

Shades of Support

Social protection for
MARPs and PLHIV



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Over the past decade, there has been growing recognition of the importance of social protection to respond to a range of challenges faced by developing countries, including food insecurity, chronic poverty and the HIV pandemic. HIV and AIDS can push people and households into poverty, in part by reducing household labour capacity and increasing medical expenses. In some cases, HIV-related stigma and discrimination marginalizes people living with HIV and a household affected by the virus, and excludes them from essential services. Despite increased access to life-saving treatment, HIV and AIDS can increase individual and household vulnerabilities, hampering governments' efforts to meet the Millennium Development Goals.¹

Social protection can be a significant route to ease the challenges faced by MARPS and PLHIV. The World Bank defines social protection as “public interventions to assist individuals, households and communities to manage risk better and that provide support to the critically poor”.² There are a number of Government schemes in India, that are available to the poor and those living with HIV, including MARPs. However these schemes are poorly utilised.

Towards mitigating the impact of HIV and AIDS by providing access to entitlements and livelihood options, Swasti tested models to facilitate access to and uptake of social protection schemes by MARPS and PLHIV. The other objectives were also to provide legal protection and to generate a favourable policy climate through advocacy on the issue of social protection for these groups.³ This initiative by Swasti was given the name of Utkarsha.

During the implementation of project Utkarsha, various NGOs, CBOs, networks, Government Departments, educational institutions, individuals and capacity building organizations were intensely engaged. The Utkarsha team spent significant time in sensitizing these groups about various government schemes, supporting them to collate documents and often accompanying them to government offices for follow up. This process has been

1 Impact Assessment Report: UNDP Social Protection, UNDP and Swasti, Mar 2013

2 From Safety Net to Springboard - Social Protection Sector Strategy; World Bank 2001

3 Impact Assessment Report: UNDP Social Protection, UNDP and Swasti, Mar 2013

documented as case studies to highlight field experiences, insights gained, successes and challenges, and the changes reported by individuals, organisations and the government officials.

- 1) This document is been divided into 2 sections: Experiences of individual community members
- 2) Experiences of NGOs/CBOs, Networks and Government officials

The case studies demonstrate that the most marginalized groups can access social protection. There are several sex workers, MSM, transgender and PLHIV who have been able to learn and take up schemes that they did not even know existed. Others continue to struggle with finding the necessary documents or wait patiently for the government machinery to process their paperwork. Utkarsha has shown that demand generation can make the government fulfill its mandate, but the Project also shows that there are larger systemic issues that need to be addressed. We hope that they inspire others to continue the processes started under Utkarsha.

We would like to thank the Utkarsha team, for not just demonstrating that this model works, but for also supporting its documentation. This document would not have seen the light of day without input and feedback from Siddhi Mankad and Chandrashekhhar Gowda. Special mention of all our primary stakeholders, NGO, CBO, networks, DAPCU, government officials in all 12 districts is necessary, for sharing their experiences and learning. We would like to thank UNDP & NACO for giving us this opportunity; Uma Swamy and Meenakshi Angadi; Shakti Vardhan Dharni and GSNP+, for collecting and documenting the various stories; The Pen & Mouse for illustrations, editing and design.

Happy reading,

Team Swasti

All names of community members have been changed to maintain confidentiality

AAV	Antyodaya Anna Yojana
AIDS	Acquired Immune Deficiency syndrome
ANC	Antenatal Care
ART	Anti Retroviral Therapy
BEO	Block Education Officer
BPL	Below Poverty Line
BRC	Block Resource Center
CABA	Children Affected by AIDS
CBO	Community Based Organization
CD PO	Child Development Program Officer
DAPCU	District AIDS Prevention and Control Unit
DIC	Drop In Center
DLN	District Link Networks
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
IBBA	Integrated Behavioral and Biological Assessment
ICPS	Integrated Child Development Scheme
ICTC	Integrated Counseling and Testing Center
ID card	Identity card
IDU	Injecting Drug Users

IGP	Income Generating Activities
LLB	Bachelor of Law
MARP	Most At Risk Population
MSM	Men having Sex with men
NACP IV	National Aids Control Program 4
NGO	Non Government Organization
ORW	Outreach Worker
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV
PPTCT	Prevention of Parent to Child Transmission
RTE	Right to Education ACT
SC/ST	Schedule Caste and Schedule Tribe
SE	Social Entitlements
SP	Social Protection
SSA	Sarva Shiksha Abhiyan
TG	Transgender
UEE	Universalisation of Elementary Education
VHC	Village Health Committee



About Utkarsha

In India, 90% of reported HIV infections are among society's most productive age group: people 15-49 years of age. HIV and AIDS can push people and households into poverty, in part by reducing household labour capacity and increasing medical expenses. In some cases, HIV-related stigma and discrimination marginalizes people living with HIV and a household affected by the virus, and excludes them from essential services. Despite increased access to life-saving treatment, HIV and AIDS can increase individual and household vulnerabilities, hampering governments' efforts to meet the Millennium Development Goals.

Goals

The goal of this initiative was to mitigate the impact of HIV and AIDS by providing improved access to livelihood options and entitlements for the most marginalized communities and those affected by HIV (MARPs and PLHIVs).

Objectives

- a) To set up, test and prove a model that successfully increases access to employment options and facilitates uptake of social protection schemes and entitlements for PLHIV and MARPs.
- b) To facilitate creation of an enabling environment through advocacy and policy-shaping support, in order to further increase uptake of employment opportunities and improve access to schemes for PLHIVs and MARPs.
- c) To document the model, disseminate lessons learned, and support the inclusion of lessons learnt into NACP IV

Beneficiary Groups

The focus of the initiative was primarily two groups i.e.

1. Most At Risk Populations (MARPs)

- Female Sex Workers (FSW),
- Men having Sex with Men (MSM),
- Transgender (TG),
- Injecting Drug Users (IDU)

2. People Living with HIV (PLHIV)

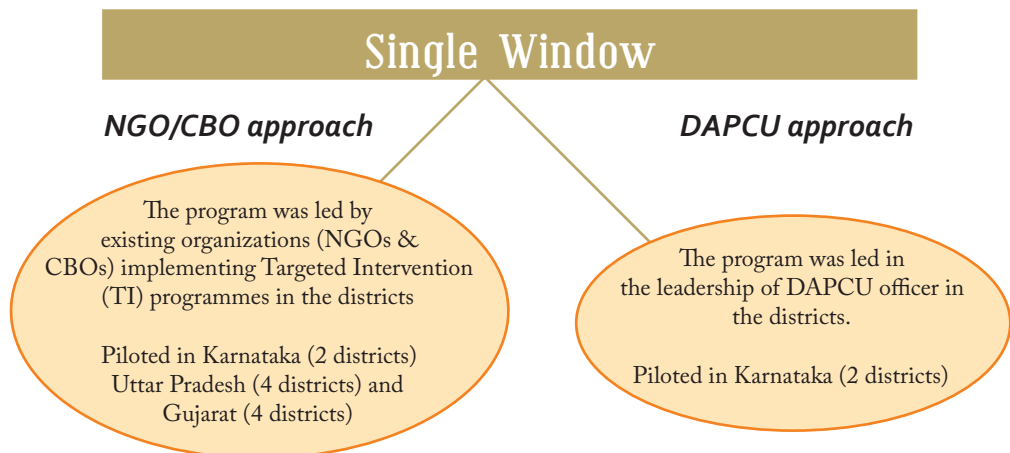


The Models

Within the Utkarsha Single Window model, two approaches were piloted and implemented for one year (November 2011 – December 2012).

The “Single Window” referred to the help desk at which community members could ask for information, obtain forms, submit documents and seek support, for all schemes and entitlements. The single windows existed at each organisation that chose to become part of the program. In all, 45 organisations across the 12 districts in 3 states participated and functioned as single windows.

The two approaches that were distinct in facilitating the access of schemes was the NGO/CBO led approach and the DAPCU led approach.



In both the approaches, NGOs and CBOs (including district and state level positive networks) were involved in generating demand for social protection schemes through mass-meetings and individual interaction. These organisations were trained by Utkarsha to provide information to MARPs and PLHIV. Subsequently, interested individuals contacted the organisations to ask for more information or to submit applications. The organisations, supported by the Utkarsha team, would complete the application process as well as compiling the necessary attachments. This process is the same in both approaches.

The distinction with the DAPCU led approach is that completed applications would be submitted to the DAPCU office. Here the DAPCU would review the applications, conduct random checks to validate the information and then provide a covering letter recommending the processing of the application. This would then be forwarded to the relevant Department of the Government. It is also important to note that the DAPCU took interest in all activities and even attended awareness meetings and training programmes conducted under Utkarsha.

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In the NGO/CBO led approach, completed applications were submitted to the relevant Government Departments for processing.

