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## **Report on Pilot Project on HIV/AIDS Awareness Programme for SHGs, Youth and Adolescent girls**

**in the District of Warangal**

**- Dr. Mamatha Raghuveer,**

**Director, Tharuni**

### **Introduction**

*No. of HIV positive cases reported in STD clinic, Warangal Medical college hospital during NACO's centinal survey – 2003 is 40.40% keeping Warangal in first position in the state. Warangal PMTCTs reported 6.75% of pregnant women are HIV positive which is a Nation's highest record.*

Warangal is one of the fast developing districts of Telengana region in Andhra Pradesh. It is a vast district with **52 mandals** and **thirty two lakh** population. Warangal is the centre for academic activity having a University, Regional Engineering College and many other professional colleges. People in Warangal are enthusiastic and eager to learn more. This is one of the reasons for the successful implementation of any new intervention taken up here. But Warangal still languishes with prevalence of many social evils like Child Marriages, *Banamati* etc. The ignorance and lack of knowledge among the people brought the district to the first position in having highest number of HIV/AIDS cases in the state. The district is having the highest rate of **(6.75%) HIV positive pregnant women** in the recent NACO (National AIDS Control Organisation) centinal survey got the Nation's attention. The reasons may be many like migration, prostitution, Child Marriages, etc.

## **Tharuni's Activities**

**Tharuni** is a Voluntary Organization working for the welfare of Adolescent Girls, Women and the aged. Tharuni has chosen Warangal as its field area and started working there since April 2000. Tharuni mainly focuses on Adolescent girls' health and development. For this regular Workshops are held for poor adolescent girls who are studying in Government high schools in various topics like personality development, health, nutrition, menstrual health, Girl child rights, etc. Free health checkups follow these workshops.

Tharuni focused on social evils like **Gutka** habit among school children and Child marriages. Tharuni's campaign on this resulted in making Warangal district the first in the state in banning the sale of Gutka around educational institutions, which was later followed by the State Government.

Tharuni also brought out the age old problem of **Child marriages** to the forefront and helped the district administration in stopping as many as 30 marriages during 2002. This was possible with the help of regular counseling given to parents and making the Government functionaries responsible in combating this evil practice.

## **HIV/AIDS Campaign**

Tharuni has taken up HIV/AIDS campaign in the district since the past one and half years. Tharuni organized a unique campaign against AIDS and child marriages in 81 villages of **22 mandals** of the district with the help of village meetings followed by **Kalajathas** where folk dances, puppet shows were held. Tharuni has taken up **wall paintings** in 40 villages where HIV problem is high.

*Tharuni's campaign in 22 mandals in Warangal district on AIDS awareness in June 2002 brought to light the severity of the problem in 6 Mandals (Hasanparthy, Hanamkonda, Narsampet, Nekkonda, Geesukonda & Kurvi) where there is a necessity for taking up a sustained campaign. Hence in the recent pilot project on AIDS, Tharuni has selected three out of the six above mentioned mandals for its campaign.*

Tharuni's director was the core team member and was instrumental in the successful implementation of **APEP** (AIDS Prevention Education Programme) for Thirty two thousand students studying in 750 High schools of the district.

Tharuni has also taken up AIDS Awareness programme for **Adolescent girls and young women** in **28** villages belonging to three mandals viz, Nekkonda, Kothaguda and Dharmasagar of the district in collaboration with APSACS (AP State AIDS Control Society). This Campaign brought to light the necessity for

conducting more such programmes for the young women who are the most affected lot due to ignorance and discrimination.

**New Pilot Project on HIV/AIDS:** Based on this background Tharuni was assigned the task of implementation of AIDS awareness programme for **Self Help Group members (SHGs), Youth and Adolescent girls** in about **214 villages of 7 mandals** of the district covering **84,914** people. It is one of the pilot projects taken up in **three districts** of Andhra Pradesh State.

Unlike other NGO's, Tharuni implemented this project involving **Government functionaries** like Govt. teachers, Anganwadi Workers from ICDS, and Grama Deepikas from DRDA. Tharuni has shown in the past and present how a committed NGO can successfully collaborate with Government in implementing Governmental programmes. This is very rare because NGOs run their own parallel set ups and never like to involve them with Govt. machinery.

### **The Process**

Tharuni had chosen **22** Govt. teachers from APEP and **20** ICDS supervisors and CDPOs (Child Development Project Officers) as its **District Resource Persons (DRPs)** for this project. The teachers were selected based on their experience in dealing with recent APEP programme in their Mandal and their familiarity with the people in the mandal due to their long association. The ICDS supervisors were selected by the Project Director, ICDS, Warangal.

### **DRP Training**

All the DRPs were trained for five days from **15<sup>th</sup> to 19<sup>th</sup> May 2003** at **APARD, Hyderabad**. The training was held for the three initiatives viz., SHG, Youth and AG separately. The DRPs actively participated in the training programme and improved their knowledge.

### **Selection of VRPs**

The village resource persons (**VRPs**) were selected for the three planned interventions i.e. SHG, Youth and adolescent girls separately. After thorough Screening, about **529 VRPs (Village Resource Persons)** were selected based on their nativity, and ability to deliver the goods.

The DRPs were given the task of selecting the required No. of VRPs for their Mandal before coming for training at APARD. After coming back from the training the DRPs had finalized the list of VRPs for each programme and final screening was done by Tharuni's team.

The **VRPs for SHG** initiative were selected from the **Grama Deepikas** who are working in the Mandal who are active, committed, communicative and popular in their area, preferably married and in the age group of 20 to 45 years. Wherever the needs were not met, active SHG group leaders were selected. At one or two places private teachers were also involved.

