



sparks of hopes

FXB CHRISTIANITY
Association Prayers Xarist Begnad

This is not about charity, it's about justice.



Status Report January 2009
FXB Village DHAPA (FXB India Suraksha)
101C Park Street, Kolkata-700 017, INDIA

Introduction

Dhapa, a locality on the eastern fringe of Kolkata consists of landfill sites where the solid wastes of the city of Kolkata are dumped. It covers 125 square kilometres, and includes salt marshes and salt meadows, as well as sewage farms and settling ponds. The wetlands are used to treat Kolkata's sewage, and the nutrients contained in the wastewater sustain fish farms and agriculture.

Dhapa is also the home to one of the poorest sections of the urban population of the state of West Bengal. The population consists of a large section of people who have been evicted and displaced from home and livelihood. These people have relocated to the low-cost slums of Dhapa and eke out a living from a variety of low-paying, unskilled jobs. Thus the entire population is at high risk to the entire gamut of diseases and social maladies associated with poverty. Hence, it is ironical that while the East Kolkata Wetland is the vital component of the friendly water regime that provides ecological security to the mega city of Kolkata, the human population at its fringes continues to wallow in desperate poverty.



'Garbage farming' is encouraged in the landfill sites. More than 40 per cent of the green vegetables in the markets of Kolkata come from these lands. There are four sectors in Dhapa for dumping garbage that are filled with 2,500 tonnes of waste per day. Trainings in a systematic and scientific approach to garbage farming as well as recuperation and recycling of wastes can go a long way in improving and expanding livelihood options for the Dhapa population.

Though largely unaffected by HIV/AIDS as yet, population of Dhapa represents an extremely vulnerable and high-risk section of society, by virtue of its acute poverty, low levels of education, abysmal state of awareness, high-risk behaviour patterns and an almost absolute disregard to the threat posed by HIV/AIDS.

FXB India Suraksha initiated its second project in the state (fourth in the country) on care, support and rehabilitation for HIV infected/ affected and destitute families in January 2008.

"Many institutions have vested interest in slums. Everybody cannot be trusted. We trust these boys and girls, because we can see with our own eyes how our people are benefited by them." – A local community leader in Dhapa while talking on the project.

Fact file : West Bengal

Area : 88752 sq km (Urban 4%)

Population :

Total	80,176,197 (Urban 28%)
Male	41,465,985 (Urban 29%)
Female	38,710,212 (Urban 27%)
Sex Ratio	934 (Urban 893)

HIV/AIDS Scenario :

3,888 = Cumulative number of AIDS cases detected (31st March 2007)

13,693 = Total number of HIV+ detected during 1996-2006 (Number of HIV+ cases detected in 2006 (3610) is 12 times higher than the number of cases detected in 1996 (304))

Routes of transmission : Heterosexual (91%), Parents to Child (4%), Blood Transfusion (2%), Intravenous Drug Users (1%), Men Sex with Men (1%), Not specific (1%)

HIV prevalence in different surveillance groups : Intravenous Drug Users-7.41%, Female Sex Workers – 6.8%, STD Clinic attenders – 2.47%, Ante-natal women – 0.9% (Urban-1.25%, Rural-0.55%), Men Sex with Men – 0.54%

Area : 185 sq km (Urban 4%)

Population :

Total	45,72,876 (Urban 100%)
Male	25000,40
Female	2,072,836
Sex Ratio	829

Slum Population :

1,490,811 people (nearly one-third of its total population) live in slums.

HIV/AIDS Scenario :

- ◆ Prevalence among the ante-natal women has increased from 1.25% in 2004 to 2.25% in 2005.
- ◆ Prevalence among the STD clinic attenders has decreased from 19.74% in 2004 to 4.8% in 2005.
- ◆ HIV prevalence among the female sex workers is one of the highest in the state.

Project objective

The care, support and rehabilitation project for HIV affected families is a flagship project of FXB International. **The goal of this project is to prevent death of women and children from impoverishment which falls upon them as a consequence of HIV.**

Instead of spending resource on building mass awareness on HIV/AIDS, this project intervenes a group of most vulnerable families within a small geographical boundary, who have already fallen victims of AIDS or are slowly approaching to that direction. A conglomeration of such families (80-100) is often called an FXB village.