Conclusion

The impact assessment⁴ conducted at the end of the Utkarsha project revealed that:

- 90% of respondents received new information regarding social protection schemes, and how to access them, during the project period. This is a **58% increase over the findings of the baseline study**, demonstrating the project's efficacy in generating awareness and knowledge.
- The list of schemes and identity services that beneficiaries applied for were topped by **ration cards, ART reimbursement, voter cards and aadhar cards**. Additionally, beneficiaries also indicated a high demand for further scheme benefits. **Most unmet needs fell into the category of basic needs:** housing schemes, ration cards and credit services.

⁴ Impact Assessment Report: UNDP Social Protection, UNDP and Swasti, Mar 2013

- The majority of respondents faced at least one challenge in accessing schemes; **however, this figure is lower in the DAPCU-led model**, indicating its greater efficacy (compared to the non-DAPCU led model) in facilitating access to the schemes.
- The community continues to rely on NGOs and CBOs to address their SP needs. **A large number of beneficiaries indicated that they would have trouble coping in the absence of the project.** Furthermore, the most common coping strategies of FSW and TG beneficiaries (increasing number of clients; borrowing) would lead directly to **greater HIV/STI vulnerability and financial insecurity.**
- It is notable that a majority of respondents indicated that they would be willing to support their peers in order to encourage their access to schemes. A significant number of respondents also indicated that they would deal with the project's absence by turning to their peers, suggesting the viability of the peer-education model to facilitate uptake of SP services.
- A majority of Government respondents stated that the initiative (Utkarsha) built bridges to the beneficiary communities, and increased their understanding of the needs of MARPs

The community continues to rely on NGOs and CBOs to address their SP needs.

It is clear from the Utkarsha experience that social protection is key towards not only mitigating the impact of HIV amongs MARPs and PLHIV, but also in securing better health and well-being for them.



Social Protection Schemes

The Social Protection schemes that are referred to in this document are listed below.

Sl. No	Name of the scheme	Benefits	State with the benefits
1	Indira Awas Yojana	Indira Awas Yojana (IAY), a flagship scheme of the Ministry of Rural Development for providing assistance to rural BPL families who are either houseless or having inadequate housing facilities for constructing a safe and durable shelter.	All India
2	Widow pension or Vidhwa Sahaay Yojana	Rs. 500 per month to BPL widows	All India
3	Old age Pension	Rs. 400 per month	All India
4	Rashtriya Swasthya Bhima Yojana (National health Insurance Scheme)	Cashless hospitalization coverage up to Rs. 30,000/- for most of the diseases that require hospitalization. Coverage extends to five members of the family, which includes the head of household, spouse and up to three dependents.	All India
5	MNREGA (Mahatma Gandhi Rural Employment Guarantee Scheme),	<ol style="list-style-type: none"> 1. At least 100 days of guaranteed work per household per year 2. Unemployment allowance of 50 per cent of the prevailing daily wage, if employment is not provided within 15 days of demand 3. Equal wages are paid to both men and women 4. After working continuously for six days, one day should be given as holiday irrespective of the day. 5. If the work site is away by more than 5 kms from the resident's village, a worker will be paid additional wages. 	All India

Sl. No	Name of the scheme	Benefits	State with the benefits
		<p>6. Drinking water, first aid box, toilet and arrangement for shade during leisure time (shamiana), etc., at the work site irrespective of number of workers.</p> <p>7. Crèche facility to children less than 6 years of age, if more than 5 workers bring their children to the work place.</p> <p>8. Eligible to receive half a day's wage and free medication if he/ she gets injured at the work place resulting in hospitalization. In the case of any permanent disability/ death occurring at the work site, then the worker or immediate kith and kin of the deceased person, as the case may be, will be given Rs. 25, 000.</p>	
6	BPL (Below Poverty Line) ration card	Food grains at subsidized rate. The rates depend on the state government. The standard benefits are – Rice 20 kg, at Rs. 3 per kilo (per unit 4 kg), Wheat 5 Kg, Kerosene 3 liters, Sugar 1.5 kg (Rs. 12.5 to Rs. 13)	All India
7	Marriage Grant for Girls and health grant for treatment of their family members.	One time grant of Rs. 10,000/- for girl's marriage, Rs. 20,000/- for Bundelkhand, Rs. 5000/- for the treatment of the poor family member.	UP
8	AAY card	Total grains given – 29 kg rice for Rs. 3 per kg, 6 kg wheat for Rs. 2 and 2kg Sugar for Rs. 13.5	All India
9	STAR insurance for people living with HIV.	Group insurance given to PLHIV. The premium is inclusive of 12.36% service tax. The 50% of the premium is allocated for hospitalization. The remaining 50% will be dispersed at the full-blown AIDS stage, the individual receives the lump sum amount and his /her policy ceases to exist.	All India
10	Tabibi Sahaay Yojana	Rs. 500 per month as nutritional support.	Gujarat
11	Shishya Vrutti scheme	Subsidized education for children	Gujarat

Sl. No	Name of the scheme	Benefits	State with the benefits
12	Voter ID	It is an identity card given to Indian national who is above 18 years old for the purpose of vote. Similarly, this helps in using as an indent card of an individual for any government private purposes.	All India
13	Aadhaar card	Aadhaar is a 12-digit individual identification number issued by the Unique Identification Authority of India on behalf of the Government of India. By providing a clear proof of identity, Aadhaar will empower poor and underprivileged residents in accessing services such as the formal banking system and give them the opportunity to easily avail various other services provided by the Government and the private sector.	All India
14	Jatan scheme	<p>To improve the access of HIV-positive children to proper care and support, the grant approved through State Government budget and provided to GSNP+ through State AIDS Control Society. The project initiated in Gujarat since 2007. The major feature of the project as below mentioned.</p> <ul style="list-style-type: none"> • To reimburse transportation benefit to PLHIV account for ART treatment, CD4 testing. (Pre ART and On ART) • To conduct Loss to Follow of visit and trace back to ART centre • To develop referral linkages for PLHIV with other services of DLN <p>The Actual travel will be reimbursed through cash in the ART Center through Positive network.</p>	Gujarat
15	Sarva Shiksha Abhiyan (SSA)	It is a Government of India's flagship programme for achievement of Universalisation of Elementary Education (UEE) in a time bound manner, as mandated by 86th amendment to the Constitution of India making free and compulsory Education to the Children of 6-14 years age group, a Fundamental Right.	All India

Sl. No	Name of the scheme	Benefits	State with the benefits
16	Right to Education	The Right of Children to Free and Compulsory Education (RTE) Act, 2009, means that every child has a right to full time elementary education of satisfactory and equitable quality in a formal school which satisfies certain essential norms and standards.	All India
17	National Family Benefit scheme	It provides a lump sum amount of Rs. 10000 to the bereaved household in case of death of breadwinner in the family.	Karnataka
18	Suvarna Vastra Neeti Yojane	This is the Textile Policy of Government of Karnataka (2008-2013). This was implemented to establish the textile and garment industry of Karnataka, as a producer of internationally competitive value added products thereby maintaining dominant presence in the growing domestic and international market and contributing to the sustainable employment and economic growth of the State.	Karnataka
19	Vishesha Palana Yojana or CABA scheme	Foster care Rs. 875 (if the child is small), Educational support Rs. 650 (school going child). Total maximum Rs. 9500 will be given annually.	Karnataka

Section

1



Would you be surprised if an educated youngster, proficient in writing three languages and speaking in two, needs the support of a facilitator to seek admission to a college of law?

24-year old Soumya found herself in this unfortunate position because she is transgender. Selecting “male” as the gender on the application form rankled her. Having to be seated in a classroom, where boys and girls sit separately, is an analogy for her dilemma of self-expression and social acceptance – she identifies herself as female but is considered male by society.

Soumya first met Venkatesh, coordinator of Project Utkarsha, at the *Samara*⁵ office and was delighted to hear about the Project’s objective and services. He recalls Soumya as being reticent and under-confident. Although she and her family were in need of social entitlements, the thought of meeting government officials, with other members of the public around her, had held them back so far.

After discussion with Soumya and her family, project Utkarsha helped her to apply for and obtain a caste certificate. This document would allow Soumya to access special quotas for scheduled caste candidates in education as well as with employment.

The family applied for and obtained a BPL ration card with project Utkarsha’s support. The subsidized groceries that they now have access to has reduced the monetary burden of her father, a painting contractor, and the only breadwinner in the family.

During this period, Soumya completed her pre-university studies (equivalent to 12th standard). Project Utkarsha counseled her on the various academic streams and presented her with options to choose from. The chance to understand these academic options was a novel experience for Soumya. She had been reluctant to study further

⁵ Samara is a community-based organisation working with MSM and TGs in Bangalore city.

because of the ill treatment meted out to her. Although girls in college had been more accepting she had faced constant harassment from the boys and even from some faculty. The motivation from project Utkarsha helped rejuvenate her desire to study further and she chose to study law.