The **VRPs for Youth** initiative were selected among the local **youth association leaders** who are communicative and service oriented. The DRPs screened these VRPs depending on their familiarity with the villages and with the village administration like Sarpanches, etc. At some places private teachers and experienced social workers were also selected.

For the **Adolescent Girls** programme the **VRPs** were drawn from **Anganwadi Workers** working in the village from the particular Mandal. They were selected by our DRPs from ICDS depending on the performance in their own fields. If there were two or three Anganwadi centers in a village only one active and committed Anganwadi Worker from one center was selected.

### ***SHG VRP Training***

#### **Training of VRPs**

The VRPs were trained in **9 batches** for three days at Bala Vikasa Peoples Development Center, Kazipet, Warangal District. The training was held in two spells. In the first spell i.e., from **28<sup>th</sup> May to 30<sup>th</sup> May 2003** VRPs belonging to **SHG and Youth** initiatives were covered. In this spell 172 SHG VRPs were trained in 4 batches and 142 Youth VRPs were trained in 3 batches. In the second spell i.e., from **31<sup>st</sup> May to 2<sup>nd</sup> June 2003**, 215 **Adolescent Girl** VRPs were trained in 4 batches.

On 27<sup>th</sup> May 2003 a **Planning Workshop** was held for all the DRPs so that trainings could be planned meticulously. As the flip charts and training modules were not received on time, the DRPs had to prepare their own charts and notes for the training. Each session was made quite interactive and on the final day Practice sessions were held, so that the VRPs gain confidence to deal with the Village Training Programmes. The VRP training program was inaugurated by **Sri Prabhakar Reddy IAS, District Collector Warangal.**

The closing ceremony was attended by **Sri Chiranjivulu, Project Director, DRDA** and Father Balashouri, Director, Bala Vikasa who gave away the certificates.

*Project Director, DRDA giving away certificates to the VRPs.*

## **Methodology**

A Pre Test was conducted to the VRPs to assess their knowledge levels. During the Inauguration Programme the District Collector Sri K. Prabhakar Reddy garu gave a very motivating speech after introduction of the programme.

### *Collector, Warangal addressing the VRPs & DRPs*

Later the VRPs were made into different batches. An open up session was held so as to enable them to shed their initial inhibitions.

The VRPs prepared many colorful charts during Body Mapping and Growing up sessions. Lot of Group Discussions were held during the training programme to involve them in the programme. While doing Life Skills sessions the VRPs enacted many Role Plays and enjoyed thoroughly. Flash cards have been used for addressing the Myths and Misconceptions about Sex and Sexuality. A Question Box had been kept and after each day's session and all the questions were answered by the DRPs. After each day's sessions review meetings were held with the DRPs to improve the sessions further.

One Day village training schedule was prepared by the VRPs on the final day. Accordingly Action Plans were prepared by VRPs for each Mandal taking guidance from their DRPs.

At the end of the training each VRP was given the required materials like Monitoring Registers, guidelines, etc. The VRPs could get all the motivation to work with commitment for the cause of AIDS with sessions involving **interaction with HIV Positive patients**. The VRPs even collected some money and donated to the HIV positive patients.

### *HIV Positive patients interacting with VRPs during the Training*

The second spell of training was held for 215 Anganwadi Workers for **Adolescent Girls initiative**. The Anganwadi Workers had to be motivated to take up this programme seriously. May be this is because they are over

burdened with their own Department's work and such trainings have become a routine affair to them.

## **Course Content**

The course content developed by the DRPs during their training at APARD was followed meticulously during the VRP training programme except for a few changes where ever felt necessary by the resource persons. The Main topics like Growing up, Reproductive Health, STI & RTIs, HIV/AIDS were covered. For Youth and Adolescent Girl VRPs Life Skills were also included. Effort was made to give the inputs only to the extent required as most of the VRPs have studied up to High School level and complicated technical jargon was purposely avoided.

### ***Adolescent Girl VRP Training***

In AG VRPs training, lot of inputs were given on Menstruation, Menstrual Hygiene and Girl Child vulranability as this is what is required for an Adolescent Girl to lead a healthy life. This training was reviewed by Dr Usha Rani garu, Programme Officer AMR-APARD along with her team and had added very valuable inputs. On third day Action Plans were prepared by the VRPs for Village Trainings and were finalized after discussion.

***Dr. Usha Rani garu addressing VRPs during the training.***

## **Village Trainings**

### **Planning**

Each Village Panchayat was taken as a unit and each team of VRPs was given about 2 to 3 villages and accordingly action plan and schedules were designed. Each VRP team consisted of two members. In each village **9 sessions** were held – **Six** sessions for self help group members covering **300 women**, **two** sessions for **youth** covering **100** people and **one** session for **50 adolescent girls**. In each session 50 members were covered.

The session for **self help group** members were held in different colonies in the village and also its surrounding hamlets, thandas (tribal hamlets) and small habitations. This had helped in covering the most neglected populations like

tribals and schedule castes. Each training session was held for two to three hours for each batch.

