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Executive Summary

Alliance India is working with seventeen partner NGOs in fourteen districts across five states of India to address growing feminisation of HIV/AIDS in the country. As part of Alliance India's project to strengthen and develop community centred approaches to meet sexual reproductive health (SRH) and HIV/AIDS related needs of women in low income settings, *banglanatak dot com* worked between August and October, 2006 at selected slum areas at Amritsar and Bhubaneswar. Goals were to improve community awareness on SRH and HIV/AIDS, mobilise community participation in stopping spread of HIV/AIDS and build capacity of Alliance's partner NGOs and community based peer groups in using theatre and entertainment based approaches to build awareness and mobilise behaviour change.

Alliance's local partners are All India Women's Conference (AIWC) at Amritsar and LEPRO Society at Bhubaneswar. At Amritsar the project covered a population of around 32000 in two slum areas Ghasmandi and Dashmesh Nagar. At Bhubaneswar the project covered around 9000 persons living in slum areas of Malisahi and Patharabandha. However, the awareness campaign covered a wider area including areas like Shantinagar, Leprosy Colony, Harijan Sahi, Railway Station area, Joydev Bihar, Kalpana Chhak, Baramunda, Unit IV etc.

The following summarises factors leading to feminisation of HIV/AIDS and increased vulnerability to spread of HIV/AIDS in the two locations :

	Vulnerability factors	Gender concerns
Amritsar	Lack of awareness on SRH, HIV/AIDS, care and support services. Prevalence and non treatment of STIs and RTIs. Men have casual sex with multiple partners. Sexual exploitation of girls by relatives, neighbours. Growing number of IDUs .	Lack of education among girls- high rate of drop out after middle school. Low social status of women. Open preference to boy child. Practise of foeticide has led to unbalanced gender ratio. Women lack access to healthcare, vocational training and job opportunities.
Bhubaneswar	Out migration. <i>Patharabandha</i> : Casual sex with multiple partners (e.g. labourer men and women). Poverty, illiteracy, lack of awareness and access to healthcare among tribal families. <i>Malisahi</i> : Lack of awareness. Poor reproductive health of women. Prevalence of STIs, RTIs. Commercial sex within the slum. Growing number of IDUs.	Migrant Bengali Muslim community in Malisahi: low status, women have no say, physical abuse, illiteracy, restrictions on mobility, no access to education. Children are not even sent for primary education at Malisahi. Marginalisation (mainly among tribals and Muslims).

Growing spread of HIV/AIDS is a ground reality. While people have heard of HIV/AIDS, there are many misconceptions like HIV spreads through touch or healthy looking persons are not infected. This leads to stigmatisation and discrimination of people with HIV/AIDS. Awareness on testing, treatment and support services is low. Awareness on de-addiction and rehabilitation services for drug users is also very poor. Among all locations, situation of women at Patharabandha is better owing to efforts by NGOs like Centre for Youth and Social Development (CYSD) , PLAN, Adhikar, Sarada micro finance and others. Girls go to school. Women are literate. Around 450 women have formed Mahila Samitis, save through collective thrift and earn by stitching, candle making etc.

Rapid appraisal study was undertaken at each location to identify communication needs. Doctors, staff at voluntary counselling and testing centres were interviewed. Discussions were held with link

and out reach workers, peer groups, men, women and youth to understand level of awareness and vulnerabilities.

Talking doll (ventriloquism) shows and street theatre shows were used as communication tools. Awareness campaigns targeted building awareness on SRH and HIV/AIDS, care and support services and improve inclination to seek proper treatment of RTIs and STIs. On ground communication also addressed the issue of growing drug abuse among the youth. At the slums in Amritsar and at Malisahi in Bhubaneswar awareness interventions emphasised on the issues of gender equality and role of education in reducing vulnerability of the girl child. The shows emphasised on the need to adopt safe and responsible sexual behaviour in view of high risk of secondary spread among women due to promiscuity of husbands.

Capacity building workshops using Theatre in Development methodologies were used to train NGO workers , peer educators and women and girls from slums in using edutainment to mobilise community participation in efforts to stop feminisation of HIV/AIDS. As one outreach worker said, **"पहले हमे परेशानी होती थी कि लोग हमारी बात सुनने के लिए तैयार नहीं होते थे लेकिन अब जो आप ने हमे तरीका बताया है उससे हमें लाभ होगी।"**

Games were used to identify their misconceptions and break shyness and inhibition in discussing SRH issues. Theatre was used as a process for empowering girls and women from the slums so that they come forward to participate and finally give leadership in initiating community led action to stop spread of HIV/AIDS.