The degree in law will be a foundation. If I get into the IAS, then I can build the pillars on which we can bring about a positive change for transgenders in the society”

“I chose LLB because transgenders like me should be able to access their rights. There is a lot of unreported violence towards transgenders, in the family, school or college, as well as the social and professional domain”, she says.

With support from project Utkarsha, Soumya applied for admission to the LLB course in Vivekananda College. As part of the process, the Utkarsha team helped her to fill the form and collate all the supporting documentation. As her application notified her as a transgender, the college authorities initially returned the application stating that there was no Government Order on accepting applications from transgender. At this time, the project furnished the Government Order of 2010, which stated that educational institutions should accept applications filed by students notifying their transgender sexuality. The College’s acceptance of the application and the eventual granting of admission was a cause for celebration, not just for Soumya and the Project, but also for an entire community.

Today, Soumya feels transformed because of the support and motivation of project Utkarsha. By accompanying the Project team to the offices of various government departments to apply for and obtain the caste certificate and the BPL card, she observed the interaction with the officials and now confidently strides into any public office.

Soumya wants to leverage her degree in law for the rights for transgenders but also wants to bring out a change in the system by entering the Indian Administrative Services. *“The degree in law will be a foundation. If I get into the IAS, then I can build the pillars on which we can bring about a positive change for transgenders in the*



society". Soumya is the first transgender in her college and possibly the University. Like a beacon, Soumya is bound to inspire and motivate not just transgenders but others as well to fight for their rights.

While Soumya received support at the right time to continue with her education and obtain social entitlements, there are many transgenders who are less fortunate. Naina came to Bangalore ten years ago, as a 23-year old, after having undergone sexual transformation in Tamil Nadu. Though she had completed her pre-university course, she found herself having to choose between sex-work and begging to make ends meet; she chose sex work. She gave up sex-work when she tested HIV positive a few years later.

Transforming herself once again, Naina began working with *Samara* and then *Sangama*, to reach out to sex workers. Her current responsibility at *Sangama* is to build the capacities of women in sex work in English speaking, communication and basic computer literacy skills. Having been in the same line of work, she knows the difficulties faced by sex workers and has taken on the role of an advocate. She is currently the President of the Karnataka Sex Workers Union and the Secretary of *Sadhana*, which is working for PLHIV, gender minorities, sexual minorities and women in sex work.

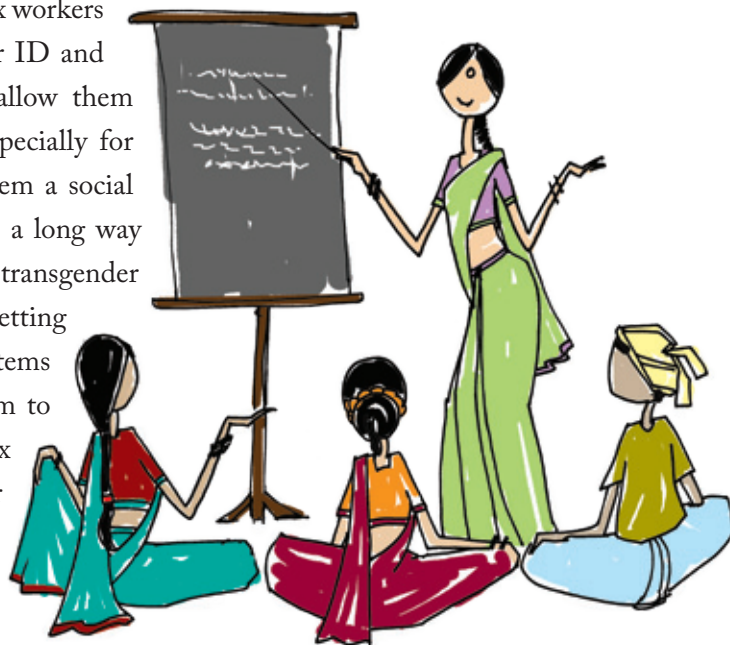
Naina first came to know about project Utkarsha in 2012. She worked closely with the Project team in the rural areas of Doddaballapur to raise awareness among sex workers about social entitlements. They visited *hamams* to interact with TG sex workers and conducted sessions for them at the office as well. The response was encouraging and

To build the capacities of women in sex work in English speaking, communication and basic computer literacy skills

many female sex workers have subsequently applied for voter ID cards, housing related support and for the AAY card. Although rallies had been conducted in the past to create interest, it was only after project Utkarsha that applications for social entitlements began in earnest.

Naina believes that the support from project Utkarsha has been very useful to the community. They have learnt about the various benefits and how to communicate with government officials. She states that only after interacting with the authorities while accompanying the project Utkarsha team did she understand how to interact with public officials.

Naina is confident that the lives of the sex workers will improve after they obtain the voter ID and ration cards. Being able to vote will allow them to finally be at par with the public, especially for the transgender since it will provide them a social identity as well. The ration card will go a long way in ensuring food security as most of the transgender in rural areas live in abject poverty. Getting essential groceries and personal-use items at highly subsidised rates will help them to save part of the money they earn from sex work. Naina also believes that with voter ID cards, politicians will take note of transgender and FSWs as a vote base and take them more seriously.



References:

1. Notice of the Supreme Court to the Centre and Chief Secretaries of all States on a petition from the National Legal Services Authority (NALSA), asking for a direction to include the category of transgender people as a third category in providing various opportunities and facilities such as the voter ID card, passport, driving license, ration card and admission to educational institutions. The NALSA petition said Article 21 of the Constitution provided fundamental right to life and personal liberty that could not be denied to transgender people. “Right to life includes right to live with human dignity and transgender are entitled to bare necessities in life such as food, nutrition, clothes, shelter, medical facilities, right to education and to adopt children, and marry.” It said, “Every citizen has the right to decide their sex orientation and to espouse and determine their identity including transsexuals, transgender, transvestites and they are entitled to be considered as third and equal sex. The Citizenship Act of India uses the expression person without reference to sex. Transgender, being citizens of India, ought to be entitled to vote and to contest elections as they are natural persons.” Treating a transgender as a legal nonentity was a violation of Articles 14, 15 and 16 of the Constitution and it was arbitrary and discriminatory, NALSA noted and sought a direction to the Centre and States to recognize them as a third category for the purpose of conferring various benefits.

Mohini lives in village Mudadeeh on the periphery of Deoria, a small city in the eastern part of Uttar Pradesh in India. Living in extreme poverty and trying to feed a family of 6, Mohini had made many unsuccessful attempts to get a ration card. Time and again, she had approached the village *panchayat pradhan*, but he was unreceptive to her requests for support – after all, she was only a sex worker.

Living in extreme poverty and trying to feed a family of 6, Mohini had made many unsuccessful attempts to get a ration card. Time and again, she had approached the village panchayat pradhan, but he was unreceptive to her requests for support – after all, she was only a sex worker.

In September 2012 the staff of Purvanchal Sewa Sansthan (PSS), which is a Deoria based NGO, implementing the Target Intervention programme and supporting Utkarsha's implementation in the district, approached Mohini to attend an informational meeting. The following month, she attended the meeting where she learnt about different social protection schemes like 'Indira Awas Yojana', widow and old age pension, RSBY (National health Insurance Scheme), MNREGA (Mahatma Gandhi Rural Employment Guarantee Scheme), BPL (Below Poverty Line) ration card, scheme for Marriage Grant for Girls etc. and the benefits of these schemes. This was the first time that Mohini heard about the different schemes available to people like her.

After the meeting, Mohini approached the Project team to apply for the BPL ration card. In October 2012, with the stamp and signature of village *panchayat pradhan* of Mudadeeh, her application was submitted to the office of district supply officer. After verification, Mohini got the BPL ration card in November 2012. She spent Rs. 25 for passport-size photos; no government official demanded a bribe or other favour in the whole process.

Mohini now receives 10 kgs of wheat, 20 kgs of rice and 1.5 kgs of sugar every month at subsidized rates. She is very happy and satisfied and has been approached by other women in sex work who are keen on getting ration cards. After she got the BPL ration card, the village *panchayat pradhan's* attitude has also changed. He has asked Mohini to

apply for the grant for the marriage of her daughter; he also suggests that she come to him directly for any support rather than approach the NGOs.

Mohini now plans to apply for the RSBY card and marriage grant for her daughter's wedding. Now that she is aware about the schemes and has been able to obtain the ration card, she feels confident about accessing other schemes. She would like PSS and Utkarsha to help her apply for these schemes. Mohini says, "*Utkarsha's efforts raised my confidence and provided me lot of relief.*"



27-year-old Sheila has recently discovered that both she and her husband are HIV positive; she also has TB and has been started on ART. It is a difficult time for both of them as they have been ailing for nearly two years and have spent most of their resources; the news has only deepened their despair.

