



On the Move

Newsletter of EMPHASIS

Vol 3



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Year 2011

for safe mobility, better prosperity

Dear Readers,

Welcome to EMPHASIS route!

In this third issue, Emphasis team has tried and captured voices from the fields, voices on the move between Bangladesh, Nepal and India. This few pages will lead each of us into a deeper understanding of mobility, a complex and fluid dynamics in the region. This issue aims at giving an audience to the people we work with in this project: men and women experimenting mobility with its share of vulnerabilities and of constraints but also of hopes for a living. EMPHASIS, after two years of implementation has gathered some very useful information and testimonies from Nepalese and Bangladeshi families at source, transit and destination. Crucial pieces of work have been completed such as the qualitative and quantitative baseline study: you will find in this issue an outline of the main findings.

This Editio is also an opportunity for me to highlight the challenges but also the

opportunities in our daily work to fight against HIV and AIDS. While mobile populations/migrants have been identified in HIV and AIDS National Plans or strategies as "Most at Risk Populations" in the three countries of Emphasis intervention, India has also taken a very progressive approach which has to be acknowledged: a Supreme Court Ruling has ensured access to ART services regardless of place of origin. This step is crucial in the fight against HIV and AIDS and EMPHASIS will participate in ensuring the promotion and application of this Supreme Court Ruling.

At last, the recent news released on the 13th of July 2011 by UNAIDS and WHO on Pre-Exposure Prophylaxis may indeed open new strategies for tackling down HIV spread. As stated by Dr Kevin Fenton, director of AIDS prevention at the Centre for Disease Control and Prevention in Atlanta: "This is an extremely exciting day

for HIV prevention, It's clear we're not going to find a magic pill that prevents it, but this is adding more to the tool kit".

All this in mind, have a good journey through EMPHASIS pages.

Orianne Boyer
Senior Project Director EMPHASIS

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Voices from the field and Thoughts of Stakeholders



"It is indeed a pleasure to see CARE stepping into the cross border issues. CARE is well known in Bangladesh for its commitment to development and HIV /AIDS issues. With the way the program has been designed, I am confident that EMPHASIS will be able to address the problem of migrant workers.

Prof. Dr. A.F.M. Ruhul Haque, Honorable
Minister-Ministry of Health and Family
Welfare, Bangladesh

"I lost my husband to AIDS and I am also an HIV positive. My son is now a migrant worker. During our telephonic conversation I make sure to tell him about HIV. I tell him that he has gone there to earn money, not to bring home the virus.

Nirmala Bhattra, PLHIV, Krishnapur

"The unity amongst the community members that has evolved through this program is commendable. The DIC set up under this program has given a common platform for the community members to interact and share their joys. We even celebrate our festivals together. Thanks to the DIC!"

Prakash ji – President, Prawasi Nepali organization

I should be more responsible and caring about HIV Positive people because now I know that, we will not be infected with HIV&AIDS if we share our bed/food/toilet and working together with them

A male returnee at local bus stand Jessore

PLHIV representation in UN high level meeting

The United Nations General Assembly High Level Meeting on HIV/AIDS was held in New York from 8-10 June 2011 to review progress towards the implementation of the 2001 Declaration of Commitment on HIV/AIDS, 2006 Political Declaration on HIV/AIDS and to provide an opportunity to take stock of the progress and challenges in the last 30 years.

More than 3000 people including 30 plus Heads of State, Government and Vice Presidents attended the meeting. EMPHASIS supported the General Secretary of National Association of People Living with HIV/AIDS in Nepal (NAPN) to attend the meeting. It also supported NAPN in drafting a letter that was submitted to the UN Secretary General and the Director of UNAIDS.

The key points emphasized in the letter were:

- Ensure that decision making bodies at the national and regional levels address the different issues

including financial issues impeding mobile populations' access to health services and ART at destination;

- Ensure the effective implementation of the 1950 Indo- Nepal treaty by the Indian government and ask the destination and source countries to work together to ensure the effectiveness of the continuum of cares and the access to health services regardless of nationality;
- Urge the destination and source countries to acknowledge the existence of the mobility trends and the need to provide health services and ART facilities to the mobile populations

The letter was signed by members of Coalition against AIDS Network in Nepal (CAAN) which represents different networks working for HIV & AIDS in Nepal. The letter was registered under UN Portfolio Office and will be followed up by NAPN.

Background note on policies and laws review published

The background note on "Population mobility and HIV and AIDS: review of laws, policies and treaties between Bangladesh, Nepal and India" was published and disseminated by Overseas Development Institute (ODI), the research partner of EMPHASIS. The note is based on the report published in February 2011.

