

Supporting community action on HIV/AIDS in India

# Empowering Communities



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A  
Report on  
PWDS - Alliance Programme

A Joint Initiative of Alliance, PWDS, Implementing NGOs,  
and Community



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## Palmyrah Workers Development Society

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## A New Life for Siranthini

M. Siranthini (11) lives in Theni District. She studies in Class 6 in the local panchayat school. She is the only daughter of Manimaran and Muthumari. In 2001, the care and support staff of SRDPE reached out to them when Manimaran was ill with HIV-related infections. The parents and the daughter tested HIV positive. In a few days, Manimaran died of HIV-related infections. Siranthini was then six years old.

Due to low levels of awareness on HIV/AIDS among relatives and neighbours, Siranthini was isolated. The young child was confused. She often wondered why she was being treated unfairly. In addition, Siranthini's mother had borrowed from money lenders to meet the cost of her husband's medical expenses. The indebted family found it difficult to repay the money.

Siranthini and her mother were desperate. In addition, Muthumari suffered from frequent fever, headaches, herpes, and skin infections. Forced to care for her mother, Siranthini was often absent from school and unable to concentrate on studies.

The SRDPE care and support staff then counselled Siranthini. Her HIV positive status was confirmed in 2004 and was disclosed to her by counsellors. Initially, Siranthini was withdrawn and uncommunicative. She wondered if it were a problem in the family. She was filled with sadness and pain.

Visits to their home helped Siranthini's mother understand the basic facts of HIV/AIDS. Until then, she viewed HIV/AIDS as a 'deadly' and 'killer' disease. The self-care and home care trainings empowered her. Simultaneously the care and support staff organised a series of awareness meetings for Self Help Group (SHG) members and village leaders. The sensitised SHG members integrated Muthumari into one of the SHGs. This improved Muthumari's self-confidence and built her self-esteem. It also motivated her to help other persons in the community living with HIV/AIDS.

Siranthini was invited to a get together of children and trainings at the organisation. On such occasions, she met other children who also experienced similar problems. She began to relate with them. Gradually she began to break out of her cocoon. Siranthini was communicative and interacted comfortably with the other children.

Siranthini soon emerged as one of the active members in the children's support group and children's club. She expressed her views confidently. Her involvement in various child centred activities motivated the staff to enroll her in the children's cultural team. A key member of the cultural team, Siranthini demonstrated her talents at the community and organisational levels. Siranthini's performance at school and in the cultural team is a source of joy and pride to her.

Integration in the SHG has enabled Muthumari to tide over the financial burden due to her husband's health care expenses. Later the care and support project extended her credit (IGP) to sell garments. This helped her to repay a considerable amount of the debt. She was also integrated to the government scheme for widows and supported to avail Rs. 10,000/- as a one-time scheme that helped her to settle her debts. Through the pension scheme for widows, she now avails Rs. 200 every month.

Siranthini wants to become a teacher and serve the people in her area. She feels secure that her mother is on ARV and is healthy, and she has many people in the village who support her.

## **PWDS Alliance HIV/AIDS Care and Support Project**

*Work for an enabling, sustainable, supportive environment towards community based care and support for people living with HIV/AIDS, children affected with AIDS, and families affected with AIDS in Tamil Nadu.*

### **Background**

The Alliance made its presence felt in the subcontinent with its effort to promote community based care and support in collaboration with NGOs and CBOs. It identified the states of Tamil Nadu, Andhra Pradesh, and Delhi as priority states to implement a pilot phase of HIV/AIDS care and support project. In each of these states, an NGO was chosen as the lead partner or primary partner to facilitate a broad range of response to the epidemic by initiating, implementing and coordinating the programme in partnership with select NGOs. PWDS was chosen as the lead partner in Tamil Nadu to coordinate the HIV/AIDS care and support project, through select NGOs.

### **Project Overview**

The project works with people living with HIV/AIDS and those affected by HIV/AIDS, especially women and children. It has been conceptualised on a vision of capacity building of NGOs in providing low cost community based care and support for people living with HIV/AIDS. It also facilitates NGO partnership and strengthens community relationships.

The PWDS-Alliance HIV/AIDS project was initiated in the southern districts of Tamil Nadu with emphasis on community based care and support. The project reaches out to 800 villages in over 13 districts in central and south Tamil Nadu through 20 implementing NGO partners which includes two hospitals, and a hospice.

### **Objectives**

- initiate and strengthen community-based care and support for people living with HIV/AIDS and their families;
- Initiate and strengthen community based care and support for children affected by AIDS and their families;
- Link, strengthen, and coordinate existing services for care and support;
- Mobilise community towards care and support; and
- Initiate policy-related interventions towards promoting the integration of care and support and community based activities in Tamil Nadu.

## Moving Forward

Through community-based care and support interventions, PWDS-Alliance has been working almost for six years with the poor and vulnerable people, especially with children in Southern Tamil Nadu.

When we look back, the road we travelled is rich in experiences that have challenged and enabled us to learn. In the process of strengthening the capacities of stakeholders, we too were strengthened. The various trainings, interactions with the community, collaboration with other stakeholders, and partnership with International and India Alliance equipped us better. We believe that this helps us to extend quality services in the future as well.