The key objective of this project is to raise the capacity of these destitute families, within a three-year period with scaled down cost every year, to make them self-sufficient when they can survive without any external help. This requires intensive support from many directions – from nutrition to education, from counselling to medical treatment, from income generation training to helping them find a market for their produce. The project offers them all - a comprehensive package of services combined with strong focus on capacity building.

Sister projects

Dhapa is one of the **33 FXB Villages** spread across the globe. The project strategies have been tested in different parts of the world and perfected over the years. The countries which house FXB villages are :

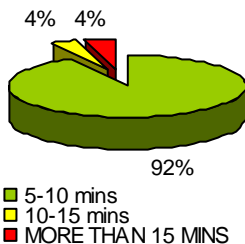
- ◆ **Burundi** 4 villages
- ◆ **Rwanda** 14 villages
- ◆ **Thailand** 5 villages
- ◆ **Uganda** 5 villages
- ◆ **India** 5 villages

FXB Villages located in India

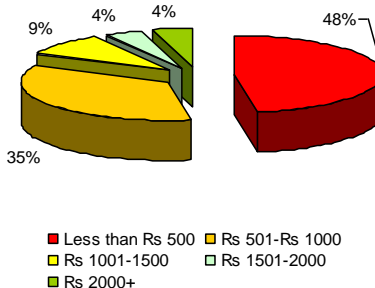
- ◆ Aizawl (**Mizoram**), started in January 2008
- ◆ Singjamei (Imphal, **Manipur**), started in January 2008
- ◆ Chaipat (Paschim Medinipur, **West Bengal**), started in Oct 2007
- ◆ Dhapa (Kolkata, **West Bengal**), started in January 2008
- ◆ Vizag (**Andhra Pradesh**), started in January 2008

Fact file : Dhapa (source : Baseline study 2008)

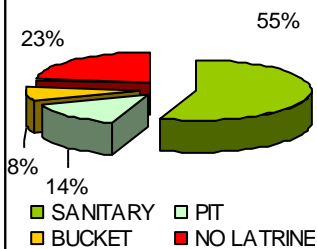
Distance of Drinking Water



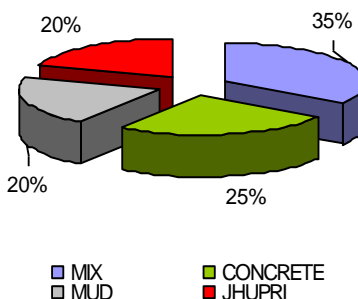
Percentage of Families in Different Per Capita Monthly Income Categories