The campaigns had effective reach among slum communities. During post campaign survey in all the campaign locations it was observed that the campaign messages had spread by word of mouth. Respondents who had not seen the shows also knew about the shows and the campaign messages. The shows have definitely led to improved awareness on ways in which HIV spreads, do's and don't for stopping spread of HIV/AIDS and ways in which the disease does not spread. There is increased understanding of the vulnerabilities and risk factors which may lead to spread of HIV/AIDS. People at large have become more open in discussing issues like spread of HIV/ AIDS, drug abuse etc. Awareness on HIV/AIDS , testing, counselling , ART, PPTCT services, drug de-addiction services have also improved. Seeing the show people have taken initiatives like taking addicted youth to de-addiction centre, coming forward for testing. Slum dwellers acknowledged that the intensive campaigns, follow up meetings and workshops have resulted in a new sense of collective responsibility in addressing feminisation of HIV/AIDS.

The outreach workers felt that the project has resulted in inculcation of a sense of pride in their work, improved group dynamics, communication skills, self management and self motivation skills. They were provided hands on training edutainment based community education during theatre shows, talking doll shows , community meetings and workshops. They got opportunity to network with larger sections of the community and the entire process has led to strengthened NGO-community linkage. The women appreciated this first chance they have ever received to sit together and discuss problems they face and solutions to address them. Some of the women and girls who attended the workshops have come forward to work as peer educators. At Bhubaneswar, a local resource group formed with slum youths has been trained in interactive theatre based communication and they are eager to undertake awareness campaigns on SRH and HIV/AIDS.

The project has definitely fostered an enabling environment for addressing the growing feminisation of HIV/AIDS through improved awareness, stronger linkage between outreach workers and community, development of new skills among outreach workers and peer educators for effective communication and mobilising community participation. However to stop feminisation of HIV/AIDS sustained awareness campaigns and improved access to educational, vocational training and health care services are key needs.

Section I : Introduction

Preface

Alliance India is working with seventeen partner NGOs in fourteen districts across five states of India to address growing feminisation of HIV/AIDS in the country. The project is supported by DCFID Challenge Fund. The project targets strengthening and developing community centred approaches to meet sexual reproductive health (SRH) and HIV/AIDS related needs of women in low income settings. The project goal is to create informed demand and enhance awareness and knowledge of HIV/AIDS and sexual and reproductive health with specific emphasis on increasing access to health, social and legal support services for women affected by HIV/AIDS or those vulnerable to HIV.

This report details the process, outcome and findings of interventions undertaken by *banglanatak dot com* at Amritsar and Bhubaneswar to build mass awareness on SRH and HIV/AIDS and build capacity of local NGO partners AIWC at Amritsar, LEPRAs at Bhubaneswar and community members in two slum areas in each city in using theatre and entertainment based approaches for deeper involvement, effective coverage and awareness generation. At Amritsar the project covered two slum areas, Ghasmandi and Dashmesh Nagar. Population at Ghasmandi is 15,100 while that at Dashmesh Nagar is 16,900. At Bhubaneswar the project covered Malisahi with a population of around 3000 and Patharabandha with a population of around 5000 to 6000.

The next section describes methodology and approach used in this project. This is followed by two separate sections documenting the interventions at Amritsar and Bhubaneswar. Each section details profile of communities living in the slums covered by the project, risk factors and vulnerabilities to HIV/AIDS, impact of talking doll shows and street theatre shows and outcome of the capacity building workshops.

Project Approach and Methodology

Communication planning : At both Amritsar and Bhubaneswar a rapid appraisal study was done in the slums covered by the project to assess level of awareness on HIV/AIDS and factors leading to increased vulnerability. A communication plan was drawn up based on the findings from semi-structured interviews with stakeholders in health service delivery and pre campaign surveys using structured questionnaire.

Mass awareness through edu-tainment : Women need to be empowered to control their own lives in order to address growing feminisation of HIV/AIDS. This transformation of traditionally gender biased society is possible only through participation of community at large and girls and women in particular. Mere one way flow of information, as facilitated by messages broadcasted through radio or television or communicated via newspaper, banner, poster, hoarding or leaflets can not achieve this as there is no feedback on whether anyone is listening or understanding, let alone thinking of bringing about change. Further effective reach of these channels among the poorer segments is low owing to factors like lack of education and literacy, generic content, lack of reach, lack of content in regional languages and dialects spoken by people. Community participation in meetings or discussions by health workers or outreach workers on gender issues, SRH or HIV is usually low owing to factors like pre-occupation with daily chores, shyness in discussing sexual health issues, restrictions

in movement of women etc. To address these the project adopted edutainment (education through entertainment) based approaches to build mass awareness on sexual reproductive health, HIV/AIDS and available care and support services. Theatre shows and talking doll (ventriloquism) shows were held to reach out to slum residents. Communication was two way and participative.