Our interventions during these years have influenced and facilitated some change in the attitudes and approaches of people and society at large. The attitude towards people living with HIV/AIDS and children infected and affected by HIV/AIDS has changed with improved levels of acceptance and support. We are also proud to note that the innovations in the project have been discussed at various levels in national and international forums. The community based approach and our experiences are well received by many players in the field.

Besides significant reduction in stigma and discrimination, an interesting aspect is equipping and involving the community in the mission of continuing to provide care and support to the affected people while we plan to phase over to unreached areas. Apart from the support groups and volunteers, many community based organisations, faith based organisations and individual philanthropists have included it in their agenda to help the affected people. Today, wherever we worked with our implementing organisations, we can proudly say that the community is equipped to take forward the care and support the project has initiated.

We acknowledge the role of our INGO field staff, whose commitment and involvement is responsible for such sustained impacts. We also acknowledge and thank Abbott Fund for their continuous financial support, International Alliance, and India Alliance for their partnership and technical support. Moreover, through the Alliance, we are part of a larger global network which works towards an AIDS-free World.

Though the DFID-funded Reproductive Health and HIV/AIDS convergence project is a short term programme to address the relationship between gender issues and HIV/AIDS of women in vulnerable situations, it has brought significant outputs and interesting experiences.

Although we are happy about our reach and achievements, we are aware that a large number of unreached populations need care and support. We would like to reach out to them during the coming year. The task for the New Year is innovating strategies to reach them with the limited available resources.

***Dr. G. Christopher, Edwin Sam, Sunder Singh, Samuel Kumar,  
Aji Abraham Daniel, Anil Kumar, Thomas Varghese, and Rani Chandra,  
PWDS-Alliance Project Staff Team***

## PWDS-Alliance DFID Challenge Fund Project

### Approach of the Project

- Strengthen and develop community driven approaches to meet the sexual and reproductive health and HIV/AIDS needs of women in low income settings.
- Develop greater linkages/convergence between HIV/AIDS and SRH to address the needs of the women.
- Sustainability through building social capital in the broader community and the women to empower them to put their knowledge into practice to advocate for change at the community and district level.

### The Goal and Purpose of the Project

- To reduce the spread of HIV/AIDS infection and to mitigate the impact.
- The purpose is to develop and scale up innovative and sustainable community driven responses to reduce HIV transmission amongst women in the low income group.



### Expected Outputs from the project

- **Increased Informed Demand**

Increasing awareness and knowledge of HIV/AIDS and sexual and reproductive health to reduce stigma and discrimination and to create demand for accurate information and quality services (health, legal and social services).

- **Increased access to services and support**

Increasing linkages between women project beneficiaries and HIV/AIDS and SRH service delivery and support mechanism at the community level.

- **Increased NGO and community capacity**

Increasing skills and knowledge of partner NGOs, women project recipients and their communities to undertake project activities and contribute to increasing informed demand and increased access to relevant services and support.



**To achieve this**

- The project will focus on strengthening and increasing the organisational and technical capacity of NGOs and community.
- The project envisages increasing participation and involvement of women in decision-making processes and advocacy activities for SRH rights.
- Emphasise the reported decrease in discriminatory practices and attitudes towards women living with HIV/AIDS.

**Strategies adopted**

One to one, one to group community interactive sessions on HIV/AIDS, Reproductive Tract Infections and Sexually Transmitted Infections, Anti Retroviral Therapy, Prevention of Parents to Child Transmission, Menstrual hygiene, contraception & Pregnancy, Gender, laws, policies, rights, entitlements and government welfare schemes are conducted regularly with the community. Condom demonstration will be carried out in each group meetings. Capacity building training programmes on the above mentioned aspects is conducting regularly for community members and project staff. Information Education and Communication material distribution for Behaviour Change Communication is an essential component of this programme. Apart from this IEC campaign using street play, skit, folk dances such as Oyilattam, Kummi, Kolattam, folk songs and film parody songs. All the service providers in counselling, PPTCT, Medical Support, TB etc. are linked through referral service to the community.

**Primary Stake Holders**

The primary stake holders of this project are the low income women those who are in the vulnerable situation to HIV/AIDS/STI/RTI. So we have identified the following women groups and organised support group among them. The category of women include Young Widows, Spouse of Migrants, Female Sex Workers, Sanitary Promoters, Brick Kiln Workers, Tannery Shop Workers, Textile Mill Workers, Dying Unit Workers, Construction Workers, Flower Picking and Selling Workers, Quarry Workers, Beedi Rollers, Door to Door Marketing Women, Film Side Actors and Women Goldsmiths.

**Sustainability perspective**

The issue of SRH needs of the women was carried forward by the support group members at a large. For this, ten Community Social Volunteers were identified and trained along with many peer educators. The involvement of government service providers ensured during the course of the project. Service Directory developed at the community level to guide community members to fulfill the emerging needs in SRH and HIV/AIDS.

## Palmyrah Workers Development Society (PWDS)

### *Support Services to Sustain Community Initiatives*

PWDS, founded in 1977, offers development support services to sustain community initiatives. PWDS promotes and works with community-based organisations and support service organisations aiming at self-management and sustainability. Its interventions aim at empowering the community by building people's organisations, equipping through awareness generation and skill training, and linking them with the mainstream for sustenance.