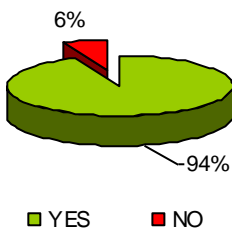
Latrine Types



House Materials



Electricity



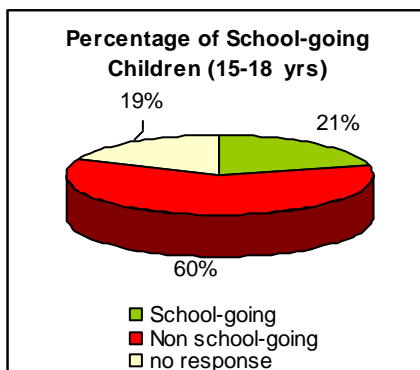
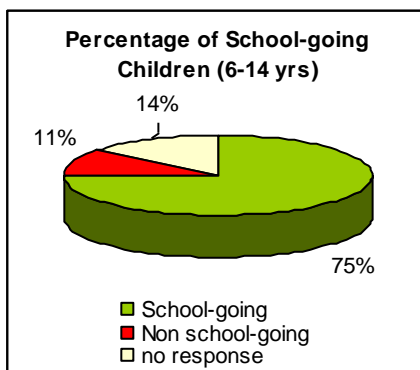
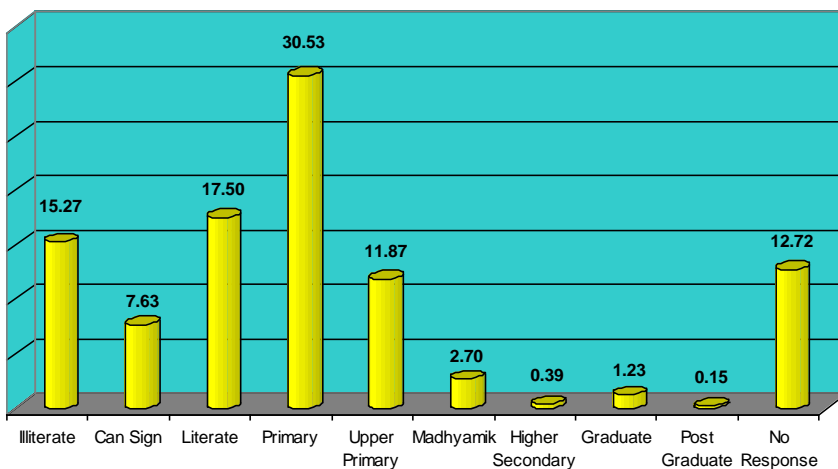
Key Occupation

Male : Miscellaneous labourers (Rag pickers)

Female : Maid servants

Fact file : Dhapa (source : Baseline study 2008)

Education Status in Sampled Population



Hish risk behaviours
Alcohol and other substance abuse (cannabis)
Multi partner sex

Project Components



Nutritional Support

- ◆ Dry Ration



Educational Support

- ◆ Coaching for infants
- ◆ Coaching for primary children
- ◆ Coaching for secondary children



Income Generating Activities

- ◆ Training on Tailoring
- ◆ Training on Jute Bag Making
- ◆ Training on Electrical Trade
- ◆ Providing seed money for starting enterprise



Medical Support

- ◆ Medical Camp



Psychosocial Counselling



Advocacy and Networking

Nutritional Support

Phulmani's husband is a frequent jail-goer. By profession he is a thief. When he is out of custody, the entire family is under the constant threat of public lynching. Phulmani has previously spent her hard-earned money (Phulmani is a rag-picker) to get him released from jail a number of times. But this time she has decided not to do so (he is in jail since October'08). She unfolds several reasons justifying her decision. She has three daughters – four, seven and eight years old respectively. Presence of her husband in the house means she has to earn bread for one extra person. More importantly, she feels, he is safe in jail. Phulmani is tired of life. Without the ration she receives from the project every Tuesday, the entire family would have starved to death.

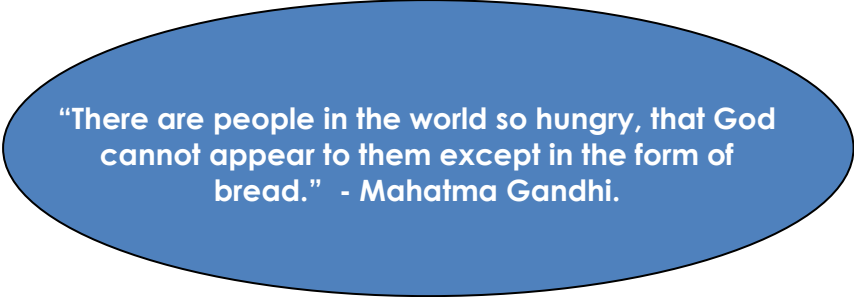
Providing dry ration to 80 impoverished families of Dhapa is one of the key components of the project. Dry ration is distributed every Tuesday in the afternoon – four to five times a month. Each family is entitled for 4 kgs of rice, 400 gm of pulses, 200 gm soya and 100 gms of sattu (gram flour) per week. Cost of spices, vegetables and fuel are supplemented by the families' earning.

That people are in dire need of food is evident from the fact that none of the families can afford to miss

the event for a single day. Be it a day of rain or sun, summer or winter, the queue is always full.

Usually the woman of the family collects the ration from the project office. Occasionally older children are also sent when the mother has not yet returned from work.

