



**Submitted to United Nations
Development Programme**



**Strengthening
Access to Social
Protection
Measures
Among PLHIV
and Key
Populations in
the Selected
States**

**11th MAY, 2021 | Catalyst Management
Services, Bangalore, India.**

Project Background

India has the 3rd largest population of persons living with HIV (PLHIV), with over **2.1 million people living with the infection since 2016**. The rights of PLHIV are often infringed upon, and the group always has been subject to increased discrimination, vulnerability and stigmatization¹. This troubling trend is particularly true for sex workers, LGBTQI+ community, women and children who navigate a continuum of vulnerabilities to access HIV treatment.

On 11 March 2020, the World Health Organization declared new coronavirus (COVID-19) a global pandemic. **On 24 March 2020**, India began its first lockdown to halt the spread of the virus, bringing a range of essential health services to a halt. COVID-19 already has had effects on the supply-chain for manufacturing of several key sexual and reproductive health commodities. Fragile public health systems in India are strained, resulting in the diversion of staff and services from routine services to managing the pandemic.

This disruption affected the accessibility of HIV treatment, with reports indicating that PLHIV are unable to access medication, treatment and care due to lockdowns². Past epidemics and global emergencies have often missed addressing risks to vulnerable communities that are not directly affected by infection. Moreover, responses to epidemics further exacerbate gender-based and other health disparities.

To mitigate the effect of the lockdown, the Government of India announced **a relief package for vulnerable groups on 26th March 2020, earmarking INR 1.7 lakh-crore support** under *The Pradhan Mantri Gareeb Kalyan Yojana*. The mandate of the relief covers health workers, farmers, MGNREGA workers, economically vulnerable categories, especially women, elderly and unorganised- sector workers, Jan Dhan account holders and Ujjwala beneficiaries. The scheme entails provision of an additional 5 kg of wheat or rice and one kg of preferred pulses every month to 80 crore beneficiaries for the next three months.

If efforts are not made to reach out to vulnerable groups, pre-existing inequalities that prevent these groups from accessing these schemes will be further exacerbated. Given the limited human capacity to respond to the pace of the COVID-19 pandemic, even rigorous implementation of science driven approaches may not be enough to curb the epidemic; thus, disproportionately impacting vulnerable groups. In the wake of these realities, it is pertinent that clinical services and social protection programs are designed to have human rights centred, community driven approaches to prevent complex health and social adversities for the vulnerable and marginalised PLHIV groups.

¹ HIV/AIDS and Human Rights. [online] Available at: <http://www.ohchr.org/EN/Issues/HIV/Pages/HIVIndex.aspx> [Accessed 13/05/2020]

² India's COVID-19 lockdown hits HIV+ and chronic patients hard. <https://www.aljazeera.com/news/2020/03/india-covid-19-lockdown-hits-hiv-chronic-patients-hard-200329200022525.html>

Project Objectives

The objective of this project is to improve the delivery and accessibility of social protection schemes in the wake of the COVID19 pandemic to PLHIV populations and vulnerable groups like FSW, MSM and TGs in selected districts of Gujarat, Maharashtra, Punjab, West Bengal, Uttar Pradesh and Delhi.

Specific objectives include:

- I. Mapping COVID-19 social protection measures nationally and in specific states.
- II. Building a cadre from the communities at block level to engage with PLHIV and key populations with district level monitoring mechanisms
- III. Conducting community awareness, engagement and mobilisation for uptake of social protection schemes, including Pradhan Mantri Garib Kalyan Yojana, as well as health safety measures
- IV. Conducting capacity building of the Community Cadre and NACP functionaries on social protection and COVID-19 prevention
- V. Spreading awareness on Social Protection and COVID-19 relief package, COVID-19 prevention measures, gender-based violence, stigma & psychosocial support

Key Deliverables/Expected Results

- I. Report on the secondary analysis of the various national and state specific Social Protection measures and schemes that were declared by Government in view of the COVID19
- II. Prepare IEC materials in local languages on the social protection schemes and distribute the same to PLHIV and key population in respective districts
- III. Capacity Building of TI NGO staffs (FSW, IDU, MSM, TG) and other NACP functionaries in the identified districts
- IV. 10,000 beneficiaries in each district will be reached on providing awareness of various schemes provided by centre and state
- V. 5000 beneficiaries in each district will access at least one social protection scheme