The main approach MEALS includes the following steps: Motivating, Equipping, Accompanying, Linking, and sustaining the community organisations. In this approach, the community owns the activities, while PWDS extends the needed support services as a facilitator, a process that emphasises community ownership rather than participation.

In over two decades of development efforts, PWDS programmes have transcended geographical barriers and traditional frontiers. PWDS works with palmyrah workers and other marginalised groups such as rural women, children, and rural artisans in the states of Tamil Nadu and Kerala. PWDS believes in collective forms of functioning and coordinates network programmes through the coordination centre DATA, based in Madurai.

### **Reach and Impact**

Currently PWDS implements five field projects, and has promoted ten support organisations with mainstream linkages. It works through network programmes with 50 NGOs as partners reaching 30 districts in Tamil Nadu.

For more than a quarter century, PWDS has been serving as a development support organisation that offers support services to sustain community initiatives. It works with a range of professional teams in partnership with government, national, international resource organisations, and the corporate sector. With a thrust that professional services to the poor should be perceived by the mainstream as a viable operation and not a subsidiary activity with a charity approach, PWDS believes in promoting and strengthening community based support services to sustain community initiatives. This shift in development paradigm makes PWDS look for innovative concepts, approaches, and leads for new avenues in development cooperation.

## **Moving Beyond Care and Support**

During the last few years, the main focus of the PWDS-Alliance HIV/AIDS Programme was care and support of people living with HIV/AIDS, and children and families affected with AIDS. As a forerunner in implementing HIV/AIDS Care and Support Project in Tamil Nadu, PWDS is happy that the project could help thousands of people affected by HIV/AIDS in the southern Districts of Tamil Nadu.

We acknowledge the support received from both International and India HIV/AIDS Alliance and the willing cooperation of the 20 INGOs for the success of the project. The efficiency of the project staff team led by the director of PWDS is also a major factor for the effective implementation of the project. One of the achievements of the project is the involvement of other stakeholders like community leaders, private doctors, government health department officials, and other NGOs including those specialising in HIV/AIDS.

The focus on children continues with the formation of more support groups and clubs for children. A special programme “Community driven approaches to address the Feminization of HIV/AIDS in India” that works with women was also launched in April 2006 with the support of DFID (Challenge Fund). Six INGOs are involved in the programme. It has proved to be effective by addressing one of the key areas in the prevention and control of HIV/AIDS among the women in vulnerable situations.

There were some changes in PWDS-Alliance staff team. Dr. G. Christopher joined as Programme Executive in June 2006. Mr. P.K. Anil Kumar was appointed as Programme Manager to coordinate the DFID-supported programme. It strengthened the existing staff team.

PWDS-Alliance HIV/AIDS Programme has moved beyond care and support according to the changing times and the needs of people, children, and families living and affected by AIDS. We hope that with the collaborative efforts of the stakeholders, the whole programme will become more effective in the years to come.

**P. Joseph Yesudian**  
Secretary, PWDS

PWDS works for human development. PWDS believes that human development is much more than economic development and it enfolds human rights. PWDS also believes that building human capacities is the key in realising human rights, because human rights and community competencies are mutually reinforcing. So human development and human rights are understood not as polarising positions but as essential elements of an empowering process.

## **International HIV/AIDS Alliance: *Supporting Community Action on AIDS***

The International HIV/AIDS Alliance is a UK-based international non governmental organisation, established in 1993 by a consortium of international donors. Alliance activities reflect its mission of supporting communities in developing countries to play a full and effective role in the global response to HIV/AIDS.

In the course of ten years, the Alliance technical and financial support for HIV prevention, AIDS care, and orphan projects has benefited millions of people. In 2002 alone, more than 825,000 people from the poorest and most vulnerable populations were reached directly and more than 91,000 were trained or supported through programmes for volunteers, peer educators and care givers. In addition, an estimated 4.9 million were reached indirectly.

In turn, the Alliance learns from these community partnerships and uses these experiences to more promote effective AIDS strategies encouraging both better programmes and better public policy. Research implemented by the Alliance and the Horizons Project has demonstrated both the importance of involving people with Aids and how to do so effectively.

The India HIV/AIDS Alliance (Alliance India) based in New Delhi was established in February 1999 as the country office of the International HIV/AIDS Alliance. It coordinates and provides support to the Alliance programme of supporting community action on Aids in India.

To achieve these goals, the Alliance supports community action in India through an integrated and comprehensive HIV/AIDS programme in which a key priority is working with children affected by HIV/AIDS. All activities supported under the Alliance programme in India operate under the umbrella of the National AIDS Control (NACO) programme.