The talking doll easily pulled crowd and the audience particularly children enthusiastically responded to questions asked by the 'doll'. The ventriloquist and field coordinators interacted with the audience and asked questions on gender equality, HIV/AIDS, SRH, drug abuse etc. Correct respondents were given jute key rings as token of appreciation.

After the theatre shows the actors, coordinators and outreach workers of local NGO partners asked the audience questions related to the theme of the play. Respondents were awarded token gifts for correct answers. Women and youth came forward to seek clarifications on SRH and HIV from outreach workers present in the show locations. The NGO field workers also took this opportunity to inform people about the services offered by their organizations.

Shows were staged by local theatre groups who were trained to communicate on HIV/AIDS through street theatre.

Theatre as a process for skill building and empowerment: Theatre was also used as a process to build behavioural and attitudinal skills and also promote experiential learning in capacity building workshops held with link and outreach workers of local NGO partners, women and young girls from the slum community.

Field workers of AIWC and LEPRRA were trained in edu-tainment techniques in theatre based workshops. Games were used to identify their misconceptions and break shyness and inhibition in discussing SRH. The NGO workers were sensitised on the benefits of using culture and entertainment based approaches for effective communication. They learned to communicate on HIV/AIDS and SRH using stories, role playing and masks.

The participants were taught ways of making health communication interesting. Importance of using voice modulation, appropriate eye contact and adequate gestures and hand movements were discussed. They were also made aware of the importance of observing the audience, understanding their mindset and listening to their opinion. They were trained to use proper tone and pitch in communication. They played games which helped to improve alertness, listening and observation skills. Games were played to improve group dynamics and develop leadership skills.

The workshop also sensitised the participants on ways of improved self control and self management. They learned simple exercises to improve physical flexibility. A game on concentration sensitised them on the importance of concentrating for achieving communication goals and how lack of concentration often leads to loss of focus.

The workshops also targeted inculcating a sense of pride for the work they are doing. As for example, a game called 'Building a safety ring' was played to sensitise the participants on their role in bringing forth community well being. The game showed that a child needs a society with different 'actors' having different roles. Every child needs a community and each member has a role to play in building a better future.

Following the workshop , the NGO workers were provided hands on training in using edutainment as a tool for education and skill building during awareness campaigns, community meetings and workshops with community women and girls. In the community workshops for example they used simple stories one portraying positive and one less positive behaviour to sensitise the slum women on SRH, HIV etc. The process led to confidence building and improved knowledge and skills in health communication and community mobilisation.

Workshops were held with girls and women from the slums to mobilise their participation and finally leadership in initiating community led action to stop spread of HIV/AIDS. The workshop was an important step towards empowerment of the participants. Most of them hardly venture out of their home and this was the first time they were sitting together and discussing problems faced by women and solutions to address them. They were encouraged to identify problems faced by women and girls. Prevalence of gender bias, importance of education were also discussed. The participants identified barriers they may face in mobilising community led action to stop spread of HIV/AIDS.

Games were played to help them break away from their routine. As the participants played theatre games they overcame shyness and inhibition in discussing sexuality and sexual health and voiced their fears and concerns. Theatre games were used to improve communication skills , build self esteem and confidence and motivate them to become key communicators for mobilising change in situation of women. A variety of games were played to build a sense of collective identity among the participants. The participants drew together picture of the area. Games were played to make the participants aware that every person has a different view point or perception and this needs to be addressed in order to reach out to him or her. The workshops informed the women about ways in which HIV/AIDS spreads , importance of taking a few precautions to reduce risk of infection, ways in which HIV does not spread, STI, RTI and importance of treating such diseases, support services offered by the NGOs, testing, counselling and treatment facilities available. Since injected drug use is a growing menace the participants were made aware of effect of drug abuse and facilities available for rehabilitation.

The workshops also established improved linkage between community and NGO outreach workers.

Section II : Amritsar

HIV/AIDS in Amritsar

As per sources from Medical College, 92 persons were detected HIV positive in 2005. Twenty are women. In 2006, 60 persons, including 14 women and 1 child, have been detected HIV positive. Among the STI infected, primary and secondary Syphilis and Gonorrhoea are prevalent.