Geographical Coverage

S #	State	Districts
1	Maharashtra	Mumbai & Thane
2	Uttar Pradesh	Kanpur & Gorakhpur
3	Gujarat	Ahmedabad & Surat
4	Delhi	All Districts
5	Punjab	Amritsar, Ludhiana
6	West Bengal	Kolkata, North 24 Parganas

Consolidated Report (21st August 2020 - 31st March 2021)

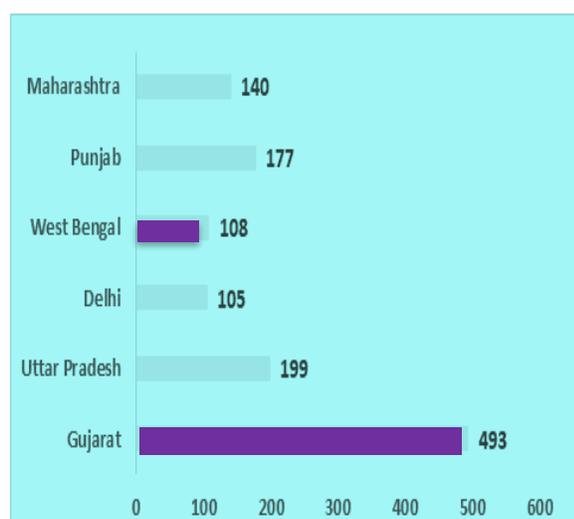
Secondary Data Analysis

As part of the project, the prevalent national and state-sponsored social protection schemes and initiatives have been mapped. This was done to yield a comprehensive and holistic picture of the available schemes, and this included the COVID19 and non-COVID measures targeting the PLHIV and other key populations.

With regard to this, a detailed desk research was executed to consolidate the relevant schemes, where different search engines were deployed to map all the schemes and measures for the benefit of the targeted groups. The premiere sources of information for these were extracted from the government ministries at state and national level, to retain authenticity of details.

The following is the list of central and state schemes that have been outlined thoroughly in the compendium:

- I. A total of 39 schemes, both COVID 19 and Non COVID 19 have been mapped at the central level
- II. 24 Maharashtra State Specific Schemes
- III. 40 Uttar Pradesh State Specific Schemes
- IV. 22 Gujarat State Specific Schemes
- V. 27 Delhi State Specific Schemes
- VI. 31 West Bengal State Specific Schemes
- VII. 23 Punjab State Specific Scheme



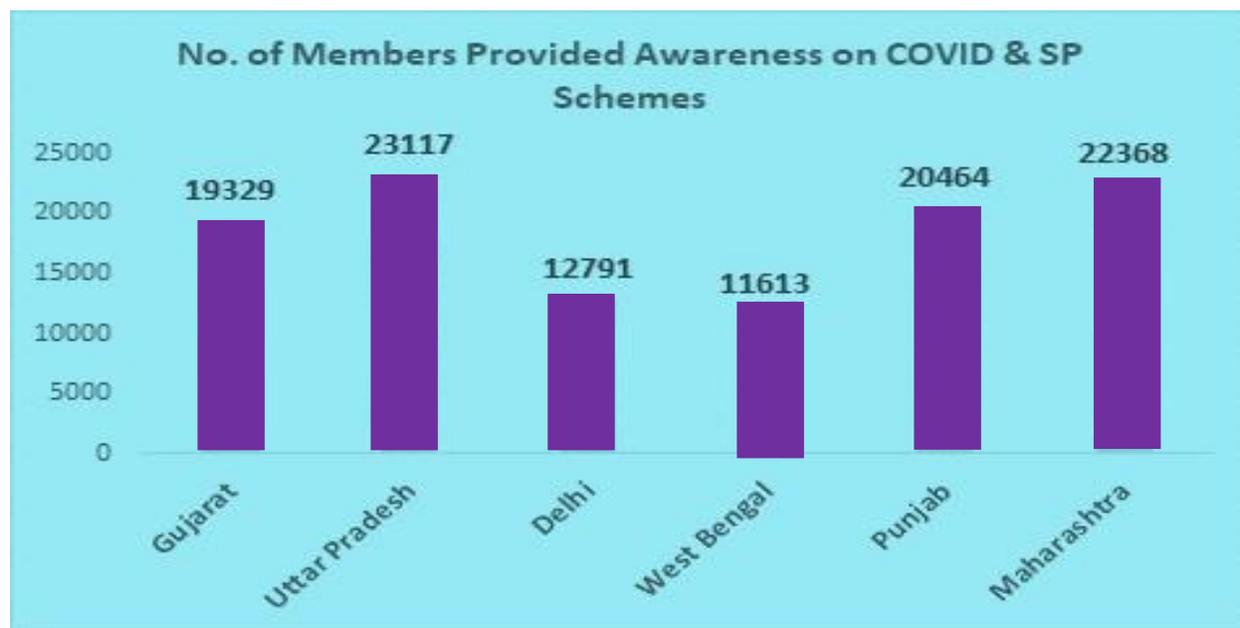
Training to TI-NGO staffs, DAPCU, ART, CSC