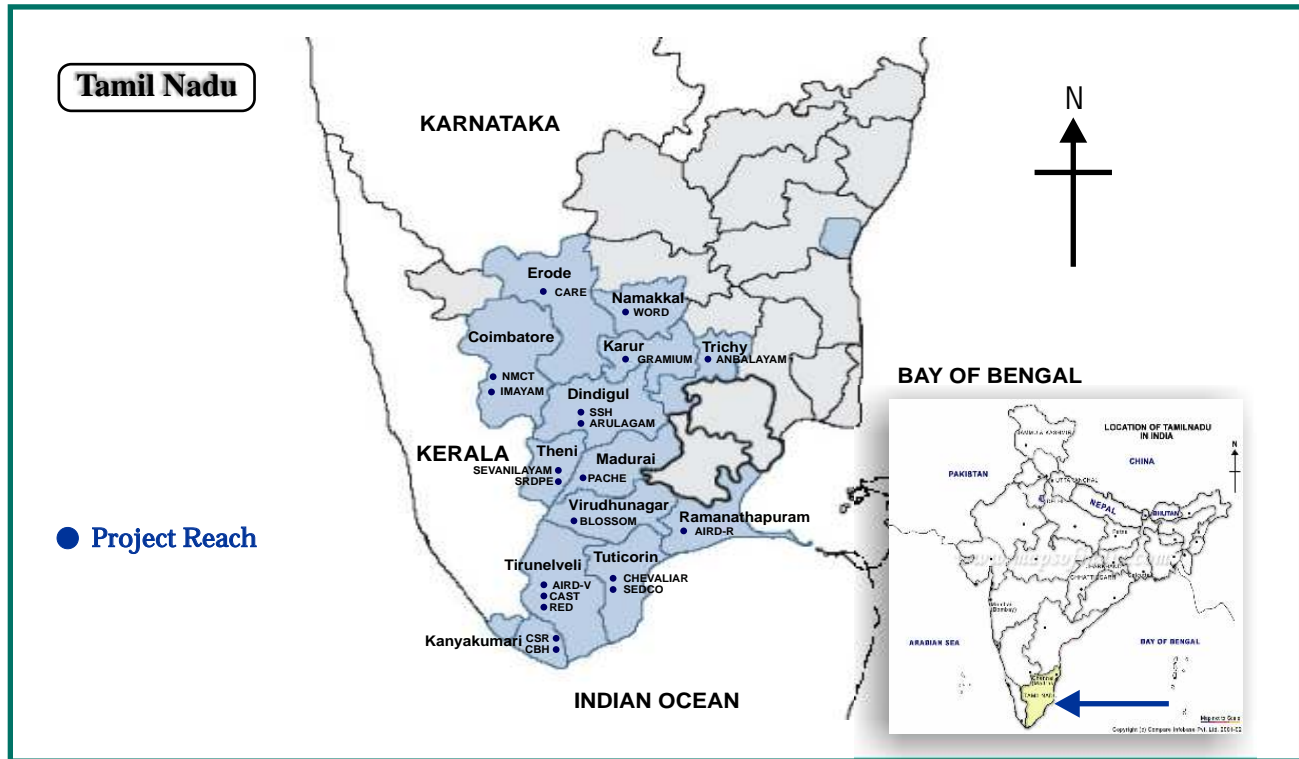
The Alliance provides technical support along with financial support to in-country intermediary organisations termed “linking organisations” or “lead partners” that in turn provide financial and or technical support to NGOs and CBOs in their respective countries.

### **The Alliance core goals in India are:**

- ◆ To make a significant contribution to HIV prevention, AIDS care, and support to children affected by the epidemic, by working together with communities in India.
- ◆ To promote the sustainability and scaling up of effective community AIDS efforts by building capacity of CBOs, NGOs, and NGO support programmes.
- ◆ To influence and improve the HIV/AIDS policies and programmes of national agencies, donors, and the NGO sector, with a particular emphasis on the role of community action in India.

## Districts and Partners

The programme covers 13 districts in Tamil Nadu with 20 implementing NGOs.



- Association for Integrated Rural Development (AIRD-R)
- Association for Integrated Rural Development (AIRD-V)
- Anbalayam
- Arulagam Hospice (ARULAGAM)
- Blossom Trust (BLOSSOM)
- Centre for Action and Rural Education (CARE)
- Community Action for Social Transformation (CAST)
- Catherine Booth Hospital (CBH)
- Chevalier Roche Society (CHEVALIER)
- Centre for Social Reconstruction (CSR)
- Gramium
- Imayam Social Welfare Association (IMAYAM)
- Native Medicare Charitable Trust (NMCT)
- People's Association for Community Health Education Trust (PACHE TRUST)
- Rural Education for Development (RED)
- Scientific Educational Development for Community Organisation (SEDCO)
- Seva Nilayam Society (SEVA)
- Society for Rural Development and Protection of Environment (SRDPE)
- Society for Serving Humanity (SSH)
- Women's Organisation in Rural Development (WORD)



# Time Line

## PWDS- Alliance HIV/AIDS Care & Support Project

October 2005 to September 2006

### Consultation on Mainstreaming HIV/AIDS

**October 3, 2005 at Hotel Saratha Rajans, Madurai**

Seventeen participants from 11 development organisations participated. D.T. Reji Chandra, S. Olaganathan, CCD and F.X.R George made presentations on different topics.

### MSLM

**October 25&26, 2005 at Coimbatore Organised by NMCT**

Forty INGO staff (20 Coordinators and 20 Field staff) + LP staff participated. Dr. Fiona Barr and Dr. Sangeetha Kaul from Alliance India also participated.

### Grass root Business Accounting Training

**October 27, 2005**

Forty INGO staff (20 Coordinators and 20 Field staff) + LP staff participated. A. Francis was the resource person.