## **Methodology**

The training Methodology followed by each team of VRP was different and unique. For SHGs it was like as if they were just chit chatting with their neighboring women. Some times they used to start a discussion about the status of women to gain the attention of the ladies. Once they had started the training, the women wanted more and more information on HIV/AIDS. Some of the SHG-VRPs at some places had to lie with the women that they have come to check their self help group pass books or to give gas connections or give loans, etc as it was difficult to mobilize them & gain their attention. After the sessions all the women used to feel that this sort of interventions are a must for them to lead healthy life, which they had been neglecting and that's why they are suffering. The village women immensely enjoyed Wild Fire Game and Enactment of Role Plays. Some of the Village women, who are educated, had become so knowledgeable that they started taking up **similar trainings** to other self help group women in the village. The pictorial Flip Charts were used to impart training. For SHG members, women's health problems, menstrual hygiene, Reproductive tract Infections (RTIs) and Sexually transmitted diseases (STDs), HIV/AIDS, early hysterectomies, nutrition and how to protect their rights were emphasized during the training programme.

### ***World Bank, NACO and APSACS team visited Warangal during Village Training***

For **youth intervention** emphasis was given on condom demonstration and distribution and one hour session on behavioral change. But as planned earlier 100 youth could not be covered in two sessions.

### ***After Youth Training, the villagers asking interacting with VRPs.***

The Youth-VRPs had to take at least 4 to 5 sessions in the village to cover 100 male persons. Most of the males used to feel that they already know about HIV/AIDS and it is not an important issue to be discussed. They **never** wanted to 'waste' their time and income for this sake. The problem was the Food for Work programme which was going on in almost all villages and most of the men folk were busy with these works. The VRPs had to take sessions even at

their work places or where ever there are a group of men present that means even in Toddy shops!

### ***UNICEF team interacting with youth during the village training***

Where the local youth club presidents were selected as VRPs for youth intervention it has helped in easy mobilization of youth.

### ***SHG Training at Venkatapur village being monitored by Tharuni team.***

**Adolescent girls** received a package on growing up changes, Reproductive health including menstruation & menstrual hygiene, pregnancy and child birth, STIs & RTIs and Life skills along with HIV/ AIDS. But more emphasis was given on menstrual hygiene, age at marriage, life skills like decision making skills, saying “NO” to peer pressure, communication skills, developing self confidence, coping up with failures, etc. Such type of holistic approach helped in creating strong impact on the target groups.

### ***SHG Training at Kuntapally village.***

#### **Monitoring**

Special efforts were made to develop monitoring strategies for this project. Each VRP was given a **register** to maintain their session plan, attendance of villagers. Each DRP also maintained a register during their visits and noted their observations. Monitoring team from Tharuni also made regular visits and recorded the observations during the sessions and the impact the programme has created.

### ***Adolescent Girls enacting a Role Play during World Bank team visit.***

All village secretaries and Sarpanches received circulars issued by the District Panchayat officer and District Collector to attend the sessions and sign on the **monitoring format** after the completion of the programme in their village. This



type of monitoring at different levels had helped in successful implementation of the programme.

*In Upparapally village of Wardhannapeta Mandal where one family with both husband and wife being HIV positive was treated as an outcast by the rest of the villagers, immediately after our session the villagers have realized their mistake and started treating them properly.*

***Monitoring Officer from Tharuni taking feed back from the women.***

### **Feed Back and Evaluation**

After the completion of the programme Feed Back from the VRPs and DRPs was collected in the Mandal level **Evaluation workshops**. Lot of important issues unfolded. Some of the success stories also came into the picture which left us feeling proud. Each VRP and DRP submitted their **individual reports** which also included their opinions. Some of the highlights are as follows:

- In most of the villages the first reaction to the programme was “There is no AIDS in our village”. But after explaining to them the need for AIDS awareness, then each one realized the importance of it.
- Self Help Group women were worried about their husband’s illicit relationships and they all wanted to know how to control them!
- Most of them wanted medicines for HIV/AIDS. They were upset when they came to know that there was no medicine available for HIV/AIDS.
- In some villages whenever someone tried to object to the resource persons as to why they are telling all these silly things, the rest of the villagers shouted them off stating that it is very important for everyone to know about these issues.

*One of the lady VRPs in charge of SHG sessions could reunite a couple in a village in Rayaparthi Mandal after counselling the husband and wife separately. When the VRP walked into the village a Panchayat session was going on where the wife was demanding divorce on account of STD of her husband. She was advised that STD is curable and they can protect themselves using condom.*

- Most of the women wanted to know whether they will get AIDS if they take Gudumba (illicit liquor)!

- Some of the lower strata women revealed that they are opting for prostitution due to unemployment which was a result of continuous drought. Condom demonstration was done for such women.
- Most of the villagers wanted HIV tests to be done at their door steps as they cannot go to VCCTCs, as they are very far off.
- For most of the Adolescent Girls the problem was of child marriages which are being done without their consent.
- At most places Adolescent Girls were already married and they had to seek the permission of their mothers-in-law who allowed them to attend the sessions only for a short period.
- Most of the mothers of Adolescent Girls felt that as they attended the programme hence they in turn can tell their daughters and there is no need for a separate programme for them.

*In Jagannadhapally Thanda where one person died due to AIDS, his body was burnt by placing it on a palmyrah leaf and dragging it to cremation ground just like a street dog. But, after our session in the village, the family members felt so bad about their deed, they vowed to perform all the last rites in a proper manner so as to atone for their mistake.*

- Some of the villagers complained that in many hospitals the HIV positive patients are not being treated.
- In each of the villages taken up for the campaign it is observed that there is at least one AIDS affected patient.
- The pictorial flip chart is found to be quite useful with some ladies stating that they could know how the uterus looks like for the first time.
- Some villagers felt that no doctor would have told them all these things even if they were to pay Rs.100 to them.
- In many Government hospitals disposable needles are not being used. Even RMPs are not using them. This is a serious cause of concern
- People wanted Kalajathas to be organized in their villages during night time to spread the awareness about AIDS menace.
- Youth who were told about menstruation empathized with the women after knowing the difficulties being faced by women on account of this.
- In Mudigonda village of Nekkonda village where two HIV positive patients are there, the villagers wash the water pump with surf whenever these patients take water from there. But after the sessions they said they will empathize with the positive patients.
- In Pathipaka village of Nekkonda Mandal the **local MLA** **Mr. Sreerama bhadraiah** also sat through the class along with SHG members

- In Palakurthy Mandal there was an incident of burning of the house of a HIV positive patient about a week prior to our session. The villagers felt bad about this after attending to our session.
- Most of the VRPs felt that their communication skills have developed, they got a special identity in the society, their capacity has been built up and they derived immense satisfaction with the positive response they got from the people.