Training provided to TI's/ART/CSC/NGO ensuring all the members have been reached out. The main objective of the training was to provide all state project teams with knowledge on COVID19 and non-COVID19 social protection schemes. The teams can use this knowledge to build awareness on the same, leading to demand generation for social protection as a right among the communities. A total of 1,222 has been trained in 6 States. Below table show the break-up of state wise training reach.

Awareness to Community Members

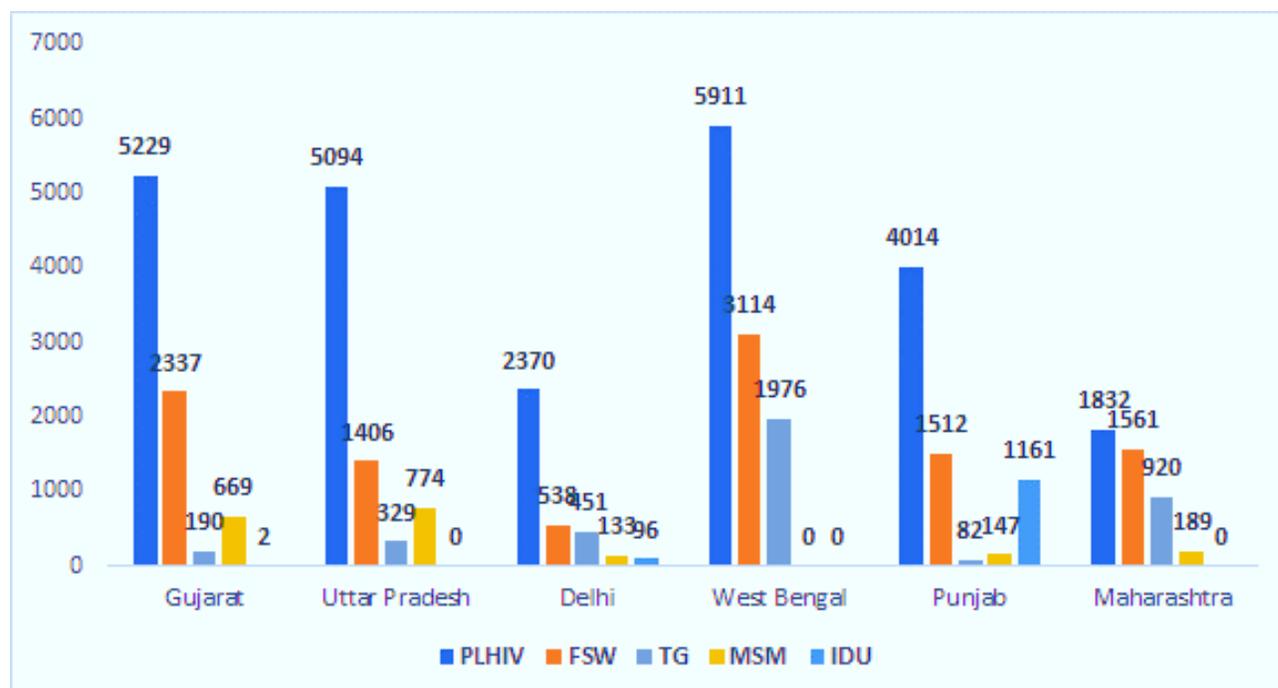
During the course of project implementation, the awareness was done on the basis of ToT model (based on the module and compendiums prepared). Firstly, the TIs, community facilitators and other frontline workers were trained on Social Protection and then the Implementation plan was prepared with targets. The community was aware of social protection, its relevance and how it can be worked towards strategically for maximum benefits of the community. This was done with the purpose of generating demands for linkages to the schemes and its sustainability.

