Centre (DIC)	9	<ol style="list-style-type: none"> <li>“Apna Ghar’ B-17, Main Shalimar Garden, Shahibabad, UP</li> <li>“Apna Ghar’, Ghar,Kanjar Basti, Civil line, Delhi</li> <li>Nepali Choutry’, Sarhole Gaon, Gurgaon</li> <li>‘Nepali Choutry’ Radha Krisna Mandir, Next to Mahakali Dhaba, Kapaseda, Delhi</li> <li>Bongaon Railway station, Bongaon Municipality Sub Division – Bongaon, Distt.- 24 Parganas (N) West Bengal</li> <li>Maslandapur Railway Station Sub Division - Barasat Sadar P.S.- Habra Distt.- 24 Parganas (N), West Bengal</li> <li>Basirhat Bus stand Basirhat Municipality, Sub Division - Basirhat Distt.- 24 Parganas (N), West Bengal</li> <li>MK Hotel, Banbasa Main Road Banbasa, Uttarakhand</li> <li>Shop of MS Badouriya, Gaurifanta Market Lakhimpur Kheri, Uttar Pradesh</li> </ol>
Nepal	Drop-in Centre (DIC)	6	<p>Kanchanpur:</p> <ol style="list-style-type: none"> <li>Gaddachowki</li> <li>Gaurifanta</li> <li>Jhalari</li> </ol> <p>Achham:</p> <ol style="list-style-type: none"> <li>Sanfebagar</li> <li>Bayalpata</li> <li>Budabagar</li> </ol>

# Coming Home for the Festival

October is the month when a large number Nepali mobile population in India return home to celebrate their annual festival called Dashain. The Samajik Samanata Aviayan (SSA), local sub-grantee, used this opportunity to organize a 3-day Mass Awareness Program from in three transit areas: Gaddachauki, Gaurifanta and Jhalari. The objective of the program was to sensitize returning mobile population on the various topics related to HIV and AIDS. The program specially focused on the following areas

- Information, Education and Communication (IEC) materials sharing – Staff shared key information about mobility and HIV & AIDS with returning mobile population and distributed pamphlets and condoms.
- Open Quiz Contest - Bus, rikshaw and tanga wala passengers participated in a contest asking questions about HIV and mobility. Winners were given gift prizes.
- Condom demonstration – raise awareness and knowledge of correct condom use
- Video Show- HIV related videos and documentaries were displayed in strategic locations.

The Mass Awareness Program was successful in reaching approximately 7,000 people with HIV awareness message.



Samajik Samanata Aviayan (SSA) Sub grantee (Nepal) staff giving HIV related information to returnee from India

## An Experience of Nepali Mobile Population in Delhi

The Lajpat Rai Old Market is Asia's biggest electronics market, hosting around 1200 shops. It is also home to over 850 Nepali families who have moved to this area in search for jobs. Many are from the far west region of Nepal and work in Laipat Rai as night guards for the electronic shops and live above the ground floor shops.

The journey from Nepal to India can be dangerous. Mobile population report of harassment and exploitation by middlemen, border security forces, and local police. Harassment also continues once they have settled in. One mobile population commented, "In all these years you people are the only one who came to enquire about our well-being. The rest all come either to frighten or to harass us."

Living conditions are difficult and hazardous. Many lack sanitation facilities or access to drinking water. The rooms are often small and overcrowded, and lack ventilation. The only access to these homes is by a ladder which is sometimes flanked by heavy voltage wires. The ladders are removed by shopkeepers at 10am, leaving wives and children confined to the homes until 8pm, when the shops close and ladders are put back in place.

Access to health services and schooling for children is limited. Nepali women refrain from going to the Government hospitals because of discriminatory attitudes of providers. As a

result, most deliveries are home-based and lack access to emergency obstetric care when needed.

The average marital age in this community is 15 to 16 year old for girls; many of whom are not aware of birth control and birth spacing methods and consequently end up in early and repeated pregnancies. As the majority of mobile population's children are born at home, they do not receive a birth certificate. Hence, most of the children from this community do not go to school, because they are unable to procure the necessary birth certificate.