A hard copy of the note can be received from CARE country offices in Bangladesh Nepal and India or accessed online in <http://www.odi.org.uk/resources/details.asp?id=5733&title=hiv-aids-migration-emphasis-bangladesh-nepal-india>. Electronic copies can be requested from swagle@co.care.org.

EMPHASIS Annual Review

The project completed its two year of operation in August 2011. As part of its M&E System, the Secretariat organized an Annual Review Workshop in Pokhara, Nepal from 14 to 17 June 2011.

Participated by all three country teams including representatives from Implementing Partners, Care International UK, Asia Regional Management Unit and Assistant Country Director of CARE Bangladesh and Nepal plus the Secretariat staff, the major objective of the workshop was to reflect on and analyze achievements and challenges and to chart a course for the future. The workshop produced work plan for year three of the project.

Change in EMPHASIS Leadership

EMPHASIS got its new Senior Project Director (SPD) in April 2011. Orianne Boyer the new SPD has technical expertise in Public Health, particularly on HIV & AIDS and an in depth understanding of social research and social contexts.



News review on access to ART

Based on the Supreme Court judgement, the Government has agreed to provide second line Anti-retroviral therapy (ART) to all HIV positive patients which was earlier refused to those who opted for private hospitals for the first line of treatment. NGOs and rights activists praised the change in the government stand which came after the apex court, during earlier hearings, came down heavily on it for discriminating against its own citizens and abdicating its constitutional duty on grounds of financial constraint. This was in December 2010.

After a three-months interval, Solicitor General Subramaniam said, "the second line of treatment will be provided by the government to all HIV persons." "We have

collected the data and decided to extend the second line of treatment to all," he said before a bench comprising Chief Justice S H Kapadian and Justices K S Radhakrishnan and Swatanter Kumar. The NGOs waging the legal battle in this regard hailed the decision of the government to reach out to the HIV positive people "without any discrimination".

The apex court had on November 26 last criticised the Centre for making a distinction in providing the second line of ART treatment to HIV positive patients by excluding those who opted for private hospitals for the first round of treatment. The bench had said a patient cannot be denied ART treatment in government centres only on the ground that the first

line of treatment was taken at a private hospital as there could be a chance that the medication was not proper.

The NGOs also sought a direction that all those who are clinically evaluated to be in need of second line ART drugs should be provided such treatment free of cost without regard to geographical location, current registration with ART centres, length of time on first line ART or any other condition.

The court had during the last hearing said, "Having heard arguments at length, we are of the view that in the first instance, the quarterly ART reporting format for private sector needs to be immediately supplied through NACO to all private hospitals who in turn will fill up the reporting format".

Knowledge Fair

The EMPHASIS team organized a knowledge fair at Delhi 11th to 13th May 2011 to showcase EMPHASIS-India's work. The participants included representatives from other CARE projects, community members from the project area and national and international development workers.

The Knowledge Fair provided opportunities for networking, learning, discussion, analysis and collective reflection in a highly participatory, informal and stimulating environment.

Gallery walk of the grass roots work of the partners, their vision of EMPHASIS and the community by 2014 and success stories of community life competence process (CLCP) were the highlights of the fair.



Photo Story Documentary Developed

EMPHASIS has developed photo stories on the reality behind pre and post migration of mobile population and their family. The story is on communities in Bangladesh, India and Nepal. It highlights the vulnerabilities related to HIV & AIDS faced by mobile population and the way they have coped with their situation.

These photo stories can be obtained for wider dissemination and sharing from CARE country offices in Bangladesh, India and Nepal.

EMPHASIS representation in international conferences:

EMPHASIS presented a paper on "Crossing borders: HIV related vulnerabilities along the mobility continuum for Nepalese and Bangladeshis in India and for those left behind" in "The 1st international HIV social sciences and Humanities conference: Locating the social" during 11- 13 June 2011, in ICC Durban, South Africa.

Potential Good Practices in EMPHASIS

The use of CLCP for entry into the community and greater ownership

EMPHASIS program has adopted Community Life Competence Process (CLCP) as the strategy to stimulate communities to respond to the issues of mobility. The aim is to activate the mobile communities to discuss and implement their own action plans towards mobility, HIV, and other life challenges. CLCP is a cost-effective, sustainable and proven approach tested by EMPHASIS. This has helped communities initiate the process of organizing themselves into community based organizations thus promoting community ownership. This process has empowered the community members in better decision making and voicing out their concerns.