Besides, social protection schemes, the awareness was also on COVID19 preventive measures to keep the community safe. The measure points covered during the awareness were around the symptoms of COVID19, preventive measures and myths and facts associated with the virus. Social Protection, its understanding, context and its relevance, ground realities and strategies for availing the schemes. From the scheme’s compendium, a few got prioritised that could be easily accessible as per the need of the community and were shared to ease the work. A total of **1,09,682 members** were given awareness in 6 States during the project period. Below is the graph shows state wise details of awareness provided;



Facilitation of SP Schemes to PLHIV & Key Populations

The district facilitators in collaboration with the TI teams were able to facilitate the social protection schemes to the community. The team was also able to facilitate through a camp approach where members were assembled with required documents and TI staff & district team were able to review the documents and fill the application form based on the needs of the community. In 6 states, over **50,912 members applied out of which 42,037 PLHIV & KP's have accessed SP schemes** during the project period. Below is a graph that represents the details break-up of the scheme facilitation state & community wise.



IEC Materials

Based on the scheme's compendium of the National and State schemes, a booklet had been developed to the respective states. The booklet design was conceptualized keeping in the mind the needs of the target audience, i.e., PLHIV and key populations. The booklet contains comprehensive information on each scheme, represented simply and legibly. The booklet had been translated into various vernacular languages (English, Gujarati, Hindi, Bengali & Marathi)

SASC Meeting & Review

The state team had visited the respective SACS and orientated about the project. All the SACS has issued an email to TIs for their support in facilitating SP schemes to their target community. The

project lead has also visited SACS (WB/Punjab/UP/Gujarat) and met with the JD-TI & Mainstreaming officials regarding the progress of the project.

State Reviews

The virtual and in-person visit by the project lead to all the states project review conducted. The purpose of the review is to progress the project state wise and interact with TIs and stakeholders on the required support for the project. During the field visit, the lead interacted with beneficiaries who had accessed the social protection schemes facilitated by the district facilitators and provided support in addressing the gap in facilitating the schemes.

Champions for facilitating and providing Awareness

Overall, 134 champions were identified and trained on COVID19 prevention and social protection schemes compendium. These champions will be a point person for reaching the unreached in their respective TIs. They will provide support in facilitating social protection schemes and training new members on COVID19 preventions and social protection schemes.

S#	STATE	NO. OF CHAMPIONS
1	Gujarat	31
2	Uttar Pradesh	29
3	Delhi	34
4	West bengal	20
5	Punjab	10
6	Maharashtra	10
		134

UNDP TISS Capacity Building in 6 States

Psychological training and wellbeing sessions were carried out in teams across six states i.e. Delhi, Gujarat, Maharashtra, Punjab, West Bengal and Uttar Pradesh. The training showed a footfall of **161 participants and** included discussion on 1) Thoughts 2) Emotions 3) Behaviour and 4) Bodily Sensation.

The objective of the training was to build capacities of the team working with a high-risk community and make them sensitive and empathetic to the needs of the community especially during the pandemic, as it has badly affected their lives.

The training focused on in-depth understanding on psychosocial health for ensuring Health for All.

The agenda of the training was:

1. Stigmas and taboos surrounding mental health

2. Ways to identify a mentally healthy/ and unhealthy individual
3. Discrimination faced by COVID19 positive patients or households
4. Challenges and risk mitigation for vulnerable population such as women, PLHIV, sex workers among others
5. Gender Based Violence (GBV) and ways to overcome it

Overall, the training focused on building capacities of frontline workers and make them “Resilient”.