During August'08-Jan'09 there were 26 nutritional support days. Participation rate was nearly 100 per cent.



“There are people in the world so hungry, that God cannot appear to them except in the form of bread.” - Mahatma Gandhi.

Educational Support

The baseline study in Dhapa reveals education status of 70% of the population of Dhapa is just at or below the primary level. 75% enrollment rate in the age-group 6-14 years suddenly drops to 21% in the following age-group of 15-18 years. Reeling under dismal poverty, parents fail to appreciate the value of education. Children are sent to school to get them engaged for certain period of the day when parents can work freely. Moreover, they struggle so hard to earn the bare necessities of life, that spending on education is a luxury for many of them. Schooling is free in the state, but not books, pencils, copies, uniform, schoolbags and other accessories.

Above all, these children need coaching support given that they do not receive any support from their parents.



The project runs three coaching centres for pre-primary, primary and secondary students. The community clubs, who have extended their generous support to the project since beginning,

opens their clubrooms for the children till afternoon (when it is not used by the members), while the project employs full time teachers to provide coaching support to them. Presently children of 39 families are enrolled in the pre-primary centre, 23 families in the primary centres and eight families in the secondary centre.

Mita was about to cry in joy when Pintu confided to her that he had got an “A” (highest grade in exam) in school. Pintu is very shy and cannot boast of his success. So he whispered to her that teachers in his school had wanted to know who tutored him for the exam. Mita works as a teacher in the primary coaching centre of the project. Pintu reads in class-I of a school



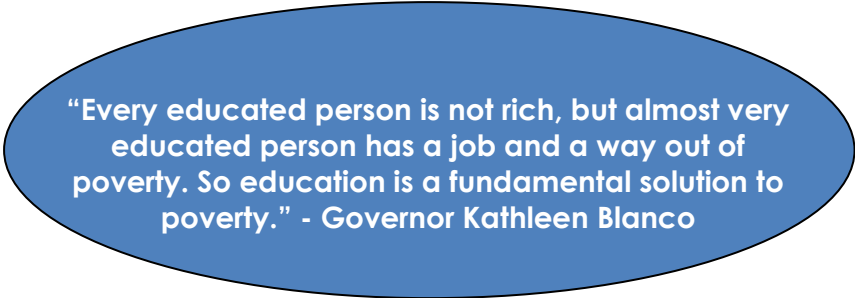
located outside the locality. Till last year, he was a back-bencher vaguely staring at the blackboard throughout the class. Teachers did not punish him ever, neither they had ever asked him a question. They believe that these

boys are admitted to school because of the insistence of some NGOs only to be dropped out after two years, some does not even stay that long. So why should they waste time on them ? Let them come and go.

But Pintu has surprised them all. Teachers are amazed by his progress in the last one year. Success of Pintu has created ripples in the minds of many. Going out of the way, Mita has visited the school to make a special request to the teachers to take a little extra care for Pintu. “I have Pintu, Mina, Rita, Shakil,” Mita said with pride, “who are as good as any other students of so called reputed schools.” She believes given opportunity every child is equally bright.

Mita has recently solved a riddle. Initially it was so difficult to get students for the centres. She has visited house to house with the help of local volunteers in search of children whom she would teach. Parents were indifferent whether their children come to the centre or not. During the last few months she has started getting bizarre requests from the mothers – “please take care of my son, he is not doing well in school,” “are you teaching my daughter Math ?” and many more. “Initially I used to feel irritated, because I have my own routine to follow,” Mita said, “but now I have realised that

parents have developed expectation from their children, because some are doing very good.” “And now our challenge is,” Mita continues, “to deliver upto their expectation; I do not want to call them demands, these are minimum, very minimum expectations; parents have right to nurture a hope that their children will lead a life better than theirs.”



“Every educated person is not rich, but almost very educated person has a job and a way out of poverty. So education is a fundamental solution to poverty.” - Governor Kathleen Blanco

Income generating activities

Champa thought she had been destined to become a maid after her husband died. She was always appreciated by the boudimonis (mistresses) she worked for as she rarely absents herself from work (an essential prerequisite to keep her demand afloat).