In medical check up camps held on 22nd July by AIWC, 22 out of 155 persons were found to have syphilis while 5 were HIV positive. The doctors at Civil Hospital said that around 5-6 people are found HIV positive from among 300 tested every month.

HIV testing facilities are available in several clinics, the civil hospital and Medical College. HIV/AIDS testing and counselling facilities are available at Medical College. There is a rehabilitation and counselling centre at Medical college. STI treatment facilities are available at Guru Nanak hospital. ART department is operational at Guru Nanak hospital since middle of this year. Rehabilitation and treatment facilities for drug addicts are available at Red Cross and Guru Nanak hospital.

Community Profile at Dashmesh Nagar and Ghasmandi

Area Profile

Ghasmandi is a congested area characterised by narrow lanes lined with two or three storied houses. Total population of this area is around 15,100. Many houses in areas like Kothi Shamjimal, Gali Kirpa Ram, Gali Rani Ki Haveli, Kucha Kherdin, Kot Atma Singh, Gali Mohenderpal and Gali Kakkianwali have wrought iron railings, tiled walls and marble flooring. The lanes are extremely narrow. Pathways are mostly broken. The area is filthy and dirty. The houses have latrines. Gali Mirza and Jail Gali are market areas.



A lane in Ghasmandi

In Dashmesh Nagar the houses are one or two storeyed brick buildings. Dashmesh Nagar area has 17 Galis or lanes, some of which have several narrower lanes and by lanes. Adjacent Dharampura area is also covered by the project. Tung Pai, Preet Nagar, Rajesh Nagar and Sandhu Colony are at a distance from the main Dashmesh Nagar area. While the main roads are metalled the lanes are mostly brick or mud roads. Littering is common. The houses have latrines. Dashmesh Nagar has a population of 16900.



A lane in Dashmesh Nagar

Community

The majority of the residents are Punjabi Hindus. There are also Sikhs and a small number of Christians and Muslims. There are migrant families living in the area. In Ghasmandi there are migrants from Uttar Pradesh, Bihar, Himanchal, Haryana and Gujrat. There is a Gujrati Mohalla which is very dirty. In Dashmesh Nagar migrants are from neighbouring foothills, (referred to as Paharis), Uttar Pradesh, Bihar (referred to as Bhaiyas), Orissa and also from other neighbouring states. There is lack of social capital. The slum women mentioned that families living in one lane hardly knew those living in the next. There is no community based organization.

Livelihood & Economic condition

Men work as labourers, mill workers, fourth class staff in the Municipality Corporation, shopkeepers, vendors of fruits and vegetables, auto drivers, truck drivers, rickshaw pullers, carpenters, ironsmiths etc. Few are service holders. Some work in army. Dearth of livelihood opportunities for youth is a serious area of concern. Out migration for work is not common. One or two persons in a Gali have typically out migrated for work. People living in Gujrati Mohalla mostly sell utensils in exchange of old clothes.

Economic condition is average to poor. Most families own refrigerator, telephone, radios and television, use gas stoves, bicycles and scooters. Women mostly stay at home. Most families do not allow their women to go out for work. Some work as housemaids. Some women earn by stitching, making woollen garments or tailoring.

Education

Level of education is low. In both areas, there are very few who have attended or completed college education. Women are mostly illiterate. Those who are literate have mostly studied till class VII-VIII. Though children go to school, most girls drop out of school between classes V- VIII. They stay at home and look after younger siblings and do household chores. Very few girls complete school education and go to college. Boys too drop out of school from class VII-VIII and start hawking fruits and vegetables or work as labourers. There is one Anganwadi centre at Ghasmandi. Government run primary and secondary schools and privately run primary schools are present in the area.

Health & Sanitation

Age of marriage and child birth is low. Women go for institutional deliveries. Pregnant women take IFA supplements. Anaemia is not an issue among girls and women. Children are immunised by the parents. Common ailments are jaundice, typhoid, fever, chest infections, cough and cold, skin diseases. Though open defecation, in general, is not common, in some areas like Gujrati Mohalla children defecate on the roads. In Dashmesh Nagar, lack of adequate water supply is an issue. These factors lead to water borne illnesses and stomach ailments.