For this it was told that:

- I. It is important to tell the target community about the situation in a neutral manner
- II. Positive conversation should roll out i.e. illness and person are two different things, talking about recovery and contracting, using accurate information, and talking about preventive measures rather highlighting problems.
- III. Ensure that they do not engage in rumours and fake news

Besides, this for the safety of the outreach workers it was shared that it is also important for them to maintain their safety kit and be safe. For the larger interest, it was emphasised to create awareness on the helpline numbers surrounding mental health (as shared).

Also, for intervention STOP.... THINK AND... GO model was shared: Here it was emphasised that it is important to take a pause after listening to the concern and help the individual consider which are the most urgent problems and how would they like to solve it.

It was done to make them think if they are in a problem, how can they overcome or what are the ways in which it can be managed. And then finally help the person choose ways to solve the problem. The training was very enriching for participants as it would help them to work better with the community.

District Dissemination Programme

Towards the end of the programme, the dissemination programme was organised in 6 intervention states with 232 participants and officials from the government. The dissemination covered details of the activities conducted during the program. The community expressed their feelings where they stated that the program has really helped them in making their lives better despite trying times, especially with respect of linkage with the social protection schemes. The program has not only added created meaning to their lives but also has capacitated them as individuals. They realise their strength and potential it has made to make them feel special, loved and cared for.

Besides, this team and the participants got encouraged when the SACS officials shared their experiences asserted to these motivational programmes. They appreciated the team for the work and extended their support in future as well. They even shared that this type of initiative must go on in the future as well. They are looking forward to the continuation of such programs in future. They mentioned that this should not be the closure of our efforts to make lives matter and respectful. They also shared their contact details for future collaboration to get things done and make the accessibility and linkage with schemes a lot easier.

The total number of people participating in the dissemination programme are:

STATE	NO. OF PEOPLE PARTICIPATED
Delhi	17
Gujrat	63
Punjab	40
West Bengal	40
Uttar Pradesh	45
Maharashtra (Virtual)	27

Social Protection Economic Returns

The social return on investment is a method to calculate the return on investment of a project. However, the return is not based on purely economic benefits but also the value of the social and mental benefits that the beneficiaries would have accrued during the programme implementation period. Using secondary literature and the data available in the programme, the return on investment was calculated.

For each of the schemes being promoted under the programme, the following are defined:

1. Frequency of receiving benefits like monthly, yearly or one time
2. The quantum of benefits that is received for every cycle
3. No of years for which this benefit will be received

All of these are then computed to arrive at the yearly quantum of benefits that a member is entitled to get. While the schemes with cash benefits are calculated directly, for all the schemes with benefits in kind, like ration card, the market value for the benefits is used as a proxy indicator for the quantum of benefits.

During the project period the district facilitators facilitated the SP schemes to the PLHIV and Key populations and ensured that they received the schemes and the benefits they availed. A total of 126.7 Cr raised in the hands of the community which includes both DBT and Non DBT.

1	Direct Benefit Transfer	97.7 cr
2	Non-Direct Benefit Transfer	29 cr
	Total	126.7 cr

Details of calculation Link to the table:

https://docs.google.com/spreadsheets/d/1frL1YR7rWqRkKPGZl9px9r_8S8aQd2eR/edit#gid=634571746

Learnings

- I. Demand generation activities – One to one, WhatsApp messages and one to group (UP/WB/Gujarat) and through Training of Trainers has yielded desired results to access SP schemes to PLHIV & KP's/
- II. Due to lockdown and travel restriction effective use of technology and outreach able to reach maximum number of PLHIV and KP's.
- III. TOT's provided opportunity to enable the skills on technology usage and knowledge of various schemes to the target population
- IV. Champion's identification & training helped to reach the un reach population

Sustainability Plan

- I. A total of **1222 core teams** trained in the COVID prevention and SP schemes specific to central and state. This will enable the team to further un-reach the PLHIV & KP's in the districts.
- II. District Dissemination provides an opportunity to linkage and integration with stakeholders including Government, Non-Government Organisations and Private agencies will improve access beyond the project period.
- III. **134 champions** have been identified and trained which will allow for continuation of services in the long term (beyond project)

IV. Capacities of the TI's were built in phased manner during the project period which had a significant impact on their skills to facilitate and engage with different government departments for accessing the services.