Sheila has not been able to work due to her health, and her husband's income has been irregular as well. Despite both of them being ill, Sheila finds that her husband is unwilling to assume responsibility for their future. This emotional burden is heavier than the physical and financial ones.

Sheila was referred to the drop-in-centre (DIC) run by the Karnataka Network of Positive People (KNP+) in order to seek support and begin to re-build her life. It was during a visit to the DIC that she learnt about various social entitlements.

Sheila now wants to apply for a ration card but she does not have the required address proof. The Utkarsha team has been able to guide her with using the electricity bill as proof of residence and will help with the submission of the application. She will also be supported to apply for the AAY card.

Sheila has also been identified to receive support from the Women Development Authority (WDA). The WDA provides soft loans of up to Rs. 20,000 for vulnerable members of Self Help Groups, such as Sheila. KNP+ has identified 30 such individuals and has spoken with the DAPCU office for getting their approval, which indicates that the beneficiaries are genuine. They will confirm the ART number of the beneficiaries. Subsequent to the release of the money, KNP+ will support the individuals in setting up a suitable enterprise. Thus, an important socio-economic change can be initiated.

Sheila has begun to feel better after her visits to the DIC. Though she is not regular and has been unable to complete training programmes suggested for her (for income generation), the possibility of obtaining a ration card and other entitlements that will resolve some of her problems has brought some succor.

Entitlements and various schemes available often act as a lifeline for people living with HIV. Each scheme acts as a support, that bolsters an otherwise sagging will to live. Lalitha, aged 33, had recently lost her husband to HIV and found herself on ART. Ostracized by her in-laws and trying to raise two young children alone, Lalitha's plight is not different from Sheila's.

It was again through KNP+ that Lalitha found out about STAR insurance for people living with HIV. She also learnt about the benefits of availing various social entitlements. Lalitha began to feel that there was light at the end of the tunnel.

Ration cards are used as supporting documents to access other social entitlement. Before Utkarsha, Lalitha had not applied for a ration card because of lack of knowledge





about the procedure to apply, including the location of the concerned office. Lalitha took the support of the Project team to apply for the ration card and then also applied for the widow pension.

The ration card was rejected due to in-correct proof of residence and she will have to re-apply. It has been over a year since she applied for the widow pension and there is no information when it is likely to be sanctioned.

“The DIC office here is telling me repeatedly that there are social entitlements meant for people like me, but where are they? I am not getting anything. I had applied for widow pension but am not getting even that”, she says.

Being on ART, Lalitha must eat nutritious food but she currently earns only Rs. 2500 every month. Without the ration card and widow pension, the pressure of making ends meet is taking a toll on Lalitha. Her frustration with the government machinery, that promises support, but doesn't deliver in a timely manner, is understandable.

Despite follow-up from project Utkarsha with the concerned department, there has been no progress on the widow-pension for Lalitha. The process for widow pension is relatively slow and there are various procedures to be followed before sanctioning the scheme. These procedures includes cross verification about the spouse death, re-marriage of the widow, income and family status etc. Lalitha's story is a reminder that despite facilitation, the system sometimes does not respond in a timely manner, leaving people like Lalitha teetering on a precipice.

Bhaskar is a field worker in the ‘Koshish’ project and makes other MSM aware about safe sex, as his only regret in life is that he had unsafe sex! Bhaskar says, *“The awareness and supportive environment that I currently have prevent me from repeating the mistake!”*

Bhaskhar’s story is a reflection of the double life that many MSM lead in society today. He was aware of his inclination towards men even as a child and had his first sexual encounter before he was a teenager. Though his family probably knew his orientation, they chose to ignore it. Bhaskar was married off as soon as he was an adult. He continued his relationship with men even after marriage, mostly at his work place in the diamond polishing industry of Bhavnagar. It was when the diamond industry was in recession that Bhaskar realized that he could supplement his earning with paid-sex and took it up to make ends meet.

When he began to hear about HIV and friends who had contracted it, Bhaskar got himself tested and was found HIV positive. Though he had prepared himself for the result, he became fearful when he realized that his wife was expecting their second child. The thought of his wife and child being HIV positive seemed a fate worse than death. Much to his relief, his wife and children tested negative. This helped Bhaskar focus his energies on being healthy for his family.

It was when the diamond industry was in recession that Bhaskar realized that he could supplement his earning with paid-sex and took it up to make ends meet.

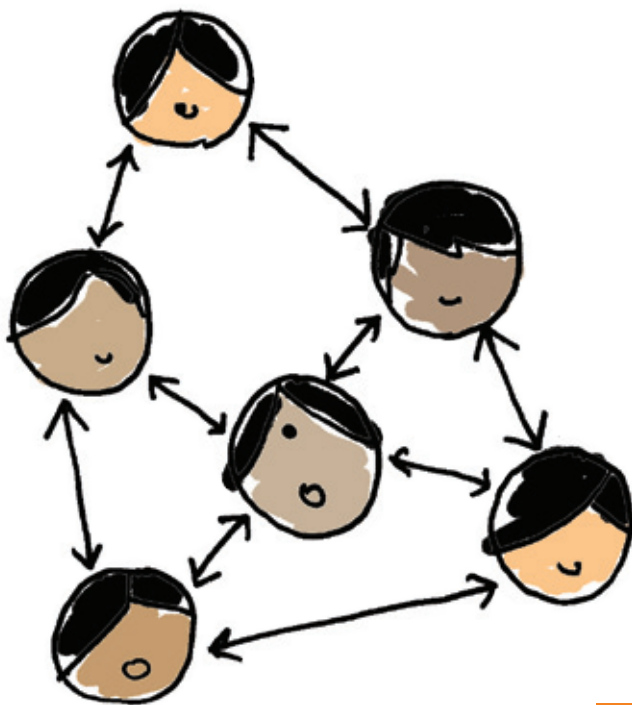
Bhaskar was asked to start ART but had to travel to Rajkot for it, as there was no centre in Bhavnagar. The journey to Rajkot strained his meager resources and Bhaskar took to wearing women’s clothing and begging en-route. It was on a trip to Rajkot that he learnt about PAN (Pallavit Aaykhu Nokhu), a community based group working for MSM. Bhaskar found that there were many people like him who needed a platform to express their feeling and support each other. He then took

leadership for expanding the group to Bhavnagar and bringing other MSM into the fold.

Through PAN he came to know about project Utkarsha, being implemented by the Bhavnagar Network of Positive People (BNP+) and Sardar Patel Snatak Mitra Mandal. He attended different awareness programmes under the Project and obtained information about different schemes available for person living with HIV. He then approached BNP+ to avail of the different schemes.

Bhaskar has benefited through the *Tabibi Sahaay Yojana* under which he is getting Rs. 500 per month as nutritional support. He uses this money to pay health insurance premiums. He also receives transportation allowance through the *Jatan* project. This transportation allowance ensures ART adherence, thereby prolonging his life and securing his family's future as well.

Bhaskar would like to take advantage of the *Shishya Vrutti* scheme, which enables his children to receive subsidized education, but is afraid that his status as an MSM PLHIV will become known. While he ponders over this, Bhaskar's life has seen a turn for the better with the different schemes that he has been able to access.



“Getting a card or a scheme from the Government is dependent on the attitude of the official; they don’t treat us the same way that they treat the rest of the public”, says Asha. She says this from experience, having tried several times to get a voter ID and ration card. A long-time resident of Bangalore, she knows several people within and outside the Government in high positions, from her job as a dancer in the entertainment industry, but they have been of no help.

Asha came to know about Utkarsha at Jyothi Mahila Sangha⁶, where she is a member. Asha believes despite trying several times, she was not successful in obtaining a ration card or a voter ID only because she is a sex worker. Having gotten the run-around for a long time, it is difficult to dismiss Asha’s belief. Not someone to give up, Asha took the help of the Project to apply once again and with regular follow-up over many months from the Utkarsha team, Asha was sanctioned the voter ID card and ration card.

Due to the ration card, Asha is able to procure essential groceries at prices that are significantly cheaper than the market rates.

Project Utkarsha also facilitated the process of securing a housekeeping job for Asha in a hospital. At first, Asha did not believe the team when they discussed the possibility with her. She felt that it was just another promise and that nothing would materialize, especially given her lacks of skills and experience and also because she was a sex-worker. Much to her delight, Asha did get a job as a member of the housekeeping staff

and this has given her a great sense of dignity and self-worth. Asha recalls how her clients would use gestures and vulgar words to pick her up, but now she is addressed as “Madam” by her colleagues at the hospital; *“No one ever called me that before,”* says Asha.