Drop In Centre(DIC) – “Nepal Chautari” at Kapashera, Delhi, India

Community participation is of utmost importance for the success of every program. EMPHASIS has been successful in bringing the community together into a common group and enhancing community ownership. Resistance from the community, especially landlords, was seen during the initial phase of the program. Owing to the continuous mobilization and rapport building activities of the staff, a DIC was set up in the community. The DIC was inaugurated by the community members. Regular activities such as group meetings, celebration of festivals and events are conducted there. Over a period of time the community members have started owning the DIC. A DIC management committee comprising of members from the community has also been set up. The committee is responsible for managing daily activities and smooth functioning of the DIC.

Community run Community Resource Center in Bangladesh

Community Support Group is taking responsibility to run the Community Resource center (CRC) which is found to be an effective intervention strategy targeting the whole community. The villagers own CRC that is evident from volunteerism of the people: they provided the place of each CRC (10 in total) at free of cost/rent and they visit CRC, started to think about it's wellbeing and services for people's wellbeing.

A Case Story

Story of a cross border mobile female PLHA

Saima, 17, currently stays at a shelter in Jessore after being repatriated by Rights Jessore (a local NGO) through government repatriation process on 5th Feb.2011.

Six years back, she was victimized to an early marriage of 11. After getting a divorce soon after her marriage she went back to live with her parents. Saima wanted to be independent and assist her parents. Mohini stayed in the same village in Satkhira, Bangladesh. She worked in Mumbai and seemed to be doing pretty well for herself. Saima sought Mohini's help to find a job of a housemaid in Mumbai. Mohini told her that she could easily earn 5000 rupees a month. Little did she know that Mohini she had fallen prey to a pimp who would sell her in a brothel!



Saima and mohini left for Mumbai without her parents' consent. Saima had to take 3 days stop over at a broker's house in Bangladesh to avail a secure trespassing and another 2 days in India before reaching her final destination. After reaching Mumbai, Mohini handed over Saima to a local pimp who sold her at a brothel in Mumbai.

Saima had no choice. She had left her parents, her husband and a secure life. Before she could even realize, Saima was forced to become a sex worker. After a year of living a life of misery, Saima somehow managed to save one hundred sixty thousand rupees which she had given to a pimp to keep it for her as she didn't have a bank account. She thought about returning home but fate had something else in store for her!

She was caught by the Mumbai police in one of the raids and was sent to a government shelter at Deonar in Mumbai. After a few days, Saima fell sick with

malignant sores on her back and chest with concomitant excruciating pain. When the sores had remained unhealed after repeated medication, the shelter attendant got her tested for HIV and she was found positive.

She is not sure how she got infected. She says, "I did not use condoms on the first two or three days but my inmates insisted me to use condoms while entertaining a customer. I don't think I was infected because of that. But I used to cut my hands out of my frustration along with one of my inmate and we shared the same knife. I heard that girl was suffering from such diseases. Maybe I too got it from her. I was not aware that I could get the disease that way. The health service providers used to come to us and test our blood. But it was only periodical."

Saima has lost all her money to the pimp but she is not much worried about the money. Her main concern is her HIV status. She is worried about the stigma

that is attached to it in her society. This is the reason why she wants to hide it even from her parents. But she believes that she has a long way to go, first she wants to go back to her family. After that she will plan for her future.

While repatriating from India, Saima was handed over to Bangladesh with a stack of her papers by the Indian counterpart. Saima is not taking ART yet. However, she is taking other medicines. She has been linked by the repatriating organization to PLHA network in Dhaka. Rights Jessore is planning to help the young girl with a sustainable livelihood support so that she is at least able to take care of her nutrition and medical needs. She is grateful to the supporting organization and hope further assistance for social reintegration

N.B: Verbal consent has been taken from the girl to use the story in research work and for publication under the stipulation of using fake name.

Migrant Bunkers in the Heart of Delhi

*This feature was written by a journalist from Indo Asian News Service (IANS) after a visit facilitated by CARE to the site. The feature was also picked as the "Editor's Choice" at IANS and has been carried by many other websites. This story reflects the issues and vulnerabilities that migrants face in India. The feature can be found at: <http://www.sify.com/news/migrant-bunkers-in-the-heart-of-delhi-feat...>

New Delhi, March 10 (IANS) Tucked above the 1,200-odd shops in old Delhi's Bhagirath Place, Asia's largest electrical goods market, are matchbox-size hutments that house hundreds of workers, mostly migrants from Nepal. The houses are virtual prisons during the day, as they are without staircases.