### ToT on Child Centred Programming

**November 18 & 19, 2005 at Pillar Hall, Madurai**

Forty persons including staff and home care guides from the 20 INGOs.

### Meeting with Network leaders

**December 14, 2005 at hotel Saratha Rajans, Madurai**

Nineteen NGO representatives and 15 people living with HIV/AIDS network representatives and LP staff participated in the meeting.

### ToT for Development NGO staff

**December 27 and 28, 2005 at Hotel Saratha Rajans**

Eleven representatives from development NGOs participated.

### PWDS Director Reji Chandra's visit to London

**February 9 & 10, 2006**

Reji Chandra made a presentation at the meeting organised by UNICEF and DFID.



**CABA (Children Affected by HIV/AIDS) seminar (HIV/AIDS and Children)**

**February 17 & 18, 2006 at Vivekananda Kendra, Kanyakumari**

Representatives from all key players in HIV/AIDS in Tamil Nadu, representatives from organisations working with children, children affected and infected by Aids, and staff from INGOs participated.

**Monthly staff review meeting**

**February 24, 2006 at CARDS farm, Tirunelveli**

PWDS secretary, director, deputy director, and PWDS Alliance staff team participated.

**CAT Workshop**

**March 8 & 9, 2006 at Hotel Vijayatha, Nagercoil**

B. Narendra, Dr. Sangeetha Kaul, and Grace Nembiaklun from Alliance India, Board members and staff from PWDS, and PWDS Alliance staff team participated.

**Symposium on HIV/AIDS and Health care practices**

**March 17, 2006**

Jointly organised by PWDS-Alliance and Department of Social Work, Loyola College, Chennai.

**Project proposal development workshop DFID**

**March 17 & 18, 2006**

FSOs from six DFID INGOs participated.

**Nordic Evaluation team's visit**

**March 23- 25, 2006**

Hugh Goyder and Virendar had a meeting with PWDS-Alliance team on March 23, 2005 at Hotel Sea View, Kanyakumari. On March 24, 2006, they met ten INGO chief functionaries at Hotel Sea View, Kanyakumari. On March 25, the team visited AIRD-V and CBH.

**Nordic Evaluation team's visit to Chennai**

**March 27, 2006**

Hugh Goyder and Virendar had a meeting with other key players of HIV/AIDS at Chennai.



### **Exposure visit from Centre for World Solidarity**

**April 10 - 15, 2006**

A 17- member team headed by Kalamani visited PWDS Alliance to learn about mainstreaming HIV/AIDS. The team visited SSH, PACHE, Seva Nilayam and SRDPE; they also had a meeting with INGO coordinators at Kanyakumari.

### **PCA workshop for DFID NGOs**

**April 20 & 21, 2006**

DFID staff team from the six INGOs participated.

### **Project Committee Meeting**

**April 22, 2006**

PWDS secretary, director, deputy director, and PWDS-Alliance team participated.

### **Sunil Nanda and B. Narendra's visit**

**April 24 and 25, 2006**

Had a meeting with PWDS Director on April 24, visited SSH and Arulagam. On April 25 visited PACHE.

### **Training on Life Skills and Peer education**

**May 10, 11 & 12, 2006 at YMCA, Kanyakumari**

Sixty children from 20 INGOs participated.

### **Orientation for Children Support Group members**

**May 19 & 20, 2006 at Pillar Hall, Madurai**

Conducted in two batches, 60 children from 20 INGOs participated.

### **Orientation for PTA members on Life Skills**

**May 29 & 30, 2006 at DATA, Madurai**

Nine teachers from five INGOs participated.

### **Training on Community Support system & referrals**

**June 5th to 7th, 2006 at PEACE Trust, Kanyakumari**

Field support officer and 3 outreach staff from six INGOs participated. .



## **INGO R & R**

**June 12-14, 2006 at Pillar hall, Madurai**

Chief functionaries and project coordinators from 20 INGOs participated.

## **Home Care Guide Training**

**June 21-23, 2006 at YMCA, Kanyakumari**

Home care guides and new staff from the 20 NGOs participated

## **Developing Monitoring indicators for DFID project**

**June 26 & 27, 2006 at Pillar Hall, Madurai**

Field Support Officers and Project Coordinators from the six DFID NGOs participated. B.Narendra from Alliance India was the resource person

## **Training on Data Collection and Management**

**June 28, 2006 at Pillar Hall, Madurai**

Project Coordinators from 20 INGOs and Field Support Officers from six DFID NGOs participated. B. Narendra from Alliance India was the resource person.

## **Workshop on writing skills**

**June 29 - July 1, 2006 at Pillar Hall, Madurai**

Project Coordinators from 20 INGOs and Field Support Officers from six DFID NGOs participated. Nandini Murali was the resource person.

## **Training on Gender Rights and psychosocial counselling**

**July 13-15, 2006 at YMCA, Kanyakumari**

One Field Support Officer and one out reach worker from 6 INGO participated.

## **Training on IGP programme**

**July 27-29, 2006 at KKID, Coimbatore**

Thirty support group members participated from 3 INGOs

## **Training on IGP programme**

**August 3-5, 2006 at YMCA, Kanyakumari**

Thirty support group members participated from 3 INGOs.