Crediting the Project completely for this positive transformation in her life, Asha says that as a sex worker, her income is dependent upon the number of clients and this dwindles as age advances. Her income from sex work in the last few years had been

⁶ Jyothi Mahila Sangha is a community based organisation of women in sex work

only about 20% of what she made 10 years ago. The fixed income that Asha now gets every month, even if the amount is less than what she made as a sex worker in her prime, is welcomed by her. She says that the assured sum helps her to budget every expense, unlike in the past, when she could buy only if and when she earned from sex work.

Due to the ration card, Asha is able to procure essential groceries at prices that are significantly cheaper than the market rates. This is not only helping her financially, but also giving her an assured sense of food security that she has not experienced for many years. Comparing her present lifestyle to the past, Asha says that there is a world of positive difference. The mere thought of having a container full of rice ready to be cooked when required makes Asha feel strong. Earlier, she would buy a kilo of rice or two depending upon the earnings of the day.

Possessing the Voter ID card makes Asha feel like a proud citizen. She is now planning to apply for an Aadhaar card. *“I sleep in peace now and with a full stomach. I lead a life of dignity and self-respect”* says Asha. She has referred about nine women to project Utkarsha. Like her, they too await a new beginning in their lives.



Meenakshi found she was HIV positive just five months after her wedding. Despite the shock and upheaval, she decided to take care of her husband who was HIV positive and very ill. Abandoned by her in-laws and rejected by her own family, Meenakshi has remained courageous only for her son, who is HIV negative after she received the right treatment. She lost her husband within 3 years of her marriage, but took over his business and has taken care of her son to the best of her abilities.

Things took a turn for the worse when her health began to deteriorate a few years later. She was asked to start ART and had to travel to Rajkot for it. The first cycle of the drugs resulted in a severe reaction. She had come to a point where she had no money to eat let alone spend on medication – she had been taking treatment at a private hospital at Rs. 100 per day. When she learnt about free ART from the government, she was able to feel hopeful and started using the government facilities.



When the ART centre opened in her town of Bhavnagar, Meenakshi lost no time visiting the centre; here she met BNP+. Her association with BNP+ has proved to be a turning point in her life. Meenakshi has worked as a counselor with BNP+ and currently works as a field worker in the Koshish project, in collaboration with GSNP+.

Meenakshi has been able to access various government schemes through BNP+. She has taken advantage of the *Tabibi Sahaay Yojana*. She saves that money in a Post Office account to secure her son's future. Meenakshi also receives financial support under the *Jatan* scheme and is eagerly awaiting the *Vidhwa Sahaay Yojana*, though the government official has told her that her husband passed away too long ago for her to be eligible. Meenakshi believes that the *Shishya Vrutti Yojana* would be useful for her son, but is worried about the consequences of revealing her HIV positive status to the larger community, especially since her son may face discrimination. This has prevented her from availing this scheme.

Like many others in Bhavnagar and other cities of Gujarat, support from the different schemes makes the difference between being able to live with dignity and dying a slow, painful death. Sometimes, these schemes are the only hope of survival.

Her colleague at the private clinic suggested she keep her HIV status confidential in order to keep her job; she has done so and not received any support from them

Amrita has been associated with *Vikas Jyot* since 1973. A part-time sex worker for many decades, Amrita is now 64 years old and works as a pimp now. She has worked most of her life with a private clinic as an outreach worker on family planning and related issues. Her work allowed her to provide outreach services to other sex workers and connect them to *Vikas Jyot* as well.

Amrita has been HIV positive for since the last six years and has been ART for the same amount of time. The first cycle of the medications left her with peeling skin and boils. After spending all her life's savings on her medications, she told her children about her status. They have slowly distanced themselves from her. Her colleague at the private clinic suggested she keep her HIV status confidential in order to keep her job; she has done so and not received any support from them. Living with her husband, Amrita has struggled to make ends meet most of her life. In her old age, she is dependent on Laxmiben, who is also a sex worker: *"This sari I wear is given by Laxmiben. She considers herself my daughter and I am thankful to her"*.

During different meetings organized by the *Vikas Jyot* team Amrita heard of project Utkarsha. She inquired about the possibility of accessing the schemes promoted under the project. As she was on ART her formalities were completed with the local DLN

and support from *Jatan* has meant that Amrita can get transportation allowance to continue taking her medications everyday.

Amrita would like to own a home through the government scheme, but she must first get a BPL ration card. Though, she is eligible she has never applied for it before. She has received help through project Utkarsha to apply for the BPL ration card as well as the voter ID card. She is awaiting these, as they will allow her to apply for more schemes. Amrita's days of struggle will be eased a little when she begins to receive the different benefits.



Children from families living in extremely constrained economic conditions have a Right to Education by getting financial support to attend schools, free of cost. Sarva Shiksha Abhiyan (SSA) is the Government of India's flagship programme for achievement of Universalization of Elementary Education (UEE), in a time bound manner, as mandated by the 86th amendment to the Constitution of India, making free and compulsory Education of children in the 6-14 age group, a fundamental right. Most families in financially distressed situations would seize the opportunity to get their children admitted to schools where they do not have to pay for the education, especially in a private English medium school of considerable repute. However, this is not always the case and it is useful to understand why things don't work out the way we would like.

Mr. Kannaiyya, Deputy Director, Sarva Siksha Abhiyan, Chikkaballapur, had coordinated with various stakeholders so that children from the poorest of the poor families could access education free of cost. These stakeholders included the Block Education Officer (BEO), Block Resource Centre (BRC), and Principals of private schools in the area, including English medium schools. The SSA's office was interested in obtaining the list of HIV infected and affected children in Chikkaballapur and Gauribidanur in order to refer them for school admission under the SSA programme but had been unsuccessful in coming up with a list. It is challenging to get the children living with HIV as it is an identity issue. The HIV status of the parents as well as child will be disclosed if the child is gets admission.

The SSA office contacted project Utkarsha to seek their support in getting the children. In earnest, the Project team took up the task and soon realized that it was easier said than done. Not ones to give up, they obtained a list of children from the District Level Network outreach worker, based in Gauribidanur, after much motivation and follow up. Upon verifying the accuracy of information, they discovered that except for one child, the other children were not eligible for referral to the SSA. This one child was Bhargavi.

Bhargavi is the daughter of a HIV positive parent. Her father, Manjunath, is an agricultural labourer. The couple, based in Ramapura village (about 10 kms from Gauribidanur town), have three children and earn approximately Rs. 3500 per month. Once the child was identified, the Utkarsha team sensitized the parents about the benefits of obtaining admission in a private English medium school. Based on the family's willingness, the Project team collated relevant documents and sent the details of the child to the BEO and BRC. The Project team coordinated between the BRC and the school, where the BEO personally spoke to the senior management about the child and also facilitated a meeting between the senior management of the school and the family, along with the child

After the various meetings, the Vivekananda School scrutinized the documents provided and approved admission for Bhargavi. Overjoyed, the Utkarsha team met with the family only to learn that Manjunath was not willing to complete the admission. The travel of about 10 kms to the school would be tough on the child even though there was a school bus to pick up and drop the child.

Manjunath was unwilling to listen to reason, and was steadfast in his decision not to send Bhargavi despite the fact that months of effort had gone into facilitating the process of her admission. Project Utkarsha's coordinator tried his level best, along with the ORW of the DLN to convince the family but to no avail. Bhargavi continues to attend the Government Kannada medium school in Ramapura, the village of her residence.

*Bhargavi continues
to attend the
Government
Kannada medium
school in Ramapura,
the village of her
residence*

Mr. Fayaz, the Block Reserve Centre Coordinator, expresses his disappointment and says that in future, there is need to convince the family in a more sustained manner.

The ORW of the DLN says, “*We made a lot of efforts but the family's constraints have come in between. In a way, to an extent, I do feel that the family's constraints (of the distance are genuine, but had the family been willing, then like the other children, the child could have travelled to the school.*”

Had Bhargavi been admitted to the Vivekananda School, she would have been the first HIV affected child to be admitted under the RTE in the district.

Pavitra was clueless about HIV and its prevention, until six years ago when she, her husband and her daughter tested HIV positive. At that time, Pavitra was very ill and hospitalized for several weeks, being very near death. She finally recovered and even overcame TB, with the right treatment.

She was referred to KNP+, where she met with the counselors. Their motivation and her own sense of determination gradually crystallized a purpose for her in life; to identify other persons living with HIV and motivate them to visit the Drop-in-Centre so that they can be counseled to live life in a healthy and purposeful manner.

Pavitra says that the counseling is very helpful to PLHIV. The sustained counseling and interaction sessions help the PLHIV to voice their feelings and fears. They are also able to gradually overcome their own inhibitions of living with HIV. When she learnt about the various social entitlements through project Utkarsha, Pavitra applied for and got an AAY (Anna Antyodaya card).