*In Nagaram Village of Nekkonda Mandal, while the SHG members were returning after our session, they met the local RMP. The SHG women asked the RMP doctor whether he was using disposable syringes, to which the RMP replied nonchalantly that he could not do business if he started investing in disposable needles. Immediately the SHG women grabbed the medical box of the RMP, scolded and beaten him. They threw him out of their village. Stating that he need not practice there any more.*

- DRPs suggested that all the Sarpanches need to be compulsorily educated about AIDS. They faced lot of difficulties in mobilizing villagers for the sessions. In Thandas the sessions became effective when they were taken in the local dialect.
- There is a need to have special STD camps organized in all the villages at regular intervals
- These programs have given the DRPs more satisfaction than the school program as they could reach the more needy illiterate people
- The women from SHG were overwhelmed by the sessions and stated that no one had ever told them so many things about themselves and their health
- The VRPs and DRPs informed that in spite of the fact that they had to walk long distances in hot sun to reach some of the interior thandas as there was no bus facility, they enjoyed conducting the sessions. They felt that the tribals in the thandas needed this awareness program very badly.

***SHG Women listening to Mrs. Damayanthi IAS during her visit at Panthini.***

*Mobilizing the youth for our interactive sessions was a major challenge. However through the perseverance and innovative methods adopted by our VRPs we could motivate the youth to attend the sessions. In Chintalpally village of Sangem Mandal, the youth who were playing cards in a local marriage were informed about the program. Similarly in Venkatapur village of the same mandal the VRPs had to go to the local toddy shop (kallu paaka) to*

*inform the youth to attend the sessions.*

- The DRPs and VRPs were happy with the appreciation they received from the NACO, UNICEF and World Bank teams who have attended their sessions.

### **Lessons Learnt**

- Key messages on HIV / AIDS had been reached to the targeted population. HIV / AIDS transmission, prevention, etc. have been understood and the villagers have learnt not to discriminate HIV Positive people.
- It was easy to make women attend this programme rather than youth. The women were little apprehensive in the beginning but later wanted to know more about their health.
- Youth felt that they know everything and need not attend the session. VRPs had to catch hold of them at different places in a village and had to deliver the goods. But condom demonstration attracted their attention and most of them wanted condom outlets in their villages.
- It was difficult to find dropout adolescent girls in the village and the sessions were attended mostly by 10<sup>th</sup> class dropout girls and young married girls.
- The concept of condom outlets with VRPs was a big success and there was a demand for such condom outlets on a permanent basis.
- The programme helped in exploding many prevalent misconceptions among villagers about AIDS like breathing air along with HIV positive patient may transmit the disease to others. The fact that AIDS is transmitted through infected syringes has created shivers among them as in most of the villages RMP doctors use the same syringe and needle for many.
- Last but not the least, this programme generated lot of discussions among the villagers on HIV/ AIDS and made them think. Now, everyone realized the importance of AIDS education.

### **CONCLUSION**

Covering **84,914 people** in just Two months period that too in the hot summer was a herculean task for a budding organization like Tharuni. But we had taken this as a challenge and proved that with meticulous planning and total commitment one can achieve anything. The most memorable part of the programme was the visits of UNICEF and World Bank teams and the appreciation received from them. The best appreciation received for the

programme was the blessings received from **56,441** women after the SHG sessions.

This is a small beginning made by Tharuni in bringing about behavioral change among **18,312** youth and **10,161** Adolescent Girls to some extent. The **Condom Outlets** started by our VRPs are a Big Hit and we had to fill them with condoms again and again promoting an increase in the usage of condoms. The **529** Village Resource Persons who worked for this project are still working for the issue of HIV/AIDS. At some places they have started Condom Demonstration Camps for truckers on High ways and some of them started similar campaigns for the youth visiting weekly markets (*santhalu*). The self help group women became so resourceful that now they have started giving lessons to other women in their village.

The future plans are many. Tharuni is planning to open HIV counseling centers in these seven Mandal Head quarters. A separate campaign has been planned for Banjaras (tribals) living in Thandas and the training will be in their own Banjara language (which was missing in the pilot project). Trainings are also planned for the Men through Rythu Mitra Sangams. So, let us all work towards driving away this dreadful disease from our planet.

### **Report on AIDS Awareness Programme for Lambada Tribals in Warangal District**

Warangal is one of the tribal districts of Telangana region in Andhra Pradesh. It has about 1550 thandas, where around five lakh lambadas reside. Warangal is the centre for academic activity having a University, Regional Engineering College and many other professional colleges. This helped most of the Lambadas in taking up higher education and later taking up higher posts in the Govt. and Non-Govt. sectors. There are many IAS and IPS Officers, Professors, judges, advocates, and teachers from the Lambada community. They are present in all the sectors. But many Lambadas still languish in a very pathetic state of poverty and illiteracy. Added to this, high prevalence of diseases in the thandas makes them more vulnerable to deaths. This is only because these thandas are situated far away from the civilization. Another reason is mostly these Thandas are regarded as habitats attached to village Panchayat and are hence away from development. There are no proper roads and hence no communication channels. This makes the people living in these thandas unaware of the modern technologies.