Initially she was a bit hesitant to join the training on jute bag making, because



she had no previous skill. But the temptation of Rs 300 stipend made her think twice. It was equivalent to taking up another new assignment as a maid. Moreover, didis (female staff of the project) were very good and she decided to give it a try.

This was a whole new experience for her. For the first time in her life she realised that she had been engaged in a decent job. She always wears clean saris while going to attend the

training (which she never did while going to work as a maid). Little drops of satisfaction eventually accumulated in her as a great fulfillment, when she made a complete product one day and her work was highly praised by others. Now she is confident and very proud of herself.

The project introduced three parallel training activities in Dhapa for income generation support – a training on electrical trade for the male youths, one on tailoring and the other on manufacturing of jute products. The last two aims at the women members of the



families. Each course is of three months' duration and the trainees receive a fix stipend every month as a compensation for their time they spend in training. Otherwise, they would have engaged themselves in some low-return unskilled occupations. Sometimes training period is extended depending on the progress of the participants and also when the participants start getting sales orders. However, the stipend is given only for the first three months.

The training on electrical trade was held during August-October'08. It had 33 sessions altogether benefiting eight families. Tailoring course started in July'08 and until December '08, 24 families have received the training in 131 sessions. Training on manufacturing of jute products also started in July'08 and it still continues. At present 28 families are enrolled in the course.

“Providing training is not enough, we are also helping them to find a market for their products,” said Sanghamitra, the coordinator of

Dhapa project. Jute bag produced by the women members of the families is a big hit in the market. The project has sent samples to a number

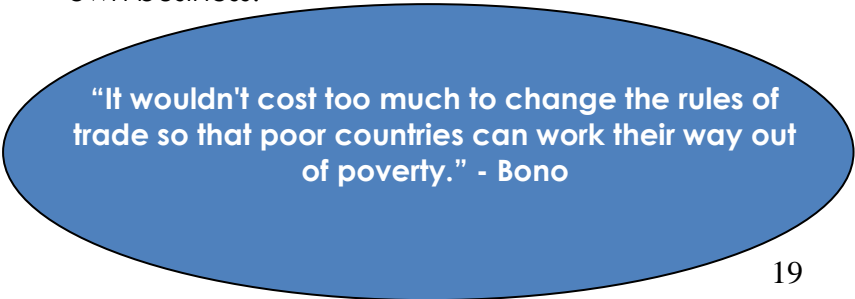


of corporate offices and many of them have made enquiries about pricing and their capacity to supply. Among them are Gardenreach Ship Builders, Coal India, System Information Technology, Howrah Jute Mill. Participating in different trade fairs in the state has been very beneficial for them. The project has sold jute products worth Rs 15,000 in Bangla Sanskritik Mela

(Bengal Cultural Fair, 20-28 Jan'09). Raw materials cost for the entire supply was estimated at Rs 5,306. **“We had to pay Rs 5,120 as stall fare as well. We did not seek any concession because we are an NGO,”** Sanghamitra said proudly, “the surplus will be distributed among the women who made this possible.”

The project did not find a place in the Swanirbhar Mela initially (1-15 Feb'09). This fair is organised by the Youth Welfare Department of the state government, for showcasing of products made by different self help groups of the state. But on persisting request to the authority, they were given a space for live demonstration of their process, which ultimately turned out to be a huge crowd puller in the fair. On the third day of the fair, they were given a separate stall which was decorated so impressively, that many visitors have enquired whether they would be interested to export their products.

Apart from training, families are also encouraged to start their own enterprise. For initial capital of the business a family can seek interest free loan from the project. Since July'08 three families have received seed money from the project to start their own business.