Pavitra took up the position as an outreach worker in project Utkarsha “to ensure that other PLHIV are able to access the benefits like me”. Since she started with the Project, she has supported many PLHIV to collate the documents or the paperwork required to apply for a particular entitlement. This includes documents for the widow pension card.

Saroja, head of KNP+, says that Pavitra is a capable team worker, who has motivated many individuals to participate in the Income Generation Programme conducted by KNP+ and is particularly focused on women’s welfare. Pavitra regularly visits the Taluka Level Kendras and liaisons confidently with officers in the Department of Food and Civil Supplies as part of her work. In addition to the AAY card, Pavitra has also obtained the Aadhaar card and has benefited by the special housing scheme for PLHIV.

Many PLHIV feel inspired by Pavitra who overcame death and has accessed various entitlements. By being open to the emotional support of counseling and using her entitlements, Pavitra has turned her life around.

Sharath has had a difficult life. At 63, he has spent more than four decades working as a casual labourer. He lost his wife 20 years ago and that was when he started injecting drugs. His only son also injects drugs and both live with Sharath's younger brother. Though they own the house, there is no electricity and water; they use the community toilet and take water from roadside hand pump. Living near Gorakhpur, Uttar Pradesh, Sharath and his son often go hungry a few days a week. Sometimes he gets food from a nearby temple and during the marriage season, he works as cook's helper and gets sufficient food; most of the year, Sharath does not have any work or money.

He had also applied for the old age pension in 2007 but was not yet 60 at the time

Sharath had a BPL ration card two years ago but lost it during a move. Though he went to the ration shop and the District Supply office several times, he was only given false assurance or rebuked. The rude behaviour of the government officials left him dejected and he lost hope of ever getting a new card. He had also applied for the old age pension in 2007 but was not yet 60 at the time. He recalls that he had to pay a bribe of Rs. 50 to a ward member of Municipal Corporation to submit the application form.

Sharath was in complete doldrums when he was contacted by *Jyoti Grameen Kalyan Sansthan (JGKS)* to attend awareness meetings. *JGKS* is a Gorakhpur based NGO implementing a Targeted Intervention project and a partner of the 'Utkarsha' in Gorakhpur. After attending the meeting, Sharath approached the Project staff and shared his problems.

Sharath was given information about how to get a duplicate copy of BPL ration card and he has applied again with guidance from the Project team. He is hopeful that his days of hunger will soon end and is eagerly awaiting his ration card. Sharath also plans to re-apply for the old age pension. He says, "*Utkarsha's meetings have given me new confidence. I think in this old age and poor conditions, I will be able to get some relief from the government schemes with the support of Swasti.*"

Ritesh has been a casual labourer since he was a child and has seen many struggles. His life has revolved around his four children as they give him a sense of purpose. So, finding out that he was HIV positive nearly destroyed his will to live. His anxiety eased when the rest of his family tested negative for HIV. Shamed by the thought that he put his entire family at risk, Ritesh has become determined in providing them a good life. Though all his savings for his children's education was spent on his own treatment, Ritesh has taken to working harder and longer to earn more for his children. Being on ART and not being able to spend on nutritious food for himself, his body does not support his strong will.

It was while Ritesh was at work that he was introduced to Rajkot network for people living with hiv/aids (RDNP+). Their counseling has strengthened Ritesh's confidence to live life positively. Through the Utkarsha project he learnt about the various schemes were available and realized that he would now be able to support and fulfill the needs of his children.

If my children did not receive support through this scheme, I would have been compelled to make them study at schools where quality of education is not guaranteed. But now I can afford to make them study at the best possible schools

RNDP+ supported Ritesh to enroll for the *Tabibi Sabaay Yojana* under which he is getting Rs. 500 per month as nutritional support. He uses this money to have milk as part of daily diet and this gives him more energy, helping him to stick to his job.

His children are supported through the *Shishya Vrutti Yojana* under which they get educational support from the government. This has reduced Ritesh's expenditure and he is extremely happy about this. Contented Ritesh says, *"If my children did not receive support through this scheme, I would have been compelled to make them study at schools where quality of education is not guaranteed. But now I can afford to make them study at the best possible schools."*

Ritesh also receives transportation allowance under the *Jatan* scheme and this ensures that he does not miss a single day of his medication. Earlier, a single day spent at the ART centre to collect drugs meant he had lost a full day's earning. *"Initially we were being reimbursed only if we used government transportation; this was difficult since it is not always available. The recent decision by RNDP+ board to pay for travel even by private vehicle will solve that issue"*, says Ritesh happily.

Access to entitlements has improved Ritesh's life significantly. He is tension free about his health and his children's education and is also on course towards his dreams.



Ranjita lives in the village of Mahdiyan, in the district of Deoria, Uttar Pradesh and tested HIV positive in July 2005, a few months after her husband was diagnosed with the virus. With two young daughters, the younger one being only six months old, her in-laws took Ranjita and her husband to Gujarat for Ayurvedic treatment. Without ART, Ranjita's husband succumbed to AIDS in May 2011. After his death, her in-laws shunned Ranjita and her children and it has been the support of her parents, who provide her Rs. 1000 as well as food and clothes every month, that allows them to survive.

Six months after the death of her husband, Ranjita received Rs. 20000 through the National Family Benefit scheme, with the support of family members and the village *panchayat pradhan*. She recalls spending Rs. 2000 at that time to obtain the benefit.

Ranjita got information about 'Indira Awas Yojana', Widow Pension, BPL (Below Poverty Line Ration Card), Scheme of Marriage Grant for Girls, Treatment Support fund and other such entitlements

Ranjita is only 29 years old and on Anti Retroviral Therapy (ART) in Deoria. She came to know about the District Level Network of Positive People at the ART centre and became its member. It was here, through project Utkarsha that Ranjita first came to know about different social protection schemes.

Through the community awareness meetings, Ranjita got information about 'Indira Awas Yojana', Widow Pension, BPL (Below Poverty Line Ration Card), Scheme of Marriage Grant for Girls, Treatment Support fund and other such entitlements. Previously, Ranjita did not have a ration card and did not know the process to apply for it. In October-November 2012, when she participated in the awareness meetings she got information about the public distribution system and BPL (Below poverty line) ration card. She plans to apply for it in the near future when the announcement for enrollment is made in her area by the government department.

Ranjita applied for the widow pension scheme in February 2013 with support of the

DLN. The Utkarsha team facilitated the completion and submission of the application form. Her application is under process and she expects to begin receiving the pension of Rs. 300/- soon.

Ranjita has begun to feel hopeful about her future; with help of widow pension, a regular amount will be available to her and she will be able to meet the small but necessary expenses of her two daughters. She has not had her two daughters tested because she

Ranjita would like to develop her skills so she can better support her family. She plans to take up vocational training like cutting and tailoring

is afraid of the stigma and social discrimination that they are likely to face if they too test HIV positive. Her biggest worry is for their future. Ranjita would like to develop her skills so she can better support her family. She plans to take up vocational training like cutting and tailoring, and plans to apply for a loan in the future to establish her own business and become financially independent.

Much like Ranjita, Komal is also struggling to raise her four children. Komal tested HIV positive a year ago after her husband died after a prolonged illness. Komal has seen many difficult years, having been abandoned for many years by her alcoholic husband. His return and death, and her subsequent diagnosis has only added to her miseries. The miserable condition of Komal's family moved the village *panchayat pradhan* and he offered them the *Antyodaya Anna Yojana* (AAY) ration card. This has allowed Komal and her children at least two meals a day.

On ART, rejected by her parents, in-laws and relatives, Komal does not have the guarantee of a fixed income every month. She has worked as a casual labourer, but often does not get work because she is HIV positive. The entire family manages on the Rs.50 a day that her eldest son earns as a plumber.

After her husband's death, Komal had approached the then village *panchayat pradhan* for the *Indira Awas Yojana* (IAY) and job card under the Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA), but he refused to help and behaved roughly with her. She once again approached him for the National Family Benefit scheme but was not successful.

When project Utkarsha was launched in district Gorakhpur, Uttar Pradesh, Komal participated in the awareness meetings and events organized by *Grameen Sewa Sansthan*

(GSS)⁷. Like Ranjita, Komal too learnt about various schemes for the first time and decided to apply for several.

With support of the Project team she applied for the widow pension scheme. The field team gave her the application form, helped in completing and submitting it. The verification has been done by the Social Welfare department of Gorakhpur and Komal is expected to begin receiving the pension soon.

The Utkarsha team capacitated field staff of its partner NGOs and Community Care Centers (CCC) in Gorakhpur by organizing training and orientation sessions focusing on how to access social protection schemes for PLHIVs and MARPs. They also organized meetings with government officials of different departments to sensitize them to the different community needs and reduce stigma and discrimination. Now staff of partner NGOs and CCCS are able to mobilize the different targeted groups and have also established a good rapport with government officials. After the implementation of the Project, government officials have begun to understand the dismal life of PLHIV and MARPs and hence support them with much more sensitivity and responsiveness.