The EMPHASIS team in India works with this community and many like these in Delhi, Kolkata, and Mumbai to provide access to services, which are mostly medical, legal and educational. Consequently, the teams facilitate the Community Life Competence Process (CLCP), thus able to explore and discuss, the Community's innate strengths, and dreams, assess their situation, so as to plan and act, using mostly the Community's own resources. Thus, the facilitation teams from EMPHASIS reveal the capacity of communities to build a vision for the future, to assess, to act, to adapt and to learn. At each step of the process, the facilitation team supports the community with an appreciative way-of-working and a set of tools.

“ In all these years you people are the only one who came to enquire about our well-being. The rest all come either to frighten or to harass us.”



A Nepali woman climbing down from her residence in Delhi

# Enhancing Program Learning Across Borders

As a regional project that emphasizes learning, cross-border visits provide a key mechanism for staff from both sides of the borders to share, learn and compare their experiences. This encourages and enhances the iterative process of designing and implementing interventions at the field level. In October, EMPHASIS teams from India and Bangladesh together with local sub-grantee staff met face to face to discuss:

- progress, challenges and learning
- the mobility flow/route, entry and transit point across Bangladesh and India
- how to write case studies and stories referral mechanisms



*EMPHASIS India Team is discussing with staff of Bhomra DIC*

The meeting resulted in documenting the following:

#### Lessons Learned:

- Time for on-going sharing and reflection is needed for new regional cross-border projects that have limited information.
- Population listing is essential for appropriate deployment of outreach workers and peer educators
- Uniform strategy across Source, Transit and Destination (STD) is effective as an identity of regional project.
- Basic & refresher training is needed for all levels of project staff
- Community engagement and participation is vital to success
- Collaboration and linkage with other stakeholders is crucial to establish an effective referral mechanism.
- Coordination among the three countries continues to be a necessary key to success

#### Recommendations:

- Build trust with the impact population and stakeholders through mobilization
- Encourage team building that is irrespective of organizational identity; this will facilitate regional programming
- Develop a common understanding among team members on program context and operation
- SMART communication among team members, especially as members come from diverse organizations and cultures
- Inspire innovative thinking & set up strong knowledge management practices for improved program operation



*EMPHASIS India team and Regional Secretariat staff visit Chanduria Community resource center.*



## On-going Research

EMPHASIS Baseline Study and the Vulnerability Study are two major research activities that the EMPHASIS project is currently undertaking.

The major objectives of the Baseline Study are to establish benchmark data for the project indicators and to generate information related to the various aspects of mobility and HIV. The major thematic areas covered include

- Socio-demographics
- Mobility
- Types of links/connectivity with home areas
- Impacts of mobility – for people at source
- HIV-related knowledge
- Sexual behaviour
- Stigma and discrimination – migration-and HIV- related stigma
- Work/employment experience
- Service provision and access
- Experience of violence (physical, sexual, verbal)
- Social networks/cohesion - in source and destination

AC Nielsen, a global marketing research firm, is conducting baseline study in Bangladesh, India and Nepal.

As a complement to the Baseline Study, the qualitative Vulnerability Study aims to probe and explore the main vulnerabilities that contribute to HIV and STI risk among mobile populations. The Vulnerability Study will explore violence, exploitation and risk behaviours. EMPHASIS staff and partner organizations are currently conducting the study.

*For details on the two research projects, please contact Sanju Wagle: [swagle@co.care.org](mailto:swagle@co.care.org)*

## Advocacy Highlight

As the project moves into its second year, EMPHASIS has begun sharing its experiences with stakeholders working in the similar areas - protecting and promoting rights of women migrant workers, facilitating safe and legal migration, reintegration of returnees, and other broader issues of economic security and rights, gender equality and women's

empowerment. The EMPHASIS team in India was invited by UNIFEM South Asia Regional Office (SARO) to participate in the National as well as in the Regional Consultation on Women Migrant Workers on 20 and 25 August 2010, respectively. The experiences of the project are being utilized by UNIFEM and the Indian Council of Overseas Employment (ICOE), and Ministry of Overseas Indian Affairs (MOIA) to better design a program for female migrant workers migrating from Andhra Pradesh and Kerala in India, to UAE, Kuwait, and Saudi Arabia. This initial sharing will help EMPHASIS join hands with UNIFEM while implementing their advocacy activities in future.

