



**BASELINE STUDY (SEPT-OCT 2008)
IN VILLAGE MODULE PROGRAMME
FXB-INDIA SURAKSHA, MIZORAM**

**STUDY CONDUCTED BY
FXB-SURAKSHA MIZORAM**



**TECHNICAL SUPPORT
DATA ANALYSIS AND REPORT WRITING**

Baseline
deals with data

EXECUTIVE SUMMARY

Since its beginning in India, north-eastern states, specially Manipur and Mizoram, have been a warm zone for Human Immuno Deficiency Virus. The epidemic has reached a catastrophic level in this part of the country killing the principal earning members of families and creating orphans. Particularly in Mizoram, almost one fourth of the total population has been tested for HIV and the rate is alarmingly highly high at a level of 1.09%. Two districts of the state - Aizawl and Champhai - fall in the red-alert category ("A" category) of districts as ranked by NACO. It is estimated that Mizoram has the highest number of orphan vulnerable children among all Indian states. As per the latest available reports, HIV prevalence in different high-risk population-groups of the state are 3-7% among the intravenous drug users, 5.8% among the STD clinic attenders and 6.8% among the female sex workers. HIV prevalence at antenatal clinics was 1 per cent in 2006, higher than the average HIV prevalence among women attending antenatal clinics in India, which is 0.60 per cent.

Aizawl, the capital city of Mizoram, houses one of the earliest village module programmes of FXB India. The key objective of the programme, which has been successfully tested in many parts of the world, is to prevent death of women and children from impoverishment which falls upon them as a consequence of HIV. The programme intervenes a core-group of most vulnerable families (80 at a time) with a view to raise them above the danger line when they become self sufficient and survive without any external help. This requires intensive support from many directions - from nutrition to education, from psychosocial counselling to medical treatment and from income generation training to helping them find a market for their produce. In fact, the village module programme of FXB is a comprehensive package of service directed towards the HIV affected women and children.

In order to have a better understanding of the target population and its environment in the perspective of HIV/AIDS and livelihood issues, FXB India carried out a scientifically commissioned baseline study in the project area of Aizawl. Given below are the key findings of the baseline study.

High level of incidence of HIV/AIDS

Mizoram is one of the high risk states and ranks seventh in the country in HIV/AIDS prevalence. The sampled population was no exception to this general rule, with as many as 10.78 per cent of the 1,429 family members of the respondents being HIV positive. Women accounted for 97 of the 154 HIV affected cases. Thus, it is evident that the figures are critical enough to merit grave concern and call for intensive coverage of treatment.

Poor socio-economic status

An overwhelming majority of the families suffered from abject poverty, earning less than subsistence wages and possessing next to nothing as far as assets were concerned. Hence, these families need immediate livelihood support in the form of vocational training for students and income generating options for non-students.

Poor access to government benefits

Despite being desperately poor, not many families were found to have been benefited from the slew of governmental schemes designed for the poorest of the poor. Although poverty was a crushing reality, few respondents availed of the National Rural Employment Guarantee Scheme which could have fetched them 100 days of paid work per year. Some had heard of the Swarna Jayanti Rozgar Yojana and the Janani Suraksha Yojana, but most did not avail of the benefits offered by these schemes. The role of the panchayats and similar bodies of self-governance was found severely wanting particularly in this respect.

Impacts of poverty

A steep 75.45 per cent of the families could not purchase adequate clothing while 71.36 per cent were victims of food insecurity. 66.75 per cent of the families were unable to afford a proper shelter. Other significant impacts of poverty were discontinuation of education, induction of women in degrading and low-paying work and child labour.

Alcoholism, drug abuse and promiscuity

Social evils like alcoholism, drug abuse and sexual promiscuity were found to be alarmingly dominant. The curse of alcoholism prevailed across all income categories

Encouragingly decent levels of literacy as revealed in the sampled population made it easier for NGOs as well as government bodies to devise improved awareness campaigns to combat the menace of HIV/AIDS.

Indifference to health care facilities, manifested in the reluctance to regularly visit the local health centre, was another crucial factor contributing to the threat of HIV/AIDS.

Based on the findings, the following intervention strategies need to address the above issues.

- ◆ Stemming the spread of HIV/AIDS by intensive awareness campaigns for prevention methods and safe practices
- ◆ Mobilising all sectors of society to integrate messages and programmes on AIDS into their existing activities
- ◆ Dispelling the myths surrounding HIV/AIDS so that the target population can be better equipped to fight against real and perceived threats
- ◆ Increasing knowledge and awareness among the people regarding HIV/AIDS as well as discouraging discriminatory practices against those affected by the disease
- ◆ Promoting desirable practices, especially among the youth, such as staying away from drugs and alcohol, sterilization of needles/syringes, voluntary blood donation, condom use and avoiding multi-partner sex
- ◆ Helping the target group to avail of government schemes to improve livelihood options
- ◆ Providing improved income generating options to the target group through vocational training
- ◆ Minimising the impacts of poverty on the target group through effective implementation of government schemes such as Swarna Jayanti Rozgar Yojana, Janani Suraksha Yojana, etc.
- ◆ Motivating the target group to display better health seeking behaviour and avail of government healthcare facilities
- ◆ Strengthening existing livelihoods through upgrading skills or capacity building programmes
- ◆ Initiating new livelihoods through systematically identifying the local potential avenues and the local markets
- ◆ Mobilizing and organizing the target group in member based groups/self-help groups, etc. to provide self-employment through small scale and cottage industries
- ◆ Since women are the most vulnerable section, and also since more women are affected by HIV/AIDS, specific programmes should be

designed for the social and economic empowerment of women in general and those affected by the disease in particular

- ◆ Intervening to bring about improvement in the health care sector, in the form of ensuring availability of medicines, proper treatment of patients and regular presence of medical staff at the sub-centres.