Komal is hopeful now, *“Although I will get a small amount as widow pension but it is invaluable for me and my children.”*



7 A Gorakhpur based NGO implementing the Target Intervention (TI) project in Gorakhpur

Section 2



The Department of Handloom and Textiles sponsors a course in Sewing Machine Operation (SMO) at approved Training Centers under the aegis of the *Suvarna Vastra Neeti Yojane*, and is aimed at women in rural areas to become skilled and increase their employment opportunities.

The Department issues advertisements and distributes pamphlets to inform the public about the course. After a screening process, applicants are selected for the course. After completion of the course, their skills are assessed and successful candidates are given certificates from the Department. Then on, successful candidates are considered as tailors rather than workers by the garment industry. As tailors, they can expect a starting salary of Rs. 4,000 to Rs. 5,000 per month while workers would otherwise earn Rs. 1,000 per month.



Mr. Yogish, the Director of the Department of Handloom and Textiles, is new to Chikkaballapur district. When project Utkarsha approached him, Mr. Yogish was delighted to hear about its objective and promised all possible cooperation. Although he has had a rich association with different organisations associated with the Department in different parts of Karnataka, this was the first time he had been approached by a Project working with PLHIV and MARPs

The Department works with various individuals, private organisations and companies in training and placing women. One such entrepreneur is Satish, who started a tailoring training centre in Nagaragere, a village on the Karnataka-Andhra Pradesh border. He used his personal resources to conduct three month long tailoring course

for women and found it to be an intensely satisfying experience to enable poor women to learn a vocational skill, close to home. Subsequently Satish shifted to Gauribidanur, in Chikkaballapur district as the area has a few garment companies including the well-known Raymond Group. Here he set up a well-equipped tailoring training centre for women and installed 25 single needle machines, 2 double machines, and 1 over lock and 1 zigzag machine, which meet the requirements in most garment companies.

Satish interacted with Mr. Yogish and came to an arrangement with the Department that would allow for selected candidates to be trained at his Centre. Satish ensures that faculty at his centre have been trained at the India Industrial Garment Machines Pvt. Ltd (IIGM). Though such faculty members have to be paid more, the advantage is that the Centre has a better chance of being approved by the Department of Handloom and Textiles for training to women participants from low-income groups. The advantage of the IIGM faculty member is also that each candidate undergoing the course is also trained to teach other participants.

It was in Mr. Yogish's office that Satish was first introduced to project Utkarsha. He was briefed about the Project's objective and the background of the vulnerable community with whom it works. During the meeting, the project Utkarsha team and Mr. Yogish expressed their desire to have members of the vulnerable community trained at the Training Centre being managed by Satish. Hearing this, Satish did not waste any time in extending all possible cooperation.

In fact, if the numbers selected for the course were adequate, Satish indicated his willingness to dedicate a batch for them and give them preference or priority in comparison to the general public, in whatever way possible. Since the last one year, project Utkarsha has lodged 34 applications of PLHIV and FSW with the Department. After the screening, 3 PLHIV and 3 FSW have completed the course successfully at Satish's Training Centre and one of them has been placed at Raymond.

He set up a well-equipped tailoring training centre for women and installed 25 single needle machines, 2 double machines, and 1 over lock and 1 zigzag machine, which meet the requirements in most garment companies

Roles and attitudes

Mr. Yogish says that the Department can only inform the public about the course

through the mass media. It does not have the means to identify the vulnerable population on its own, despite the fact that many of those who apply do belong to the PLHIV and MARP community. He credits project Utkarsha for identifying deserving participants, and referring them to the Department.

Satish says that the association with project Utkarsha is a mutually beneficial one, as the candidates are referred to the SMO. Instead of spending on advertisements and communication, he is able to focus on training the referred candidates. Such is his interest to support the vulnerable members, that he is willing to provide the training even without the financial support from the Department. His reward is the satisfaction and happiness felt by women placed in companies, after having trained in his Centre.

Satish says that he lives in the present, and tackles challenges as and when they come. While many others worry about social taboos of associating with PLHIV or FSW, he is willing to change the attitudes of his students and the neighborhood, should they come to know of the identity of these six women. However, he and his faculty member, Mahalakshmi, have maintained confidentiality of the women and their status and have conducted the training without apprehensions of any kind.

Benefits

Mr. Yogish's pride in the impact of the course on the lives of poor women is evident. He says that the exposure to the sophisticated sewing machinery, many of which cost Rs. 3 lakhs per machine, opens the door to a new life. During the month long course, the women are given a stipend as they may have to give up their work to join the course. The course can help the successful participants to improve their standard of living. If employed, in addition to the monthly salary, the women can enjoy medical benefits and paid-leave. They are also entitled to Provident Fund benefits. Additionally, depending upon their performance, they have the opportunity to be promoted as group leaders. This has a percolating positive impact on their socio-economic status.

His reward is the satisfaction and happiness felt by women placed in companies, after having trained in his Centre

The increasing income level reduces or completely eliminates their dependency upon sex work. Those who choose to continue sex work can negotiate for safe sex and reduce the risk of contracting STI/HIV. The interaction with the general population on a common working platform paves the way for mainstreaming. FSWs

and PLHIV often get inspired by others undergoing training in the SMO Training Center and work towards being like them. As Mr. Yogish says, *“The respect that they get is often more than the money they earn.”*

Conclusion

The Indian textile industry, which had been growing at 3 – 4 percent during the last six decades has now accelerated to an annual growth rate of 9 – 10 percent.⁸ Thus, by training the women on sophisticated equipment, the Department is enabling Small & Medium Enterprises (SMEs) to be competitive and face the global scenario with confidence. Thus by referring participants, many of whom are getting selected, project Utkarsha is aiding the Department’s initiative, which in turn is connected with a national economic mission. The cooperation of Mr. Yogish and Mr. Satish hasten the process of social inclusion and achieving socio-economic security for PLHIV and MARPs.



⁸ Report of the Working Group of the Planning Commission on the Jute and Textiles Industry for Eleventh Five Year Plan

The proactive and sustained efforts of the Department of Women and Child Welfare, Chikkaballapur, driven primarily by Ms. Surekha, the Deputy Director and her appointed nodal person, Mr. Malleshaiyya have contributed in a small but significant way towards improving the lives of PLHIV and MARPs

Working with the Department

Ms. Surekha was part of the meetings organized by project Utkarsha to create awareness about the schemes available for FSW and sexual minorities under the Department of Women and Child Welfare. She also designated a nodal person to interact with beneficiaries from the vulnerable community during the sessions organized by the Project. Despite her long and enriching tenure with the Department, the meetings were a learning experience for her.

By referral and training in income generating activities and supporting them with loans, we can help MARPs and PLHIV earn and improve their lives. If the beneficiaries earn their livelihood, they will get respect in the society

“Earlier, I did not have so much exposure about HIV. I did not realize the need of the HIV affected and infected to this extent. When I was first introduced to the vulnerable community, by project Utkarsha, I realized that they lack information. Subsequent to our sensitization, the beneficiaries would wonder about the number of schemes that exist in the Department for them”, says Ms. Surekha. She feels, therefore, that the government has an important role in reaching out to these communities and supporting them to the extent possible in making them economically independent. “In our society, those who have money are given respect. By referral and training in income generating activities and supporting them with loans, we can help MARPs and PLHIV earn and improve their lives. If the beneficiaries earn their livelihood, they will get respect in the society.”

Utkarsha's role

Ms. Surekha is thankful to the Project for its role in helping beneficiaries link with social entitlements. For any Government scheme to be deemed as successful, it takes

a minimum of five years. Project Utkarsha has helped to cut short this time, as in just a year or so, they have been able to make inroads at multiple levels: (i) Awareness (ii) Identification of beneficiaries (iii) identification of needs (iv) Identification of relevant Departments, (v) Collation of supporting documents (vi) Submission to relevant Departments and (vii) Follow up.

Ms. Surekha feels that project Utkarsha has done what the Department cannot do. *“They have identified the genuine beneficiaries and collated all the relevant documents. We would not have been able to do this.”* Despite the multiple levels at which the Government attempts to sensitize the beneficiaries about social entitlements, the vulnerable community including the HIV infected and affected usually do not come forward to notify and seek support. With Project Utkarsha, they have come forward with hope and eagerness.