Women mentioned health problems like Kharash or Khujli, white discharge, menstrual problems, irregular periods etc. Doctors and outreach workers mentioned that women do not go to doctors as they are shy about mentioning the symptoms and because of stigma linked to sexual diseases. STI/RTI is common among women and the diseases are often untreated. There is lack of awareness on STI. Doctors said that people are mostly not aware that both partners should be treated.

People usually go to private doctors as they feel that treatment at Civil hospital is cumbersome since they have to make multiple visits and wait for a long time. Some mentioned that they go to Fauji clinics. Some of the doctors who have clinics in Dashmesh Nagar and Ghasmandi mentioned that they usually refer patients to the civil hospital or medical college for diseases related to sexual reproductive health. Many go to Hakims, Vaidas and quacks for treatment.

Situation of women

Women have a low socio economic status. Young girls mentioned that their parents discriminate between brothers and sisters in all matters like food, clothing and education. Practise of foeticide is an issue. Families openly prefer a boy child. Violence against women, physical abuse and rape by relatives (including father) are unfortunate realities. Slum residents mentioned that there are cases of polygamy. Many women complained of alcoholic husbands who beat them regularly. Slum women and AIWC outreach workers mentioned that although there is no designated red light area in Amritsar, there are places where flying sex workers solicit clients and men go to commercial sexual workers. Majority of the respondents in pre campaign survey said that women are not allowed by their families to work for earning a living. People are not aware of various schemes offered by the state Government for welfare of girl child. Women living in the area acknowledged that they have little say in male dominated society and are forced to succumb to their husbands' wiles.

Addiction

Drug addiction is an issue. Slum women mentioned that youth indulge in using drugs and get addicted at a young age. Smack, Cocaine, Charas and Ganja are easily available at Goalmandi, Goolbazar, Tung Pai and in Ghasmadi (Gujrati Mohalla). Proxyvion, Avil 500 and morphine injections are also taken. Near a place near Tung Pai Gurudwara, it was observed that people from 14 years to 45 years age group came to buy drugs. A drug peddler mentioned that he makes a daily sale of rupees twenty thousand.



Interviewing local doctors to understand access to healthcare



Visiting households to assess awareness on HIV/AIDS

Communication Planning

A rapid appraisal study was undertaken in first week of August to assess level of awareness on HIV/AIDS and understand factors leading to increased vulnerability to HIV/AIDS. A communication plan was drawn up based on the findings from interviews with doctors, staff at VCTC centre, time studies, focus group discussions with link and out reach workers of AIWC, peer groups, women and girls residing in the slums and a pre campaign survey using a structured questionnaire covering 150 slum residents, both men and women, in the age group 12-40 years.

Assessment of awareness on SRH, HIV/AIDS and attitude for community led action

During the rapid appraisal survey, it was observed that while more than half of adults in the slums of Dashmesh Nagar and Ghasmandi had heard of HIV/AIDS, mostly from campaigns on radio and television, risk perception was low. Most commented that HIV is prevalent among truck drivers or men who visit sex workers. Only around one third of the survey respondents commented that anyone may contract the disease. People were mostly unaware about the different ways in which the HIV virus spreads. Only 17% said that unprotected sex even once may lead to HIV infection. A mere 7% said that protected sex is a must in casual sex with multiple partners. Around one fourth were aware that HIV may spread through infected blood during blood transfusion. One third of the respondents were aware that a HIV positive pregnant mother may pass the infection to the child.



Community meeting at Ghasmandi



Community meeting with adolescent girls

It was observed that awareness on sexual reproductive health is poor. Men and women were found to be unaware that STI increases risk of HIV/AIDS or that both partners should get treated for STI. This factor has led to lack of inclination among women or their husbands to seek treatment. People lacked awareness about causes of STI or RTI or their symptoms.

People had the following misconceptions :

- If a person is healthy looking, then he or she is not infected. Nearly two third of the respondents in the pre campaign survey felt this.
- HIV spreads through touch or mosquito bite. More than 80% of the respondents in pre-campaign survey had the misconception that the disease may be air borne or vector borne. This misconception has led to stigma against HIV/AIDS affected. Nearly 70% of the respondents attached stigma to the disease and felt that people with HIV/AIDS should be separated from the mainstream.

Awareness on care and support services was practically nil. It was found that most people are aware that the disease has no cure. 99% of the respondents did not have any idea about how the disease may be detected. Those who knew that HIV is detected by blood test could not say

where testing facilities are available. Though half the respondents knew that drug abuse is prevalent in the area they mostly did not know that addiction could be cured or where such treatment facilities are available.

Majority of the respondents did not know what role community can play to reduce vulnerabilities leading to spread of HIV/AIDS.