Choices are few and compulsions many....

One-night Mohua decided to follow her mother. She found her mother standing at the junction of the main road which was close to a pub. To her surprise, her mother was touching every man who was either passing by, entering or leaving that place. As she was trying to understand what was going on, a man came and took Bina by the hand, went to his car and drove away. Curiously, Mohua went near the bar and noticed everyone looking at her which made her uncomfortable. Soon she realized that her mother was a sex worker.

When the mother returned next morning, she confronted her and said what she was doing is wrong. Her mother said, "If you feel that everything is wrong then you can leave my house. You sit, eat and do nothing the entire day. In fact, every day I get tired and sad from now on, you will also do this. It seems wonderful. In marriage you sleep with one man but here you can sleep with plenty of them each satisfying your desire and you also get paid for it. What I usually can earn in a month, two clients give that in 4 hours."

Mohua was annoyed hearing all this from her own mother, but at the same time she also thought that if she doesn't follow her mother, she would always have to hear that she does not work. And she also realized that if there was money in her hands, she could study.

So, she joins in as a sex worker thinking it would shape her life. Everything changed drastically. She started to earn money but she was unable to study simultaneously as she used to get tired, very weary. She didn't like this life as it seemed she was selling herself every day, leaving her choiceless.

10 years now, she finds herself not stuck in the same thing. Study were always a priority but she could not pursue further and after a certain period of time, she left that idea completely. When she was visited her from the project and she narrated her life struggles, she only requested other girls should be prevented from being a sex worker.

Mohua Mitra (name changed) is 38-year-old born in North 24 Parganas, West Bengal. Born to a wealthy family, she had a happy childhood until one day when she lost her father who passed away due to a sudden heart arrest. With no guardian in the family, Mohua and her mother, was left with no emotional and financial security and a family to take care of.

Mohua's mother had not completed her education and had just finished her eighth grade. Initially, they managed to stay in a shanty room in a slum resettlement. Through references of one of her friends, she started to work as a domestic help. In those struggling days, Mohua wanted to make her life better, and pursue her education but her mother refused.

Mohua found her mother working both during the day and night. Once she noticed her mother counting a heap of cash and on Mohua asking her, she said, "My friend has given some money as a gift for us." Mohua felt excited and asked if she could resume her studies and her mother refused again. Mohua was disappointed, and noticed her mother dressing up, putting expensive jewelry and sarees. She was confused why was her mother dressing up like this and how is she able to afford this lifestyle.

"Make up is not just a skill but a passion profession for me..."

21-year-old Molu Sarkar (name changed) was forced to drop out of formal education. He calls himself unfortunate and felt his sexual orientation to be marginalized from the very beginning. While in this turmoil, he was detected HIV positive.

"I got counselling at the right time. I got myself tested and learnt about my HIV status. After I learnt that I am positive, for over a year, I visited the Client Support Centre in Delhi and was trying to cope up with this," Molu said.

They were very supportive towards Molu. They did timely counselling and indulged him in community engagement activities. During one of these sessions, they spoke on social protection schemes that peers like Molu can avail. On hearing this, Molu expressed his interest and eagerness immediately.

"What excited me was a financially stable life," Molu smiles.

To begin with, Molu was made aware about the National Skill Development Council (NSDC) course under the Pradhan Mantri Kusal Vikas Yojna to which expressed he expressed his immediate willingness to join. The enrollment process was smooth and later he was awarded with the certificate soon after clearing the requisite examination.

Today, Molu is pursuing the path he is passionate about, learning and sharpening his skills as a make-up artist that will further emotionally and financially empower him to lead a life that he has always wanted to.

Standing strong against flesh trade

Girja (name changed) was born at Baranagar district, near Kolkata have always lived a life of hardships. Coming from an economically poor family, her father's ailment had made their hardships harder. She completed her education from a government school and started managing to work as a domestic help in three households.