## **Training on child centred programming**

**August 17 & 18, 2006 at Hotel Sea View, Kanyakumari**

One staff from each of the 20 INGOs participated.



## **INGO Review and Redesign workshop**

**August 23-25, 2006 at Hotel Balaji International, Coimbatore**

Field support officers, staff and chief functionaries from 6 INGOs participated.

**Sexual & Reproductive Health & HIV/AIDS convergence Training  
September 15 & 16, 2006 at YMCA, Kanyakumari**

One staff and one home care guide from 20 INGOs participated.



## **Children's Voices**

Sudha (14) and Aruna's (8) parents died of AIDS-related illness three years back. The children are being brought up by their 72-year-old grandmother, Salamma. The latter supports her grandchildren through the meagre income she earns as an agricultural labourer. None of the other members in the family were willing to support the children. As the family income was insufficient, Sudha was forced to discontinue school after Class 8. She joined a poor loom factory to provide additional income for the family.

The care and support staff of WORD heard about Sudha's family through a volunteer. They found Sudha overworked and under nourished. They decided to extend support in various possible ways to Sudha's family through the care and support programme. With Sudha's consent, they devised alternatives to reduce her work burden and provide supplementary income for the family.

As Sudha evinced interest in tailoring, WORD enrolled her in a tailoring course. They also provided her with a monthly stipend of Rs. 100. Besides they identified a local family willing to support the educational needs of Sudha's younger sister, Aruna. Aruna too bonded well with the family and would regularly apprise them of her progress in school. However, when the family offered to adopt her, Aruna refused as she wanted to be with her grandmother who had brought her up since she was a baby.

Meanwhile Aruna became disinterested in studies. The care and support staff team later traced it to discriminatory attitudes of the teachers at school because of her parents death due to AIDS. Therefore they counselled the teachers about HIV/AIDS and explained Aruna's family situation. This brought about a change in the attitude of the teachers who were now more accepting and supportive of Aruna. They gave her special attention and also provided her with books and uniforms free of charge.

Sudha completed her tailoring course and also did a two-week embroidery course. The care and support staff team bought her a tailoring machine. Thanks to the sustained psycho-social and economic support and capacity building, Aruna and Sudha today are empowered to face their altered life situation with courage and hope.

## Child Centered Programming



PWDS-Alliance HIV/AIDS Care and Support project started in 2001 with special focus on children by recognising their specific and distinct needs. The children's needs were addressed through direct project services as well as sensitising and mobilising the community for creating an enabling, sustainable, supportive environment towards community based care and support to children.

The Child Centered Programming (CCP) started in 2004 by realising the need for children to become active participants in the programme rather than being passive receivers. CCP is a programme where the child is at the centre of development and the reality of children's rights are put into practice through the inclusion of children as full people. CCP encompasses the participation of children throughout the spectrum of programme development, implementation, and evaluation.

CCP increases the capacity of children to prevent, minimise, or overcome the damaging effects of adversities through exercising life skills with peer and community support. CCP encourages children to become increasingly autonomous, independent, and responsible and to approach people and situations with hope, faith, and trust.

Besides CCP creates opportunity for the community to respond to children's needs through their active participation in child centred programming. The participation and dialogue on children issues and needs by the community not only increases community support to children but also reduces stigma and discrimination.

CCP provides space for children as part of the solution and as partners in programme planning, managing, implementing and monitoring. CCP activities are designed to increase the capacity of children and young people for education, protection from exploitation and building capacities of children to care for themselves. The CCP activities break the secrecy and silence surrounding HIV/AIDS issues by making available prevention information and services for children, youth and general public through peer education, children's cultural performances, formation of children clubs, and children support groups.

Children's Support Group (CSG) is illustrative of CCP. Currently, the PWDS-Alliance Project has promoted 96 CSGs.

# Child Centered Activities

## Children Support Group

### Purpose of CSG:

- To provide children emotional and psycho-social support and boost their confidence and sense of belonging as they struggle with stress associated with their parents and or siblings' illness or death.
- To help children perceive loss and help them get beyond it with a unique approach of play-based activities

### Activities initiated

- Meeting together to share their inner thoughts and feelings in a conducive environment where each child can understand the feelings;
- prevent destructive behaviour;
- improve school attendance and academic performance;
- manage anger and efforts to improve coping skills;
- encourage better physical health;
- increase self esteem of group members;
- reduce stigma and discrimination;
- engage the children in activities that bring joy to the children;
- involve social service activities; and
- advocate for concrete, tangible and realistic actions with a guaranteed impact.



### Benefits of children support group

- Build capacity of children to share their inner thoughts and feelings in a conducive environment;
- increase the sense of security, love and emotional support;
- create a caring environment where each child can mutually support;
- increase the capacity to understand an adverse events and learn life skills to cope with the adversities;
- build self-esteem and sense of trust through relationships with themselves and their friends;
- increase wider range of friends and supporters;
- develop human relationship with power beyond human attainability and beliefs that God intends hopeful, purposeful future for us, no matter how painful the present may be; and
- provide opportunities for children to learn skills necessary to understand, talk about and cope with their life circumstances in healthy and positive ways.