“It wouldn't cost too much to change the rules of trade so that poor countries can work their way out of poverty.” - Bono

Health Camp

“Seeing 60 patients without a break is not a matter of joke,” said Dr Namita Dutta, “but, I never feel tired.” Dr Dutta manages one of the



two health camps run by the project every week. She knows that these people have nowhere to go except this biweekly clinic and they patiently wait for the day swallowing their pain. More often her patients are children who come with various types of skin problems, diarrhoea and fever. They are bound to get these diseases due to their unhygienic surroundings. “We try our best..., we are constantly counselling them on hygienic practices; but little they can do without the basic civic amenities, which an individual cannot afford and which can be achieved

through collective action or by the government,” laments Dr Dutta. “This is the only way we can keep them healthy, by taking care of their immediate health need. I am happy that the line of medicines supplied by

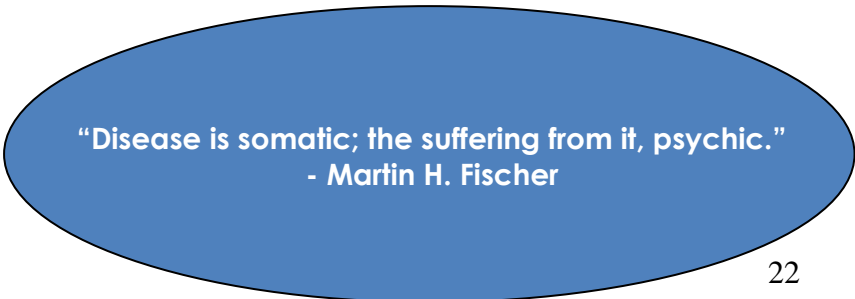


the project can cure most of the diseases I see in the clinic. Sometimes I too have to refer a patient to a specialist or for an x-ray or a blood test. But I know that many of them will not go because they cannot afford the cost. Then I really feel helpless that I could not do enough for them as a medical professional.”

Medical camps are held twice a week – every Monday and Wednesday, which are literally thronged by patients. Any person living in the project area, even outside the 80 core families, can

seek the service from the camp. Over 40 medical camps have been organised by the project in the past six months rendering medical service to more than 500 patients. This service is in great demand because prescribed medicines are provided free of cost, something these people cannot think of even in their dreams.

Medical intervention of the project does not end with the camp. Serious patients are followed up at home. Those who are HIV+ are routinely counselled for continuation of ART.



**"Disease is somatic; the suffering from it, psychic."
- Martin H. Fischer**

Psychosocial Counselling

"Most difficult part of our job is to earn the trust of people. Even if you give them cash they will not accept it until they trust you completely," said Kakoli, the counsellor of the project, "and then, once people begin to trust us, we try to infuse a sense of confidence in them."

Manoj shaw came from Bihar to start a business in Kolkata. His small grocery shop was located near a red light area



of the city. He could not resist the temptation and occasionally visited sex workers; many of them were his customers as well. He got HIV from there and in turn passed it on to his wife who used to stay in a remote village of Bihar. Subsequently they permanently migrated to Dhapa where some of their relatives were already living for years. Manoj has three children; fortunately all of them are HIV

negative. When they came to know about their HIV status, Manoj shrank like a snail. He stopped going to his shop and virtually had no income to feed his wife and children. The wife used to stay with his brother. Burden of the children were shared by other relatives, though not very happily. When Kakoli first visited Reba, the wife of Manoj, she said “leave us alone, we do not want anybody’s help.” There was no adverse reaction in community, their HIV status was known to the people around. But still, they were ashamed to come out, they hated themselves.

“We took a long time to convince the family that HIV is not the end of life and still they can live with honour,”



said Kakoli. She feels extremely satisfied when she watches the glow on their faces now.

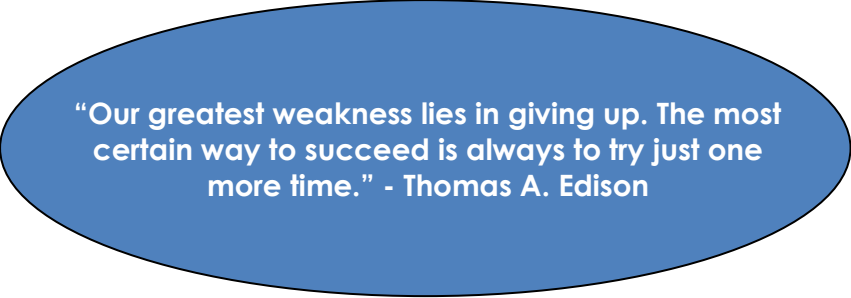
Yes, the family is totally dependent on the dry ration distributed through the project. But the husband, wife and children are now staying

together. The relatives breathe with ease. As a result of relentless counselling both Manoj and Reba are undergoing ART at the School of Tropical Medicine. Peer Educators of the project accompanied them for the first few sessions. Now they go alone. And, last but not the least, the family is considering to reopen their shop.