Her paralyzed father used to come home while her mother used to work at a nearby grocery shop as a helper. A major chunk of their earnings went to buy medicines for her father and they weren't left behind enough to run the family. It was a deplorable life that they had succumbed to.

In the meantime, Girja's father was diagnosed with cancer. Her family was devastated and Girja's mother discussed the matter with her brother and discussed this entire matter. They finally decided that Girja had to take the responsibilities and she was sent to work at a home where they would pay her well. They were her uncle's friend. The father knew nothing of all this as they were afraid that he would never want her daughter to work at someone else's place and not study.

Girja left everything and went with her uncle to work at his friend's place. Over there she became a victim to sexual abuse. When she said she would inform her mom and uncle, that man said, "If you say any of this to anyone, I will not pay you anymore and your father would eventually die due to lack of treatment and money."

This continued for several years and after her father passed away, she left that home for good but never returned back to her family. She believes that for a few extra earnings she was sold off to another place.

It has been 15 years she has last met or even spoke with her mother. She is presently associated as a volunteer in an NGO where she works with girls who have been victimized to flesh trade.

Once she learnt about our project and how we plan to lay our initiatives, she was elated that so many girls would benefit from our interventions. She has also offered us to sensitize young girls through our programs. Girja stays alone in a room and hopes that one day she would have a family of her own with love, respect and care.

From ration card to dry ration, Sheela is empowered to avail it all...



32-year-old Sheela Yadav (name changed) is a Female Sex Worker from Bilandpur Khatta, Gorakhpur. She has been in this profession for more than a decade now and earns up to INR 10,000 monthly.

When the COVID-19 had struck us, it affected the daily lives of people like Sheela. She was vulnerable financially and broken down emotionally. "I knew I was exposed to this disease more than others," she exclaims.

Sheela knew she would need some welfare scheme and help from institutions working in the social sector to improve her life. Seeing her interest, one of our field workers invited her to a community meeting. During the discussion with other FSW members, she also showed a lot of interest to receive the social welfare and social entitlement documents from the team.

After this session, in no time, Sheela applied for ration card and availed one in speedy mode. The district facilitator facilitated to get this scheme with Khadiya Suraksha Vibhag.

Also, following the order of the Supreme Court, the District Disaster Management Authority planned for dry nutrition for sex workers which Sheela could access to. She was happy after receiving help in difficult times of COVID-19.

Equality comes when we believe in it...

36-year-old Alamgir Husain also known as Aman belongs to the Men community who have sex with Men community. Originally from Shahpur, Gorakhpur, he always had the misconception that the government social protection schemes did not cover MSMs. After a group session with the district facilitator at the Care and Support Centre, he submitted his required documents and received the ration card in no time.

With the help of this ration card, he can now access free ration from the government.



Muskan smiles to equality in social protection schemes

During COVID Awareness campaign, Bhola, among others from the transgender population were afraid if they will be cared for.

Like most of her peers in Pali Bazaar in Gorakhpur, Bhola thought that these social welfare schemes were not for her. She had a misconception that these schemes were only for non-transgender population but after the discussion with the community facilitator, she took all her documents at the Care and Support Centre and availed her ration card.

This has instilled her faith in the system and she now encourages her peers to avail these schemes. Now, she is getting regular food supply at very low cost along with dry food supply from the food supply office only because she possesses a ration card.



Few Glimpses of our video documentation

- 1) <https://youtu.be/IACJ9fY4U3E>
- 2) <https://www.youtube.com/watch?v=6c38fvaXa-k>
- 3) <https://youtu.be/yuowoaGeUTM>