# Reflections on Impacts, Challenges, and Lessons

**D.T. Reji Chandra**, Director, PWDS

Palmyrah Workers Development Society (PWDS) has been working with marginalised communities for more than three decades. PWDS works with a community based approach that aims at empowerment through community organisation, capacity building, mainstream linkages, and policy influence. PWDS believes that mobilising communities and building capacities is the key for development and availing rights, because rights and community competencies are mutually reinforcing.

In 2000, PWDS in partnership with International HIV/AIDS Alliance initiated a HIV/AIDS care and support programme in Tamil Nadu with a community based approach. Over the years, this programme has created sustainable impacts, faced challenges, and also helped to learn lessons.

- Community based approach is an empowering process. This involves mobilising and organising communities, strengthening their capacities, and linking with mainstream for sustained services and availing rights. It is not participating in projects, self-help or people serving themselves as an alternative to mainstream services.
- In HIV/AIDS responses, community based approach facilitates community acceptance, community ownership, stigma reduction and care.
- Community based approach improves community capacity to manage diseases and also demand services.
- Community acceptance and care contribute to prevention, by people coming forward for testing and treatment; and also revealing their status.
- Projects are not solutions, especially for problems like HIV/AIDS that are complex and have larger implications. In such issues, projects, apart from emergency services, initiate sustainable community processes, strengthen existing services, introduce innovations and alternatives, and to establish mainstream linkages for influencing policies and sustaining the impacts.
- Scaling up is a profit-oriented concept for reaching high volumes in order to minimise overheads, and achieve break even in operation. Expanding to more areas or increasing the number within a project framework does not bring the necessary critical reach for change. Mainstreaming and policy changes are the only effective strategies for scaling up.
- Quality is to be assessed related to the resource-poor contexts and based on availability of services, access to services, and effectiveness of the services. Benchmark quality standards become irrelevant in places where even the basic services are not available or even if available, in many cases, are not accessible.
- Although a development threat, HIV/AIDS, has created a few development options to work for long term impacts. The changing trend to openly discuss sex and sexuality issues, awareness on

HIV/AIDS and gender issues, social dimension of health care with special reference to integration of counselling services with health care, strengthening primary and public health systems, livelihood and migration issues, focus on orphan and vulnerable children, mobilisation and organisation of stigmatised marginalised communities like commercial sex workers and trans gender population, the debate on sex as a right and not as a crime, greater awareness on trafficking and drug use are some of the development issues related to HIV/AIDS responses that need to be addressed with long term development agenda.

- Poverty, vulnerability, and development have direct link with HIV/AIDS spread and impact. HIV/AIDS crosses all boundaries and barriers and its spread can not be controlled within geographical boundaries like poverty. There is a response, due to fear, concern, or a combination of both, by international community with resources to contain the spread and also mitigate the impact. This attention and response, if used creatively, have the potential to address HIV/AIDS and also larger poverty, vulnerability and development issues. This is an attempt to move beyond HIV/AIDS through HIV/AIDS.
- The real challenge is integrating these concerns into the HIV/AIDS programming processes.

### **Born Again Kasthuri**

“I am dying. Please take me to my mother's house,” Kasthuri said to her in-laws. They took her to her mother's house in Maavadi in Tirunelveli district by a taxi. When they arrived at 10.00 pm, the neighbours whispered, “Kasthuri might have died. Her body has come”. Kasthuri was carried by four persons into her mother's house.

Kasthuri (39) is an HIV positive person with three daughters and a son. Her husband died of AIDS-related illness in 2000. “I was helpless and did not know what to do with my children. I struggled for my day to day expenses and was also affected psychologically. I always worried about my children's future,” recalls Kasthuri.

Around this time, the care and support project staff of CAST, visited Kasthuri. They counselled her and assured her of all possible support. They also referred her to Madurai Medical College Hospital for ART. Kasthuri was admitted there for a week and was started on ART. “I continued ART and after few months, my health condition improved and the neighbours surprised to see me,” says Kasthuri. According to Kasthuri, they said, “Kasthuri, we never believed you will come back alive from the hospital. We are happy to see you healthy like this.”

The CAST staff discussed about Kasthuri's situation with a woman government employee from her village. She volunteered to contribute Rs.50, rice, and other grocery items every month. She still continues her support for Kasthuri.

During a meeting at CAST office, Kasthuri said, “I have returned from death. My neighbours and friends said that I won't come back alive from the hospital.” The CAST staff and ART has given me a new life.”

# INGO Profiles

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**Association for Integrated Rural Development, Ramanathapuram** : Operates in Ramnad and Tuticorin districts. The organisation is involved in a range of comprehensive development activities such as promotion of SHGs, training, linkages, enterprise promotion, community preschools, school enrollment and elimination of drop outs, children's clubs, herbal gardens, awareness programmes, and HIV/AIDS care and support.

**Association for Integrated Rural Development, Valiyoor** : Operates in Tirunelveli district. Its activities include reproductive and child health programme, total sanitation, and HIV/AIDS care and support.

**Blossom** : Operates in Virudhunagar district. It works towards the development of the rural and urban poor, especially women and children. Its programmes include RCH, family counseling, rural creches, microcredit, IGP, awareness programs, vocational training, and HIV/AIDS care and support.