When people get to know their HIV status, the first feeling that pierce through their mind and body is a feeling of incapacity and powerlessness. Suddenly, they feel crippled. They think they cannot do work any more.

Kamala was a fish-seller in the local market and she had a number of regular customers. So her financial condition was never too bad though she was a widow. She has brought up her three children with her own income. But one day, when she came to know that she was HIV positive, she collapsed. When the project staff discovered her a few months ago, she was seriously ill lying on her death bed in a literally dark room. After prolonged counselling, she recovered from her dying condition. She had no other skill, but she had a good understanding of the local the fish-market. So the project decided to give her some seed money, if she started fish-selling again. But it was too difficult to make her agree to the

proposition. "I cannot do work anymore," she used to say. Ultimately she consented, but only for two days a week. A good bargain to start with, but the case was not given up. Kamala agreed to work for one more day in a week and then one more. Now she sells fish everyday again.



"Our greatest weakness lies in giving up. The most certain way to succeed is always to try just one more time." - Thomas A. Edison

Advocacy and Networking



A typical project week				
Monday	Tuesday	Wednesday	Thursday	Friday
	Dry ration			
Pre-primary coaching	Pre-primary coaching		Pre-primary coaching	Pre-primary coaching
Primary coaching	Primary coaching		Primary coaching	
Secondary coaching		Secondary coaching		Secondary coaching
Training on Jute products	Training on Jute products	Training on Jute products	Training on Jute products	Training on Jute products
Medical camp		Medical camp		
Counselling / Home-visit	Counselling / Home-visit	Counselling / Home-visit	Counselling / Home-visit	Counselling / Home-visit

Epilogue

People living in Dhapa are poor, so poor that they cannot afford to live elsewhere. Quite a few of them are HIV positive. There are diseased children, starving women and drunkard husbands, who believe manhood is best expressed by beating wives. Problems are perennial, inherent and deep-rooted. It is in a state of miseries, anguish and despairs.

But there are hopes, the sparks of hopes, lit by this project. The project has infused life in dying women, offered food to the starving children, arranged treatment for the sick, pacified husbands to come to terms and has convinced them that they deserve and they can lead a better life.

The project has a strong focus on HIV/AIDS (throughout the world the beneficiaries of this project are HIV affected families). But the strength of the project lies in its determination to contest the nexus between poverty and AIDS. The large chunk of the population of Dhapa don't yet know their HIV status. And that is why, their susceptibility is more, given that the conditions existing there offers a perfect breeding ground for HIV.

Thanks to Buladi (the icon for the HIV/AIDS campaign of the Government of West Bengal), not a single incidence of violence or hatred has been reported in Dhapa in the last one year. But neither there were any examples of mainstreaming before

the project. People have not hated them, but they have not loved them either. Even after 22 years of its existence, HIV is considered a forbidden topic. People do not want to talk about it.

However, the project has been lucky enough to get a band of local youths in its network who diligently identifies the HIV positive people in their neighbourhood and facilitate their rehabilitation process through the project. In fact, community participation has been an important factor of success in Dhapa. The project has very effectively mobilised the local clubs and community gate-keepers in its support. The project may utilise them further through sustained capacity building programme and delegating responsibilities in phases to create a permanent base in Dhapa.

Officially started in January'08, as of now, the project has really got not more than nine months to deliver. It will be unwise to assume that everything will change in a span of three years. But the beginning of a change is visible. Various registers, used for record-keeping, bears the testimony of work done. Anecdotal evidences confirm that it has touched people's heart. At the moment, it looks like the starry sky. But, the people of Dhapa really wait for a dawn.

Records of activities

The project has recently introduced computerised management information system for keeping records of activities and tracking individual families. Complete information is available only from October 2008