Few Glimpses from the Program Implementation



Dissemination Program in States with involvement of Government officials

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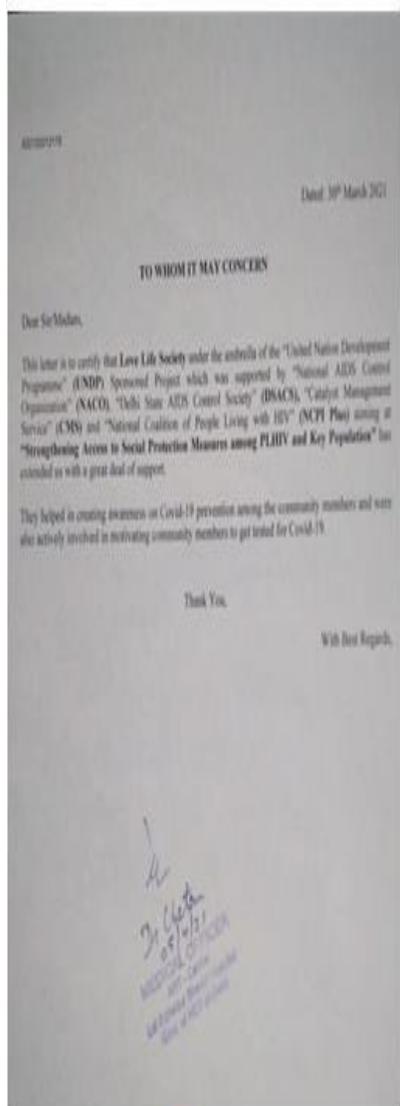


Training on Psycho social Well Bieng by Icall and TISS

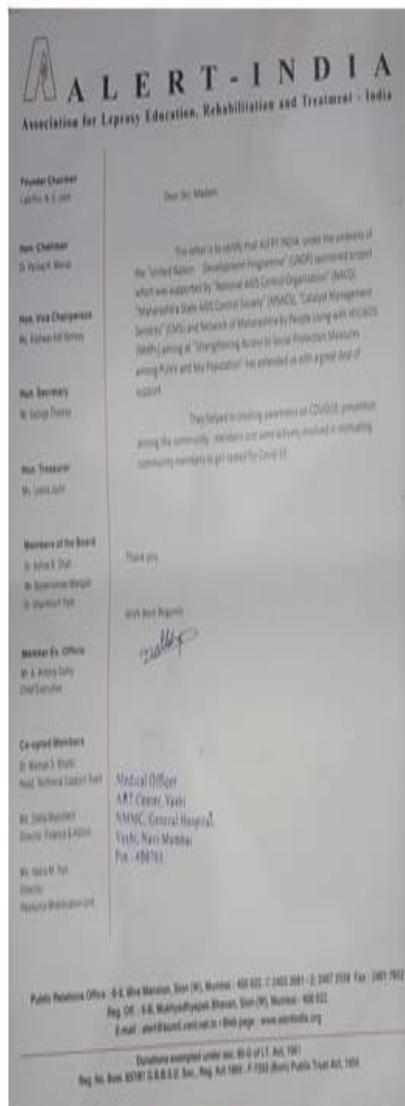


Awareness and facilitation on Social Protection schemes

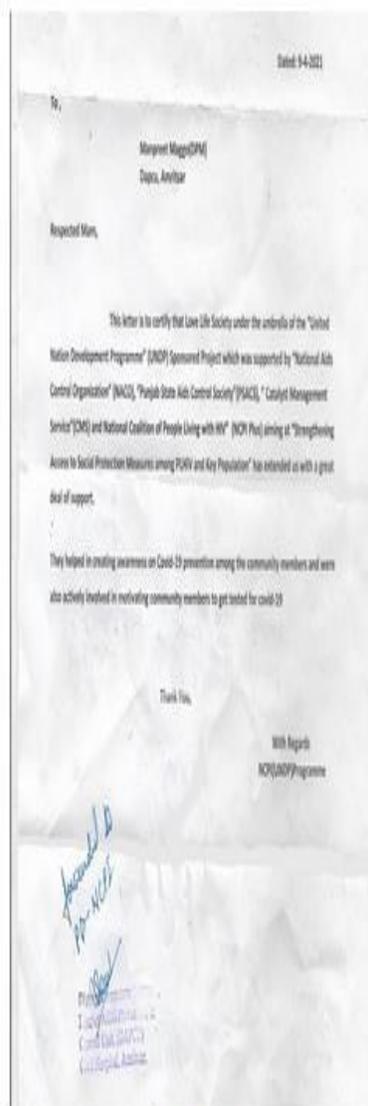
Appreciation Letters from officials



Delhi



Maharashtra



Punjab