## We've added Mumbai as a project site!

In addition to Delhi and Kolkata, Mumbai has been added to EMPHASIS project sites. In the project's first year we saw a significant number of Nepali and Bangladeshi mobile population go to Mumbai for work. An initial mapping of the mobile population has been completed and the selection of a local sub grantee is underway to begin implementation of services to the mobile populations from Nepal and Bangladesh.



*Mass Awareness Program in Dhangadi, Nepal*



*Mass Awareness Program in Dhangadi, Nepal*



*Community Resource Center, Chanduria, Bangladesh*

## Resources

1. Upcoming Conference: 1st International HIV Social Science and Humanities Conference, (June 11-13, 2011, Durban South Africa) [www.iaohss.org](http://www.iaohss.org)
2. Country and regional profiles on HIV and migration: <http://aidsdatahub.org/en/regional-profile/hiv-and-migration>

# Engaging the Community through Community Life Competence Process

The importance of communities' participation and their sense of ownership of any health development initiative can hardly be exaggerated. The Community Life Competence Process (CLCP) is one of the highly acclaimed tools developed to ensure community participation in HIV programs throughout the project cycle (design, implementation, monitoring, and evaluation). EMPHASIS is

adopting CLCP's strength-based approach as its way of working with communities.

The power of appreciation: When facilitators of CLCP meet with communities they look for their strengths. CLCP uses the following acronym to guide its work:

S: stands for Stimulate, Support  
A: stands for Appreciate  
L: stands for Listen, Learn and Link  
T: stands for Transfer, Team

Facilitation of local responses: SALT reveals the capacity of communities to build a vision for the future, to assess, to act, to adapt and to learn. As facilitators, we call this cycle the Community Life Competence Process (CLCP). The steps are:

Step	Step in the community	Step for the Facilitation team
1	Community mobilizes members and identifies strengths	Initial SALT visits
2	Community decides where it wants to go	Facilitate dream building
3	Community assesses its current situation	Facilitate Self-assessment on AIDS Competence
4	Community sets targets and plans action	Facilitate Action Planning
5	Community acts	Follow-up and link with available services and communities
6	Community assesses their progress, learns and adapts	Facilitate Self-measurement of change
7	Communities share, learn and capture good practices	Facilitate Peer assist, Knowledge Fair/ Assets

From <http://www.communitylifecompetence.org/en/8-community-life-competence-process>

Thus after a community identifies its strengths, and resources, it dreams of "where it wants to be". Subsequently, the community does a self-assessment to know "where we are". Following this assessment process, community participants then use technical networks to share electronically, building on the relationships created through cross-border study visits and meetings. They can connect with people who have already tried something in their own context, sharing practices via our social networking site of EMPHASIS at <http://emphasis.ning.com> or in the global Competence network at

<http://aidscompetence.ning.com> thus gathering more experience in response to mobility and its consequences.

### CLCP in India.

A Dream Building Session of CLCP Model was organized in the Satberia community in front of the CARE representative for field practice. Throughout the whole session it was observed that the community initially did not show any interest with the team, because they did not believe in this "dream" session. But after that, through continuous dialogue, the

community was involved smoothly into this process and at the end of the session the group gave the word that they will bring at least one or two changes in their community. In this way, the group became more interested in the exercise and it was learning for the team how a non-interested group became interested through dialogue.

### Introducing CLCP in Bangaldesh.

A dream building exercise was organized with Geon Health Foundation, a self-help group of people living with HIV at Khulna . The facilitator explored the individual



dreams of participants and their families and also brought out individual strengths of participants. Among the different dreams shared, one stands out. A young girl was initially hesitant to share her dream of becoming a doctor. She stated that even if she shared her dream she knew it could never be a reality, because she could not afford it. The facilitator assisted her and her parents in a costing and timeline exercise for this dream. Accordingly, the total money required was about four or five hundred thousand Taka. The mother of the girl pointed out how she could earn money from her skills, the profit of which after a year was enough to get a battery-powered rickshaw that runs in the town. Thus, from the earnings of this rickshaw in the same number of years she would be able to complete a degree.