The dwellings in the bustling Chandni Chowk area of old Delhi are a stark reminder of how some who toil silently to keep the engines of this aspiring powerhouse of a nation running are treated.

A mix of thatched huts and brick structures, they house around 400 workers and their families, totalling about 1,000. They work as night guards for the shops on the groundfloor, apart from doing other menial jobs to support themselves.

Around two to three families jostle for space inside a single house. The dwellings have no water or drainage facilities.

'We do not move out from 9 a.m. till 9 p.m. as the shops here are open during this time and the shopkeepers do not want a



Nepali mobile population live in undescrivable dirty environment in Gurgaon slum-1

wooden ladder right outside their shops. It is a put off for the potential buyers,' Shera Aala, 34, told IANS.

Shera was a 10-year-old boy when he came to Bhagirath Place with his father in 1987.

'My father worked here as a security guard in one of the shops, and I took over the job when I was 16. I did not find myself alone as there were hundreds of other families like us who were leaving Nepal because of the political unrest at that time,' a nostalgic Shera recalled.

This IANS reporter, on an early morning visit to the place, was soon surrounded by other residents who poured out their tales of misery.

Without staircases and left with no option, the migrants either risk their lives trying to climb the rickety wooden ladders among high voltage cables, or stay holed up inside their houses when the market is abuzz with buyers and tourists.

'Our two previous generations have spent life here this way. My younger brother and my son died due to brain injury after they fell while climbing down the wooden ladder,' said Tekraj.

But he believes the problems faced by men were insignificant compared to what the women braved.

'We can still manage to live this way because we have grown up here. But for women, they do not have access to toilets

throughout the day when the ladders are removed, and our children have survived accidents while trying to get drinking water in huge jars all by themselves after climbing the dangerous ladders,' Tekraj said.

For the families living here, the only toilet is a stench-filled public convenience facility positioned in the middle of the market.

'No one has ever bothered to do anything, and neither do we expect any help because we know we are outsiders. During Independence Day celebrations at Red Fort (a stone's throw from the market), we are sent to other areas or asked to go back home,' said Majeh, another security guard.

The men are angry, but stay silent as they cannot afford to annoy the shopkeepers.

Moushmi Kundu, working for voluntary organisation Care, gives an inside view of the problems.

'When we first approached the Nepali residents here, we came across women who had delivered their child and cut the umbilical cords themselves because they could not be taken down from the unstable wooden ladders.

'Slowly, we discovered that the problems were serious and multi-faceted for children and women living in houses without any



Nepali mobile population live in undescrivable dirty environment in Gurgaon slum-2

sanitation, ventilation or drinking water.

'What is the difference between a detention camp and Bhagirath Place when a human being can't even go out of his own house to meet his basic needs,' Kundu told IANS.

She also said the population here was highly vulnerable to HIV/AIDS, and lacked access to medical care.

Shopkeepers, meanwhile, refuse to comment on the matter, saying 'this has been going on for years.'

'We cannot say anything on this matter. If police are aware of the settlement, why disturb things?' a shopkeeper said, refusing to be named.

As this reporter was about to leave, a newly-wed bride in one such rooftop house asked what the market at Chandni Chowk, where Bhagirath Place is situated, looks like.

'I have heard a lot about it, but never got a chance to get down and visit the market. I was told I could not move about much after marriage,' she said.

Vulnerabilities of the mobile population: Highlights from Baseline studies

Crossing borders has been central to the lives of many Nepalese and Bangladeshis who go to India in search of better livelihood opportunities. Despite mobility being such a common phenomenon, relatively little is known about the magnitude, causes and consequence of these movements both for those who move and for those left behind.

To understand the nature of HIV-related vulnerabilities and develop appropriate responses, EMPHASIS conducted a quantitative baseline and qualitative vulnerability survey through mixed methods. Some of the major findings were:

- Unemployment at source and expectations of employment opportunities at destination, are the key push and pull for migration for both Nepalese and Bangladeshis.
- The mobile population in destination mentioned they had access to services in the quantitative survey but while exploring further it showed that even though the services are available discrimination makes them

reluctant to use them so instead they opt for private facilities which are more expensive.