### **Report on AIDS Awareness Programme for Lambada Tribals in Warangal District**

#### **Introduction**

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The district of Warangal already has the highest rate of **(6.75%) HIV positive pregnant women** in the recent **NACO** (National AIDS Control Organisation) sentinel survey - 2003. The reasons may be many like migration, prostitution, Child Marriages, etc.



Most of the Thandas are situated away from the Panchayat and hence facilities like education, health, etc are not reaching them. The Lambadas suffer with all types of diseases and social problems. Government has taken up many measures to educate and bring them into main stream, but they are not sufficient. Very few voluntary organisations are working for the upliftment of tribals in

Warangal district. All these factors have made Lambadas more vulnerable to dreadful diseases like HIV/AIDS. They are becoming the main transmitters of this disease to the general population.

## **The Process**

When Tharuni, a voluntary organisation working in the sector of Health, organized a pilot project on HIV/AIDS awareness for Self help Group women, Adolescent girls and youth in 200 villages the problems of Lambadas came into light. Although the thandas around the villages were covered, Tharuni could not do justice as most of the tribals are not very fluent with Telugu language and hence the messages were not understood clearly. After analyzing this issue, Tharuni approached various authorities like the District Minister Sri Kadiam Srihari, Smt Damayanthi, IAS, Project Director, APSACS, and the Joint Collector, Warangal, Sri Parthasarathi, IAS to put forth the facts about the sufferings of Lambadas due to HIV/AIDS. The minister called for a District level meeting, in which all the district officials and NGOs participated. In this meeting, Tharuni was asked to give a presentation on the prevalence of HIV among the general population and particularly among Lambadas. During this meeting the officials asked Tharuni to conduct a workshop for all the leaders and educated Lambadas to enlighten them about the problem of HIV which is slowly eating away their tribe.

Accordingly Tharuni organized a workshop for Lambada Leaders, students, officials, doctors and the other elite and enlightened about the problems. This meeting was also attended by PD, APSACS, District Collector and Joint collector, Warangal, where it was decided that special interventions are necessary to educate the illiterate Lambadas in their own language and through awareness only we can bring some behavioral change among them. Tharuni approached AP State AIDS Control Society, Hyderabad to do an awareness campaign on HIV/AIDS for Lambada Tribes living in 1550 thandas in Warangal district. With the support of APSACS, Hyderabad, the Joint Collector, Warangal and the District AIDS control society, Warangal, Tharuni facilitated an Awareness programme for lambadas in their own language. 438 major thandas in Warangal district were covered during the First phase intervention.

## **Tharuni's Activities**

**Tharuni** is a Voluntary Organization working for the welfare of Adolescent Girls, Women and the aged. Tharuni has chosen Warangal as its field area and started working there since April 2000. Tharuni mainly focuses on health of Adolescent girls, women and the aged and strives for their development. Tharuni conducts regular Workshops for poor adolescent girls who are studying

in Government high schools, in various topics like personality development, health, nutrition, menstrual health, Girl child rights, etc. Free health checkups follow these workshops.

Tharuni focused on social evils like Child marriages and **Gutka** habit among school children. Tharuni's campaign against Gutka, resulted in making Warangal district the first in the state in banning the sale of Gutka around educational institutions, which was later followed by the State Government.

Tharuni brought out the prevalence of the age old problem of **Child marriages** to the forefront and helped the district administration in stopping as many as 30 marriages during 2002. This was possible with the help of regular counseling given to parents and making the Government functionaries responsible in combating this evil practice.

### **HIV/AIDS Campaign**

Tharuni has taken up HIV/AIDS campaign in the district for the past one and half years. Tharuni organized a unique campaign against AIDS and child marriages in 81 villages spread over **22 mandals** of the district. The interactive village meetings were enlivened by **Kalajathas** where folk dances, puppet shows were held. Tharuni has taken up **wall paintings** in 40 villages where HIV problem is high.

*Tharuni's campaign in 22 mandals in Warangal district on AIDS awareness in June 2002 brought to light the severity of the problem in 6 Mandals (Hasanparthy, Hanamkonda, Narsampet, Nekkonda, Geesukonda & Kurvi) where there is a necessity for taking up a sustained campaign. Hence in the pilot project on AIDS, Tharuni has selected three out of the above six mentioned mandals for its campaign.*

As the core team member, Dr. Mamatha Raghuvver, Director, Tharuni was instrumental in the successful implementation of **APEP** (AIDS Prevention Education Programme) for 32,000 students studying in 750 High schools of the district.

Tharuni has also taken up AIDS Awareness programme for **Adolescent girls and young women** in **28** villages belonging to three mandals viz, Nekkonda, Kothaguda and Dharmasagar of the district in collaboration with APSACS (AP State AIDS Control Society). This Campaign brought to light the necessity for conducting more such programmes for the young women who are the most affected lot due to ignorance and discrimination.

### **Pilot Project on HIV/AIDS**



Based on this background Tharuni was assigned the task of implementation of AIDS awareness programme for **Self Help Group members (SHGs), Youth and Adolescent girls** in about **214 villages of 7 mandals** of the district covering **84,914** people. It is one of the pilot projects taken up in **three districts** of Andhra Pradesh State by APSACS in collaboration with APARD (A.P. Academy of Rural Development), Hyderabad and UNICEF.

