



**BASELINE STUDY (APR 2008)  
IN FXB VILLAGE  
VISHAKHAPATNAM**

**STUDY CONDUCTED BY  
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**TECHNICAL SUPPORT  
DATA ANALYSIS AND REPORT WRITING**



**Baseline**  
*deals with data*

## EXECUTIVE SUMMARY

The city of Visakhapatnam, also called Vizag, is one of the major industrial port cities of the state of Andhra Pradesh with a population of close to three million. The city is also one of the densely populated cities of the state. The city has developed into a major industrial hub with petrochemical, fertilizer, jute and sugar industries. The city is now a greater corporation covering an area of 300 sq km.

The FXB Village is supposed to be undertaken in 3 locations in Visakapatnam, namely Old Post office area (Market area), Maddelapalem and Gopalapatnam. These three locations have been identified as priority areas for HIV care and support programmes by the District Medical and Health Office and local NGOs.

**Old Post Office:** This location is also acknowledged as one of the oldest areas of the city and is known for its narrow lanes and jam-packed streets with busy customers in the wholesale market, roaring automobiles, theatres and shopping malls. The topography of the area is a mixture of poor tight slums, huge buildings and dusty polluted port locations. This location is spread over 2 sq km with an approximate population of 45,000. This location is further divided into 20 small clusters

**Maddelapalem:** This location is connected to the National Highway no.-5 in the middle with a diameter of 2 km and total radius of 3 sq km. It has a population of 18,500 and is divided into 20 clusters based on availability of the areas where economically poor population reside.

**Gopalapatnam:** This location is connected to the National Highway no. -5 on the south and vertically separated by a road proceeding towards Araku valley connecting to the National Highway. This Location spans an area of 3 sq km and has an estimated population of 35,000.

The key purpose of the study is to get an insight into the wider perspective of capabilities and access to tangible and intangible assets, with a focus on the livelihood status of the population in general and its vulnerability to HIV/AIDS.

In this study, the focus is on two important issues; poverty and HIV/AIDS. The study is an attempt to know the current status of the issues and find out the possible solutions.

The study is primarily quantitative in nature and data were collected through:

- Review of literature
- Primary survey among the target population and several in-depth discussions with community gate-keepers

The following are the salient findings regarding behavioral and other practices, as well as social and economic status that engender the said practices, which would be relevant to the programme planners:

- *Poor socio-economic status:* Most of the families need urgent livelihood support as they survive in conditions of abject poverty. The survey revealed that they have little or no agricultural and/or other income generating assets to supplement their income and are, hence, in dire need of income generation facilities. As poverty sprouts a host of associated evils, the sampled population is also largely characterized by poor health seeking behaviour, poor sense of hygiene, ignorance and unsatisfactory levels of literacy.
- *Poor access to government benefits:* Despite being desperately poor, few families were found to have been benefited by government schemes like the National Rural Employment

Guarantee Scheme, Swarna Jayanti Rozgar Yojana and Janani Suraksha Yojana, which were launched to cater to the poorest of the poor. Their knowledge of such schemes is also very low.

- *Impacts of poverty:* A whopping 63 per cent of the families face the problem of food insecurity, 42.67 per cent of the families do not have proper shelter, while 34.67 are unable to procure adequate clothing. Other significant impacts of poverty are discontinuation of education, discontinuation of medical treatment and child labour.
- *Low awareness and knowledge* regarding HIV/AIDS and existing myths and misconceptions among the people contribute to the perpetuation of prejudices and taboos, as well as hinder attempts to curb the spread of the disease.
- *Indifference to health care facilities* is another crucial factor contributing to the threat of HIV/AIDS.

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

- *Mobilising all sectors of society* to integrate messages and programmes on AIDS into their existing activities
- *Increasing knowledge and awareness* among the people regarding HIV/AIDS as well as removing myths and misconceptions existing in order to reduce stigma
- *Preventing sexual transmission* of the disease through information and education
- *Preventing blood transmission of the disease by propagating safe blood practices and emphasizing that injection equipment and other skin-piercing instruments should always be sterile*
- *Disseminating information to ensure prevention of mother-to-infant spread* of the virus
- *Providing care and social support* to those already infected with HIV, including persons with AIDS, as well as to their families
- *Promoting desirable practices*, such as condom use, abstinence from drugs and alcohol and avoiding multi-partner sex
- *Providing income generating options* to the target group by fulfilling their aspirations of vocational training
- *Enhancing food security* of the target group through ensuring effective implementation of government schemes such as Swarna Jayanti Rozgar Yojana, NREGS, 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

- *Attempting to eliminate the gap* which exists in addressing issues with regard to good laboratory practices, universal precautions and needle stick injuries
- *Women being most vulnerable should be given special attention* through specific programmes designed for their social and economic empowerment.
- There is also considerable scope for *improvement in the health care sector*, like ensuring availability of medicines, proper treatment of patients and regular presence of medical staff at the sub-centres
- Above all, due attention must be paid to health as well as the socio-economic and ethical aspects of HIV/AIDS.