- Exclusion of female migrants in Bangladesh is significant.
- More Bangladeshi migrants obtained some form of identity card while in destination as compared to Nepalese.
- HIV as a disease is known to almost all but comprehensive knowledge is poor and misconception are prevalent, compared to other locations Mumbai (India) and Accham (Nepal) had better knowledge of HIV.
- Risky behaviors are found to be relatively more in Nepalese migrants at destination. They had more sexual partners than Bangladeshis, but in source communities' pre and extra marital sex among the Bangladeshi male migrants and spouse was more prevalent and an accepted practice.
- Crossing the Bangladesh India border is very risky, but there is a well established unofficial system which can facilitate the crossover. Risk could be substantially minimized depending upon the money paid to brokers.

Even after paying money, female Bangladeshi migrant had to be ready to be victims of rape for group's safe passage. This was at the will of the border security forces as and when they choose. In case of Nepalese the crossing the border upon return journey was stressful and involved paying bribes for smooth cross over.

The findings indicate that economic empowerment of potential migrants in source communities is a key strategy for stemming the flow of migration. This is also likely to reduce HIV and AIDS related vulnerabilities for the mobile population and their families. HIV-related knowledge needs to be increased through awareness raising activities and access to HIV related services in Bangladesh. Misconceptions and stigma remain a key challenge in addressing the HIV epidemic. Strengthening and linking mobile population and their families to access to services which are affordable and ensured by existing system in destination needs special focus from EMPHASIS program.

Community Home Based Care (CHBC) - Community lead initiative for care and support in Nepal

Community and home-based care (CHBC) consists of care which responds to the physical, social, emotional and spiritual needs of PLHA in the home and community environment. It includes PLHA self-care provided by family, informal visits from peers, neighbors and/or formal visits by trained CHBC workers (which may include formal and informal providers such as nurses, PLHA, village health volunteers, female community health volunteers, etc). CHBC services is promoted by WHO as an effective way of providing services to people with chronic illnesses by providing skills to manage their illness themselves while at home alongside helping to facilitate timely hospital referrals for acute care and regular check-ups. It ensures continuum of treatment, care and support and is a part of larger strategy to increase access to services for PLHIV. CHBC can help to empower the PLHIV, their family and the community with the knowledge needed to ensure long-term care and support and in reducing the stigma associated with AIDS

The Government of Nepal has given priority in expansion of community and home-based services for PLHIV and their families. National Centre for AIDS and STD Control (NCASC) has made CHBC one of its focus areas, along with clinical care and ART, and has developed a national strategy to guide the management and implementation of community and home-based care services.

Comprehensive CHBC includes:

- Social support - Includes information and referral to support groups, welfare services, and legal advice

for individuals and families, including surviving family members, and where feasible the provision of material assistance.

- Palliative care - Palliative care generally refers to the care of people whose disease does not respond to curative treatment. Palliative care eases symptoms and keeps the patient as comfortable as possible.
- Counseling and psycho-spiritual care - Includes stress and anxiety reduction, promoting positive living, and helping individuals make informed decisions on HIV testing, planning for the future and behavioral change, and involving sexual partners) in such decisions.
- Terminal care - Terminal care continues palliative care. Its main goal is to prepare the patient and the family members for the impending death and to help the patient die with dignity.
- Nursing care - Includes care to promote and maintain good health, hygiene, and nutrition, and ultimately to assist the terminal patient to a peaceful and dignified death. The Nursing care should be maintained at all level: health facility, home, and the community.
- Clinical care - Clinical care is the continuation of medical care in the home includes early diagnosis, rational treatment, and planning for follow-up care of HIV-related illness. This is referred to as the continuum of care. It is collaborative care provision by the health care workers, the family



members, and the community.

For CHBC to be effective PLHIV self-help groups, district hospital and local health facility has to be closely linked to ensure the services are responsive and respectful to the needs of PLHIV and also accountable to them and their family. These linkages are usually overseen by district Continuum of Care Coordination Committee made up of PLHIV, government representatives, members of the community and NGOs. EMPHASIS Nepal is also planning in to scale-up CHBC services part of strategy to increase access through Community Support Group in the districts as a part of strategy to increase accessibility to services to PLHIV.

**(Source: National Training Manual on Community and Home-Based care of Adults and Children with HIV and AIDS 2006, MoH & Population, Government of Nepal. If you need further information please contact: darinji@np.care.org*



A Bangla speaking rag pickers wife separating rags for selling



Nepali palli at Gurgaon—They have one toilet for 35 people and one room for 5-7 people

"The members of the Newsletter Working Group involved in preparing this newsletter were Dr. Geetanjali Goindi, Dr. Tahmina Sultana, Shreya Singh, Sanju Wagle"