



**BASELINE STUDY (JUNE 2008)
IN VILLAGE MODULE PROGRAMME
FXB-INDIA SURAKSHA, WEST BENGAL**

LOCATION

**CHAIPAT GP
BLOCK : DASPUR-II
DISTRICT : PASCHIM MEDINIPUR
STATE : WEST BENGAL
COUNTRY : INDIA**



STUDY CONDUCTED BY

Baseline

deals with data

EXECUTIVE SUMMARY

FXB India Suraksha–West Bengal office has discovered a concentrated zone consisting of four villages viz. Chakmadhya-I & II, Bakibagan and Chakshitala under Chaipat GP of Daspur-II block where a number of families have HIV positive members. Some of them have died of AIDS. To prevent a series of early deaths of men, women and children in the region directly or indirectly influenced by HIV/AIDS, FXB India has promptly extended its support to the most impoverished families of the area through its Village Module Programme, which has been successfully tested in different parts of the world, aims to create livelihood opportunities for the poorest of the poor, primarily when they are HIV positive, through a series of intensive intervention programmes.

Unless the wider perspective is properly understood, it is not possible to improve the livelihood of the core-group families. A livelihood does not necessarily signify only a means of getting a square meal a day, it comprises of capabilities, tangible assets (household assets, natural resources), and intangible assets. Intangible assets are supports which people can demand or claim at the time of distress or shock from the neighbours, societies, government and civil society organizations.

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

The study is a primarily quantitative in nature and the information was collected through :

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

The following are the salient findings regarding behavioral and other practices that are relevant to the programme planners:

- *Poor socio- economic status:* The poor socio-economic status is associated with weak endowments of human and financial resources – low levels of

education with associated low levels of literacy and few marketable skills, lack of safe drinking water, sanitation and proper shelter, adverse sex ratio, generally poor health status and low labour productivity as a result. Accordingly, they can be considered the poorest of the poor or destitute families and requires immediate livelihood support.

- *Unequal distribution:* Unequal distribution of government benefits becomes prominent by the fact that quite a number of such families having high per capita income do possess BPL cards or Antyodaya Yojna Card.
- *Government's food security and livelihood support systems* such as PDS and NREGS etc are not functioning properly. In addition, people's knowledge and awareness of government schemes is very low.
- *Impacts of poverty:* 59% families are facing the problem of food insecurity and 44% families do not have a proper shelter.
- *Low awareness and knowledge* regarding STI/HIV/AIDS and existing myths and misconceptions among the people is highly increasing the stigma
- *High rate of migration* is also contributing to the spread of epidemic in to these areas.
- *Non-availability and/or lack of access to health care* facilities are one of the main factors discouraging health seeking.

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

- *Increasing knowledge and awareness* among the people regarding the STI/HIV/AIDS as well as remove the myths and misconceptions existing in order to reduce stigma

- *Enhancing food security* of the target group through ensuring effective implementation of Govt.'s schemes such as PDS, Antodaya Yojna, NREGS. etc.
- *Strengthening existing livelihoods* through upgrading skills or capacity building programmes.
- *Initiating new livelihoods* through systematically identifying the local potential avenues and the local markets.
- *Mobilize and organize target group* in member based groups/ user's association/Co-operatives to aggregate the demand and supply of inputs / or economy of scale which will give the negotiating power to the PLHIV and also capacity to dealing with the issue of social exclusion to an extent.
- *Women being most vulnerable should be given special attention* through designing specific programme for their social and economic empowerment.
- There is also considerable scope for *improvement in the health care sector of the state.*