Unlike many other NGOs, Tharuni implemented this project involving **Government functionaries** like Govt. teachers, Anganwadi Workers from ICDS, and Grama Deepikas from DRDA. Tharuni has shown how a committed NGO can successfully collaborate with Government in implementing Governmental programmes. This is very rare because NGOs run their parallel set ups and never like to involve them with Govt. machinery. This project of Tharuni was adjudged as the Best Model by the UNICEF evaluation team and was scaled up in all the districts of Andhra Pradesh by APSACS.

### **Lambada Tribal AIDS Awareness Programme**

Tharuni had identified about 800 major thandas from the existing 1550 thandas in Warangal district. To deliver the key messages, 175 Village Resource Persons (VRPs) and 14 District Resource Persons (DRPs), who are fluent in Lambada language, were selected. Lot of spade work was done to identify educated lambadas in each mandal. It took nearly one month in making a final list of candidates and efforts put forth by Sri Parasuram and Sri Ravinder Rao, CRPs (core resourcepersons) are noteworthy. . As a part of the First Intervention, Tharuni has taken up 450 Thandas in 30 Mandals, where the problem is very severe.

### **Selection of DRP (District Resource Person)**

About fifteen teachers from all over the district were selected as District Resource Persons for the project. The criteria for selection of DRPs were – they should have worked as Nodal teachers or DRPs in APEP (AIDS Prevention Education Programme), they should belong to Lambada community and they should be below 35 years. These criteria helped in selecting already trained, experienced resource persons who had good hold on Lambada language.

### **DRP Training**

The DRPs were given two days reorientation training on 22<sup>nd</sup> to 23<sup>rd</sup> December 2003. Different experienced Lambada doctors and APEP Core Resource Person had improved the knowledge levels of the DRPs. During this training topics for VRP training were finalized and Adolescent Girls training Module was translated into Lambada language with the help of the Resource Persons. The VRP training schedule was planned and the DRPs were divided into one female and two male groups who in turn decided about the topics to be covered by each DRP.

### **Selection of VRPs**

Village Resource Persons who are with minimum education of Intermediate and belong to Lambada community were selected for the programme. Most of the VRPs were students (120) of graduate and post – graduate programmes and others (50) belong to teacher community. The selection was made after assessing their commitment towards their community development and enthusiasm to do some service to the society. For every ten thandas a team comprising of one Male and one Female VRP as a team were selected.

### **Training of VRPs**

Village Resource Persons were trained from 24<sup>th</sup> to 28<sup>th</sup> December 2003 for five days at Divya Deepthi Bhavan, Kazipet. The training of **175 VRPs** was held in **four** batches. Two batches each for male and female VRPs were organised separately.

### **Methodology**

On the first day after registration, a Pre Test was conducted to the VRPs to assess their knowledge levels. VRPs got motivation from different resource persons. for working for their tribe, which is slowly diminishing due to communicable diseases. For this leaders belonging to different Lambada Tribal Sanghams like “Nangara Bheri”, “Lambada Hakkula Porata Samithi”, etc were invited to speak to the VRPs to inculcate service attitude among them.

Sri Parthasarathi IAS, Joint Collector, Warangal inaugurated the training programme on 24<sup>th</sup> December 2003. Sri Prof. Bhadru Naik, Head, History Dept., Kakatiya University, Sri Jai Singh Rathod, General Secretary, Lambada Hakkula Porata Samithi, Banjara Student Front Leaders were the Guest of Honour for the function.

The five days training was held as per the comprehensive schedule. The main subject was covered in three days and the VRPs prepared many colorful charts during the Body Mapping and Growing up sessions. Many Group Discussions were held during the training programme to increase their involvement in the programme. While doing Life Skills sessions, the VRPs enacted many Role Plays and enjoyed thoroughly. Flash cards have been used for addressing the Myths and Misconceptions about Sex and Sexuality. A Question Box had been kept to encourage the trainees to clear their doubts about sensitive issues. At the end of each day's session all the questions were answered by the DRPs. In the evenings, review meetings were held with the DRPs to improve the sessions further.

On fourth day the VRPs were taken to nearby Thanda for a practical session, so that they feel confident. On-field training helped the VRPs to clear their doubts and they learnt to answer the questions which normally they have to face during the Thanda intervention. On the Fourth Day afternoon they had interacted with HIV Positive people from Lodhi Care & Support Centre, Warangal. This session helped in realizing the importance of awareness programme on HIV and also could feel the plight of the patients. They also learnt practically how the disease is affecting the individuals in all the aspects of their life. All the VRPs were in tears and decided to play a key role in driving away the disease from our society. They had donated liberally to HIV patients for buying their medicines.

On 28<sup>th</sup> December 2003, Special Resource persons were invited to clear the doubts of VRPs. **Dr. Sunitha Krishnan, Director, Prajwala, Hyd**, was a special invitee and she spoke about the prevalence of trafficking in lambada tribe and how the families are being affected was explained by her with examples. A film on youth ('Swetcha') was showed to VRPs to understand the real life situations.

Dr. Sunil Kumar, from Leprosy Unit and who had training on HIV/AIDS cleared the doubts of VRPs in Lambada language itself. APEP Core Resource

Person, Sri Shyam Sundaracharyulu took a session on Condom Demonstration and both male and female VRPs without any inhibitions learnt the methodology as they have to demonstrate the same during Thanda interventions.