The association and coordinated efforts with Project Utkarsha have been a personally satisfying experience for Ms. Surekha. In a business-as-usual scenario, she would approve applications based on set criteria and feel happy about the difference this will make in the life of beneficiaries. However, the past year has been a little more special as she has received 12 applications of HIV affected and sexual minorities. The Department is eagerly awaiting the cheque of Rs. 10 lakhs that is expected any day. When the cheque comes, it will be a landmark of sorts, as the first batch of beneficiaries from the vulnerable community in Chikkaballapur will receive the money from the Department under the scheme for Orphan and Vulnerable children.

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Conclusion

The completion of the Project worries Ms. Surekha as she feels that intermediaries or touts may take advantage of the situation. Along with the Department, the Project has laid a strong foundation, but the work has only started and Ms. Surekha wishes that the Project could have continued. She has planned sensitization sessions for Anganwadi and Stree Shakti Sanghas so that they can continue the mobilization at the grass root level that Utkarsha had started. Thus, the coordinated efforts of the Project and the Department have strengthened the social security delivery mechanism.

Working as the President of Chandana Network in Chikkaballapur, Manjula is constantly endeavoring to improve the lives of PLHIV in the district. Be it the vulnerable community of FSWs or from the general strata of society, their mandate is to support PLHIV and children who may have lost one or both parents to HIV.

Manjula had worked previously as an outreach worker with an NGO in Kolar, after her husband passed away due to kidney failure. The responsibility of bringing up two children, who are HIV negative, drove Manjula to find new meaning and strength. The responsibility of identifying PLHIV and motivating them to access medical interventions, has given her rich insight into their issues. However, despite being HIV positive herself and working in this field for six years, she was not aware that dedicated social entitlements existed for PLHIV.

From the national development perspective, the large framework of services formulated specially by the Government for PLHIV goes unutilized

The need

In Chikkaballapur, the Chandana network works with PLHIV, majority of whom live in moderate to abject poverty. The illness often affects their capacity to earn a living and subsequently leads to reduced food security and savings. Many of them remain secluded mostly due to the discrimination they face and their lack of will to seek support. From the national development perspective, the large framework of services formulated specially by the Government for PLHIV goes unutilized.

Manjula says that the focus on identification of PLHIV, counseling them to access medical interventions that improve their health and motivating them to attend meetings is in itself time consuming and effort intensive. She and the other office bearers of the Network were not aware about the dedicated schemes for PLHIV or about whom and how to approach the public offices. Their limited experience in trying

to access basic schemes was less than fruitful as the officials in various Departments were not responsive to their queries.

Working with Utkarsha

It was only after project Utkarsha started engaging with the Network that Manjula came to know about the various PLHIV oriented social entitlements. Project Utkarsha and Chandana Network worked together to sensitize PLHIV about the various social entitlements and their benefits, identifying specific needs of individuals and collated supporting documents to apply for schemes and visiting the respective offices for submission and follow up.

Signs of change

The Network has begun to notice a change among its members and the office bearers after partnering with project Utkarsha. They can be summarized as follows:

- Increased number of PLHIV attending Chandana Network meetings with increased enquiries about social entitlements and their benefits
- Receipt of benefits for OVC for education and health care after having previously failed to access them, which improved the trust between the Network and its members
- PLHIV who were able to access entitlements, are motivated to apply for more schemes and also motivate others to apply
- Improved understanding about documentation and process for application. While filing the applications, it was found that nearly 45% of the beneficiaries did not have basic documents. This prevents uptake of schemes and hence ensuring basic documentation is in place is the first step that the Network and its members are working on.
- Establishing a rapport with the government officials and better understanding of the procedures to be followed. Regular follow up by the Chandana network has given them the confidence to approach government officials independently on other issues.

Project Utkarsha and Chandana Network worked together to sensitize PLHIV about the various social entitlements and their benefits, identifying specific needs of individuals and collated supporting documents to apply for schemes and visiting the respective offices for submission and follow up

- Change in the attitude of the officials of various Departments. Earlier, some of them insisted that PLHIV should reveal their status in public but now they have agreed to maintain confidentiality.

Conclusion

Chandana network feels that there is need for project Utkarsha to continue. The rationale is that the processes of accessing social entitlements have just been established, and NGOs and CBOs do not have dedicated staff to follow-up and focus on social entitlements alone. Although there is awareness about social entitlements and the process, the overall interventions are at a nascent stage and continued Project support would allow for more PLHIV and their family to access social entitlements.



Network for Women's Equity and Equality started as a platform for three CBOs working with women in sex work in Bangalore, namely Swathi Mahila Sangha, Jyothi Mahila Sangha and Vijaya Mahila Sangha. During the meetings, the CBOs discussed the needs of their members including improving their lives and livelihood in various aspects. The inaccessibility of social entitlements due to lack of awareness and constraints was among the primary topics of discussion. These discussions, amongst others, contributed to the genesis of the Utkarsha project.

Subsequent to its initiation, project Utkarsha contracted with each of the organizations separately so that the benefits of the project could reach the maximum number of women in sex work. In the process, the capacities of the CBOs would improve, as they would learn about the various social entitlements and ways to access them.

The experience of one of the partners, Vijaya Mahila Sangha, is special for a reason. The experiences are described by Geeta, an old-timer, who has seen the CBOs grow from infancy to the present as organisations taking firm steps towards sustainability.

Crisis and other issues

When Vijaya Mahila Sangha (VMS) was formed, crisis management for its members seemed to take up most of everyone's time. To achieve its objective of good health and well being, the primary activities involved identification of FSWs, referral to health centers and promotion of safe sex by distributing free condoms. However, the lifestyle of the FSWs was such that they were constantly getting into trouble, either with the police, public or the clients. VMS found it difficult to dedicate time to the planned activities and address the numerous

However, the lifestyle of the FSWs was such that they were constantly getting into trouble, either with the police, public or the clients. VMS found it difficult to dedicate time to the planned activities and address the numerous other issues faced by women in sex work

other issues faced by women in sex work. Due to the pre-occupation with issues of violence, VMS was unable to even mobilize women in sex work as members, leaving their total strength frozen at 33 for three long years. The initial years were it so demanding, that although aware of a few social entitlements, VMS could never really dedicate time for facilitating access to them.

Of the 40 members of VMS who had applied for ration card, not one was able to obtain the card primarily due to non-availability at the address given as residence proof

Access to social entitlements

Prior to project Utkarsha, VMS was aware of voter ID card and ration card but found the process of dealing with the authorities difficult and laborious. First, VMS would have to expend time to understand the procedures and identify the location of the offices related to Voter ID card and Ration card. When VMS's members mustered the courage to speak to the person behind the desk, they would often be shuttled between different desks. They found it hard to obtain adequate information about the schemes or its modalities and often asked to return on another day. Many times, the request for application forms would be met with one form being provided; they would need to make as many photocopies as they needed at their own expense!

As a result, many VMS members would give up on the process, overlooking the larger benefit in the light of inconveniences or due to fear of being identified as a sex worker. Of the 40 members of VMS who had applied for ration card, not one was able to obtain the card primarily due to non-availability at the address given as residence proof. Housing is a major concern for FSWs. Due to stigma and discrimination they face, they are forced to change residences repeatedly. At times, they are asked to leave when the landlord discovers that his tenant is an FSW or she herself leaves the place due to reasons involving harassment or due to increasing rent. The mobility of FSWs made their address verification difficult and hence this most basic requirement for all schemes could not be completed.

Working with Utkarsha

VMS recognized the need for Utkarsha's services for its members and became a partner. The primary activities involved organizing orientation sessions where the project Utkarsha team sensitized outreach workers, community mobilizes and the

peer educators working with VMS about social entitlements. Subsequently, the VMS team would conduct sensitization sessions for their members in groups and provide information on various social entitlements.

After becoming associated with Utkarsha, the VMS team has become clear about the various social entitlements, their eligibility criteria, their benefits and the procedures to access them. They are now able to Identify the social entitlement needs of individual members, which is variable and interact with government officers. The process of accompanying the Utkarsha team, obtaining forms and then following up with the offices on applications submitted has emboldened the VMS team.

Geeta says that now, if any officer behind the counter refuses to give an application form or adequate information, VMS requests him to give in writing the reason for not giving information or application. Also, the officials are much more polite with the VMS team and its members; they request them to wait for information or to come on another day.

The respect that they now enjoy in various public offices was not there prior to Project Utkarsha, says Geeta. There is a change in the mind-set of the VMS members.

The members are now aware about various social entitlements, which was not the case earlier when they were familiar mostly with housing, ration card and voter ID card. For example, Geeta says that they were not aware about livelihood or income generating programmes and about courses for children of FSWs.

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Conclusion

The applications for various entitlements are pending approval in different offices. While the members have understood the process, Geeta feels that project Utkarsha needs to continue its work with the CBOs; without its support the CBOs will not reach the potential possible.

“Without a doubt, there is a great need for project Utkarsha. We have a shortage of staff even for the day to day work that is necessary.”