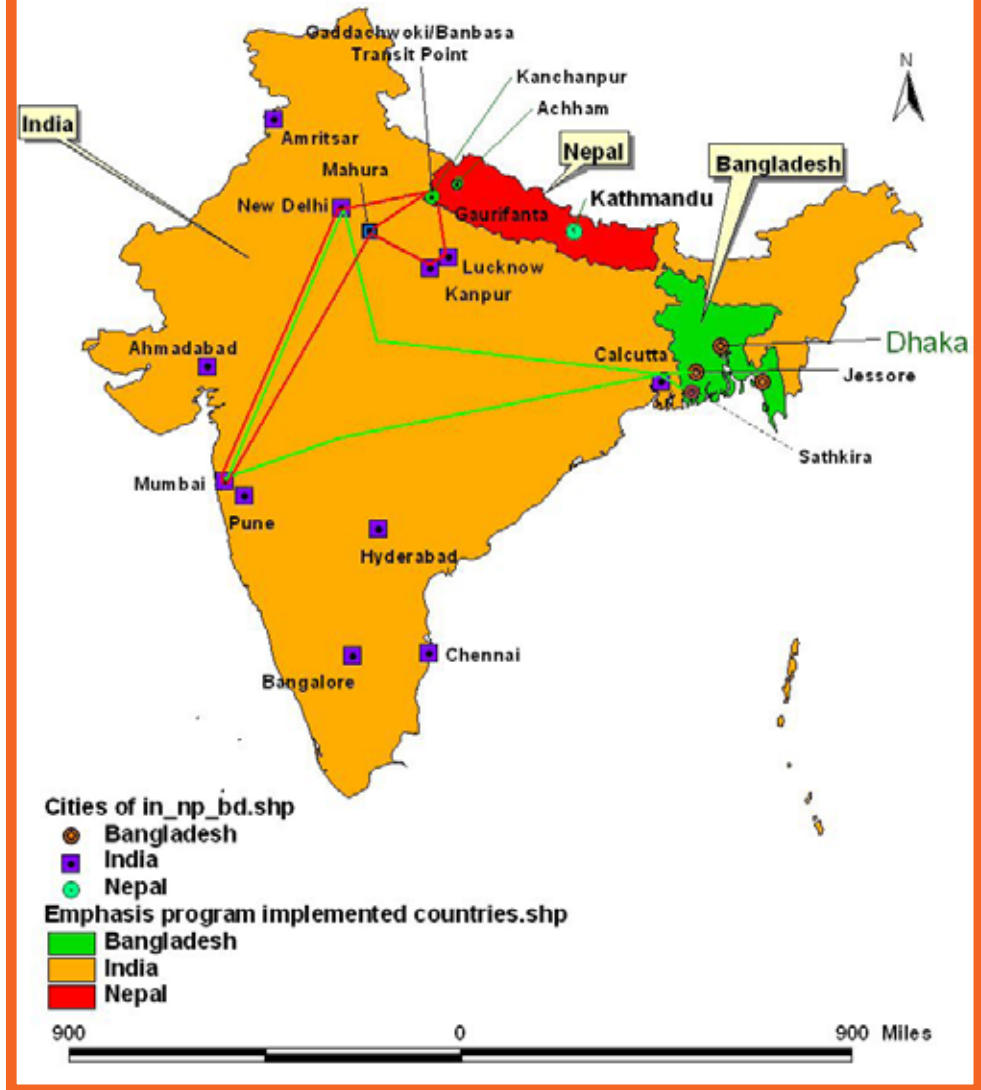


*Discussion through SALT method with people living with HIV at GHF*



*"EMPHASIS taking part in a rally to celebrate World AIDS Day 1 Dec 2010, Bangladesh*

## EMPHASIS PROGRAM Mobility Route from Source to Destination



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