On 28<sup>th</sup> Dec., Sri Shiva Shankar, IAS, **District Collector** was the Chief Guest for the Closing Ceremony and Sri Gurusurthy, ASP, DPEP, Warangal Sri Satyanarayana HEO, District AIDS Control Agency, Warangal and Dr. Sunitha Krishnan of Prajwala, Hyderabad were the Guests of Honour.

The District Collector gave away the certificates to all the VRPs who had participated in this five day training. An action plan was prepared by VRPs under the guidance of DRPs for Thanda level Interventions. A Post Test was also conducted to VRPs to assess the improvement in the knowledge levels of VRPs. The analysis of the Pre & Post Test results indicated an increase in the knowledge on HIV/AIDS from 54.6% to 80.8%

### **Course Content**

The course content developed by the DRPs in Lambada language during their training workshop was followed meticulously during the VRP training programme except for a few changes where ever felt necessary by the resource persons.

The Main topics like Growing up, Reproductive Health, STI & RTIs, and HIV/AIDS were covered. Effort was made to give inputs only to the extent required as most of the VRPs have studied up to intermediate level and complicated technical jargon was purposely avoided. Entire training was in Lambada language, so that VRPs have no problem in taking up sessions in Thandas.

### **Thanda level Trainings**

#### **Planning**

About 1550 Lambada Thandas exist in Warangal District and only 438 major Thandas in 22 Mandals were selected for the First Phase Intervention involving 84 trained VRPs. One male and one female VRP were made into one team and at least one team was allotted for each Mandal. For some big Mandals more than one team was allotted.

In each Thanda **two separate sessions** were held for men and women. In each Thanda **100 women** and **100 men** were covered. This helped in covering 80% of tribals in the Thanda. Each training session was held for two to three hours for each batch. Most of the Thandas have no roads & transport facilities and the

VRPs had to take a bicycle or two wheeler and sometimes, they had to walk to reach the thandas and stay in the Thandas to reach more people.

## **Methodology**

The training Methodology followed by each team of VRP was different and unique. Many times, it was like as if they were just chit chatting with their neighboring people. The VRPs entered Thandas saying “Ram – Ram” (Namaste in Lambada language) and the tribals happily invited them as if their relatives have arrived. Some times they used to start a discussion about the problems of tribals, the customs of tribals and the morals to be followed by Lambadas, to gain the attention of the people. In most places the tribals mistook VRPs as doctors and asked for medicines. Once they had started the training, the women/men wanted more and more information on HIV/AIDS. Some of the VRPs at some places had to lie with the women/men that they have come to give medicines as it was difficult to mobilize them & gain their attention. After the sessions all the people used to feel that this sort of interventions are a must for them to lead healthy life, which they had been neglecting and that’s why they are suffering. The pictorial Flip Charts were used to impart training. For tribal women, women’s health problems, menstrual hygiene, Reproductive tract Infections (RTIs) and Sexually transmitted diseases (STDs), HIV/AIDS, early hysterectomies, nutrition and how to protect their rights were emphasized during the training programme.

For male members emphasis was given on condom demonstration and distribution and one hour session on behavioral change.

Most of the males used to feel that they already know about HIV/AIDS and it is not an important issue to be discussed. They *never* wanted to ‘waste’ their time and lose income for this sake. The VRPs had to take sessions even at their work places or where ever there is a group of men present - that means even in Toddy shops! All the VRPs for this intervention belonged to the same mandal and it has helped in easy mobilization of people.

## **Monitoring**

Special efforts were made to develop monitoring strategies for this project. Each VRP was given a **register** to maintain their session plan, attendance of villagers. Each DRP also maintained a register during their visits and noted their observations. Monitoring team from Tharuni and the Core Resource Persons also made regular visits and recorded the observations during the sessions and the impact the programme has created.

The tribal leaders were asked to monitor the programme after giving the action plans of each mandal during the Advocacy Sessions. All village secretaries and Sarpanches received circulars issued by the District Panchayat officer and District Collector to attend the sessions and sign on the **monitoring format** after the completion of the programme in their village. This type of monitoring at different levels had helped in successful implementation of the programme. In all the Thandas the programme was announced by “Dandora” system one day in advance. All the Mandal officials also received circulars to monitor the programme by the CEO, of Zilla Parishad, Warangal.

### **Feed Back and Evaluation**

After the completion of the programme Feed Back from the VRPs and DRPs was collected in the Mandal level **Evaluation workshops**. Lot of important issues unfolded. Some of the success stories also came into the picture which left us feeling proud. Each VRP and DRP submitted their **individual reports** duly highlighting their opinions.

Some of the **highlights** are as follows:

- As most of the Thandas were not approachable, the VRPs had to walk for miles to reach them. Sometimes they had stay for a night or two to complete that Thanda. Some of the VRPs had developed blisters on their feet due to all these hardships.
- In almost all the Thandas at least one or two deaths were reported due to AIDS and 5 to 6 HIV positive cases were present. VRPs have given good inputs on how to show empathy towards such persons.
- Most of the tribals told that they had spent thousands of rupees to get the disease diagnosed and they didn't know that facilities are available in Government run hospitals. Quacks and RMP doctors misguided them for money.
- For the first time most of the tribals came to know after the training sessions that they have to use only disposable needles.
- In most of the thandas the first reaction to the programme was “There is no AIDS in our habitat”. But after explaining to them the need for AIDS awareness, then each one realized the importance of it.
- In most of the thandas people wanted training for a short time. But when the session started it went up to 3-4 hours and the villagers wanted more.
- There was a demand from the local thanda leaders for more such programmes every 6 months.
- Lambada women were worried about their husband's illicit relationships and they all wanted to know how to control them! The Thanda people have decided to keep an eye on those who maintain such relationships.