**Centre for Action and Rural Education** : CARE operates in Erode district. Its activities include day care centres for rural children, maternal and child health, supplementary nutrition, mobile medicare for the aged, family counseling, IGP, *mahalir thittam*, HIV/AIDS awareness, prevention and control, HIV/AIDS care and support.

**Anbalayam** : Operates in Trichy district. Its activities include STD/HIV/AIDS prevention and control and care and support.

## **6. CAST**

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**Community Action for Social Transformation** : Operates in 167 villages in Tirunelveli district. It works towards the empowerment of women and children with an integrated development approach. The major programmes include integrated education programme on water and sanitation, STD/HIV/AIDS intervention for Women in Prostitution (WIP), HIV/AIDS care and support, RCH education for adolescent girls and rural women, DANIDA comprehensive watershed development project, wasteland development project (DRDA), networking and advocacy, gender issues, and promoting herbal medicinal practices among rural communities.

Operates in Tuticorin district. Its major activities include child labour eradication, health and environmental awareness, STD/HIV/AIDS prevention and control, HIV/AIDS intervention, prevention and control, HIV/AIDS care and support, and paramedical training.

**Centre for Social Reconstruction** : Operates in Tuticorin and Kanyakumari districts. Its activities include community organisation, women and child development, skill promotion among rural artisans, promotion of SHGs and micro credit management, eradication of child labour, capacity building of NGOs, STD/HIVAIDS prevention and control, and care and support services.

**Gramium** : Operates in Karur district. Its activities include savings and micro credit, IGP, maternal and child health, vocational training, nonformal and supplementary education, legal aid camps, HIV/AIDS awareness, and care and support.

## **10. IMAYAM**

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## **14. ARULAGAM**

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**Imayam Social Welfare Organisation** : Operates in Coimbatore district. Its activities include women's development programmes, SHG formation, HIV/AIDS prevention and control, care and support and prevention programme with trans gender and FSWs.

**Native Medicare Charitable Trust (NMCT)**: Operates in Coimbatore district. Implements community based HIV/AIDS care and support project, industrial intervention programme, prevention programme with trans gender and MSMs, child labour project, tribal development, environmental conservation, and micro credit programmes.

**People's Association for Community Health Education Trust**: Operates in Madurai district. Its major activities include community based activities, non formal education, health camps, awareness campaigns, distribution of condoms, educational programmes for women on STD/HIV/AIDS and care and support.

**Rural Education for Development (RED)**: Operates in 93 villages in Tirunelveli district. Its programs include community preschool education, community health, SHG formation, micro credit, community based enterprises, self-employment training, community based care and support, and eradication of child labour. RED works with children, women, rural artisans, dalits, people living with HIV/AIDS, children affected with AIDS and families affected with AIDS.

**Arulagam Hospice** : Operates in 25 villages in Reddiarchatram block of Dindigul District The care and support project was experimented for one year in 2001, and the programme was restarted in July 2003. The hospice houses terminally ill HIV/AIDS patients and also houses for destitute HIV positive children.

### 15. CBH

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#### **The Salvation Army Catherine Booth Hospital (CBH):**

Operates in Kanyakumari district. CBH provides community health services and conducts training programmes for nursing and allied health professionals. Its range of programmes include health education, community development, school health programmes, IG programmes, RCH, rural women's empowerment, VCT cum STD intervention, HIV/AIDS awareness and HIV/AIDS care and support.

#### **Scientific Educational Development for Community Organisation :**

Operates in Tuticorin district. It works with women, youth, rural artisans, children, and dalits. Its programmes include women's empowerment, entrepreneurship development, HIV/AIDS prevention and control, and HIV/AIDS care and support.

#### **Seva Nilayam Society in association with Ryder Cheshire Foundation :**

Operates in Theni district. Its main activities include community based primary health care, integrated medical services, RCH, IEC activities and STI care programme, community based integrated mother and child health, family welfare and STD/HIV/AIDS programme, water and sanitation project, networking, and women development programs.

#### **Society for Rural Development and Protection of Environment :**

Operates in Theni district. Its main activities focus on areas such as health, gender, social and economic upliftment. Its activities include socioeconomic development activities, community health, self-reliance programs for women, and community organisation.

#### **Society for Serving Humanity :**

Operates in Dindigul District. The main activities include rural development services, food security program, non-formal education, medical care for dropout and street children, and integrated sustainable agriculture. AIDS awareness among Tannery workers funded by APAC and Targeted intervention programme among industrial workers TNSACS

#### **Women's Organisation in Rural Development :**

Operates in Namakkal district. Its major activities include vocational and skill training for working children, environmental awareness, RCH, reproductive health and rights, women's empowerment, entrepreneurial development programme for women, disability rehabilitation, HIV/AIDS awareness, intervention, counselling, care and support services.



## **Palmyrah Workers Development Society**

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## **A development vision**

“Vision are not created or worked out, but received. This is the vision received by a group of friends, that reveals itself and realises its aspirations over the decades. Compassionate charity, conscientised solidarity, self-reliant communities, and the resulting liberation, freedom and augmented quality of life were the limited goals at each stage of realising the vision.”

**The Rt. Rev. Dr. Samuel Amirtham**

Founder President PWDS