- Most of them wanted medicines for HIV/AIDS. They were upset when they came to know that there was no medicine available for HIV/AIDS.
- In some thandas whenever someone tried to object to the resource persons as to why they are telling all these silly things, the rest of the villagers shouted them off stating that it is very important for everyone to know about these issues.
- Most of the women wanted to know whether they will get AIDS if they take *Gudumba* (illicit liquor), which is very common amongst them. When they were told about the repercussions, they all said they have to control prostitution in these areas.
- Some of the women revealed that they are opting for prostitution due to unemployment which was a result of continuous drought. Condom demonstration was done for such women.
- Most of the tribal women were suffering from STI/RTIs and they pleaded with the VRPs to send some medicines for them.
- Many tribals wanted HIV tests to be done at their door steps as they cannot go to VCCTCs, as they are very far off.
- For most of the Adolescent Girls in the Thandas the problem was of trafficking and child marriages which are being done without their consent. The trafficked girls are bringing the disease to their habitats.
- Some of the tribals complained that in many hospitals the HIV positive patients are not being treated.
- The pictorial flip chart is found to be quite useful with the tribals as most of them are illiterate and the message could be passed well with the help of pictures.
- People wanted Kalajathas to be organized in their thandas during night time to spread the awareness about AIDS menace.
- Most of the VRPs felt that their communication skills have developed, they got a special identity in their society, their capacity has been built up and they derived immense satisfaction with the positive response they got from the people.
- The VRPs had to answer many personal questions as to how they are able to answer all the issues related to sexuality as they appear to have no experience. But the VRPs had to lie that they are married and have children. Most of girl student VRPs who were looking young had to wear sarees to appear as aged people.
- The tribals tried to discourage the VRPs saying that they are taking these classes only for money. But the VRPs answered back saying that they are working to save their tribe from AIDS and they are proud of it.

- The VRPs went to agricultural fields to bring awareness among the tribals who were working there after taking permission from the landlord.
- The tribal women were overwhelmed by the sessions and stated that no one had ever told them so many things about themselves and their health.
- The women who were suffering from severe STDs were guided to nearby PHCs by the VRPs, who also succeeded in persuading their husbands to take the treatment along with their wife in some of the thandas.
- The tribals who are in doubt about their behavior took the address of VCCTCs to get them tested.
- There was lot of demand for condoms and both men and women enthusiastically participated in the Condom demonstration sessions. After the sessions VRPs distributed condoms in the thandas. About 95,000 condoms were distributed in these 438 thandas during this programme!
- In Mannegudem thanda in Dornakal Mandal one of the AIDS patient when died, the dead body was taken along with his cot and was burnt. After the awareness session his relatives felt very bad for treating the body like that. They had realized their mistake and promised not to repeat such a thing.
- The VRPs and DRPs informed that in spite of the fact that they had to walk long distances in hot sun to reach some of the interior thandas as there was no bus facility, they enjoyed conducting the sessions. They felt that the tribals in the thandas needed this awareness program very badly.
- The DRPs and VRPs were happy with the appreciation they received from the local leaders and the Media persons. There was a huge coverage in the press almost in all the mandals. The tribal MLAs appreciated the efforts of Tharuni and wanted more such programmes to protect the tribals from communicable diseases.
- The Joint Collector Warangal, Sri Parthasarathy, IAS and local MLA Sri Rambhadriah attended the sessions at Gundenga thanda in Guduru Mandal and promised to support the second phase of this noble programme.

### **Lessons Learnt**

- The pioneering effort of conducting awareness programme for tribals in their own tribal language was a great success. They could follow the messages with greater clarity and it was easy to attract and mobilize them.
- The plight of tribals came to light as most of them were suffering with STI/RTIs and they have no one who can help them. All the Governmental



help reaches only the villagers and thanda people are the most neglected lot. They suffer due to poverty, lack of knowledge and facilities.

- The Lambada VRPs themselves realized the extent of spread of the disease and they felt bad for not being able to help them all these days. It was like an eye opener for them as most of the literate lambadas never bother to look back to their grass roots from where they have come.
- There is an urgent need for providing medical help to these tribals. Particularly STI/RTI camps have to be organized on a regular basis. Mobile dispensaries are the best answer.
- One good thing is Key messages on HIV / AIDS have reached to the targeted population. HIV / AIDS transmission, prevention, etc. have been understood and the tribals have learnt not to discriminate HIV Positive people.
- The fact that AIDS is transmitted through infected syringes has created shivers among them as in most of the thandas RMP doctors use the same syringe and needle for many.
- Last but not the least, this programme conducted in their own dialect at their doorstep, had generated lot of discussions among the Lambadas on HIV/ AIDS and made them think.

## CONCLUSION

Tribals add to our rich Indian Heritage and it is our duty to protect these innocent people from all the nuisances of civilized world. HIV/AIDS is a disease of civilized world and most of the tribes in the world are testimony for this as they could protect themselves from this dreaded disease by just following their age old customs. Lambadas are traditionally Nomads and they get acclimatized to the new environs very easily. May be this makes them easily acceptable in any society and at the same time most vulnerable to these “Hi tech diseases”.

Covering **45,000 tribal people** in just one month period is definitely a great achievement for those who are working for the cause of HIV/AIDS. We would be successful in driving away the dreaded disease from these most vulnerable communities if we do such awareness programmes covering every one at a regular basis. Because bringing awareness is the first step in effectively eradicating any communicable disease. Hence let us strive hard to drive away AIDS from our rich heritage!