Intensive on ground communication was undertaken targeting the following :

- Improve awareness on SRH and HIV/AIDS along with care and treatment facilities available.
- Improve inclination to seek medical help among women (treatment of RTI, STI).
- Mobilise community to come forward to prevent growing injected drug use among youth.
- Address gender bias among parents so that they give equal opportunities to girl and boy child.
- Motivate boys and men to come forward to improve situation of girls and women in their family.

The message plan for talking doll shows and theatre shows has been detailed in the following sections.

Talking Doll Shows

Fifty talking doll shows were held between 12th August and 23rd August. Talking doll shows helped to make inroads into the community. Ventriloquism was an altogether new experience for the slum dwellers. Not only children, but also elders thronged to watch the shows.



Talking doll show at Ghasmandi



Show at Dashmesh Nagar



Audience interaction during talking doll show



Communication with women and children

Message plan for talking doll shows

The following themes were covered in the talking doll shows.

- Education and HIV/AIDS : The shows emphasised sensitising children and their parents on importance of continuing education for giving children chance for a better life and giving the girl child equal care and opportunities as the boy child.
- HIV/AIDS Awareness and Risk perception: People were made aware of the spread of HIV/AIDS and increased vulnerability to the disease. Key messages were :
 - HIV/AIDS is not curable.
 - HIV/AIDS is spreading in Amritsar. Everyone is at risk.
 - Be loyal to your partner. Follow basic rules for prevention.
- SRH : To address reticence among slum women and their families in seeking treatment to sexually transmitted diseases and reproductive tract infections, the audience were

informed about the importance of ensuring both partners get treated and completing treatment. Key messages were :

- STI is Sexually Transmitted Infection.
 - STIs are curable.
 - STIs have identifiable symptoms.
 - Untreated STI increases risk of contracting HIV.
 - Treatment of both the partners is important for complete cure.
 - Complete medication for cure.
- Drug abuse : Since drug addiction is proliferating among the youth, the ventriloquist informed the audience about mal-effects of drug addiction and increased vulnerability of HIV infection through sharing of needles. Key messages were :
- Drug addiction is dangerous.
 - Drug addiction affects health and ultimately leads to death.
 - Addicts lose human values. Addicts are prone to committing crime and violence against women and children.
 - Resist peer pressure.
 - Injected drug increases the risk of HIV/AIDS.
 - Community must be vigilant and stop drug abuse and peddling in their area.
- Gender equality and empowerment : Following were the key messages :
- Treat girl child with the same care as boy child.
 - Girl is the future mother. Let female foetus survive.
 - Let the girl child complete her education.
 - Men have an important role to play to improve their women's status
 - If given equal chances and opportunities girls can also achieve anything and bring pride to their families. Examples of achievers like Kalpana Chawla, Kiran Bedi, Laxmi Sehgal and Amrita Pritam were shared.
- Care and Support Services : Information was provided on services provided by AIWC, toll free help line number 1092, HIV testing, treatment and counselling facilities at Civil hospital and Guru Nanak hospital.

Audience Reach and Feedback

Total audience in the talking doll show was about 4000, an average of about 80. Women and youth who are typically reticent in discussing SRH issues participated in discussions held on HIV/AIDS and treatment of sexually transmitted diseases. People acknowledged that they are not aware of HIV/AIDS or sexual reproductive health issues. They also mentioned that though no one openly mentions or acknowledges unequal status of women, girl children or mothers of girl child face discrimination. As observed below the shows had good reach among women, youths and children.

Theatre Shows

Sixty street theatre shows were held between 24th August and 10th September. The shows easily pulled crowd and people appreciated the use of edu-tainment to build awareness on sensitive issues. Local theatre group Manch Rangmanch performed the shows in Punjabi.

Message Plan for Street Theatre shows

Three productions were developed in order to disseminate messages in a phased manner as detailed in the following paragraphs. The shows created awareness on HIV/AIDS, built risk perception and addressed vulnerabilities like increasing number of injected drug users and prevalence of STI and RTI which are leading to increased risk of spread of HIV/AIDS. Importance of giving girls access to education and livelihood opportunities was highlighted in the campaign.



Theatre show at Ghasmandi

First production -Arman :

Communication stressed on

- Building awareness on HIV/AIDS , how HIV spreads and how it does not.
- Addressing existing at risk behaviours which increase vulnerability.
- Stopping stigma against people living with HIV/AIDS.
- Mobilising community to take an active role in providing care and support.



Theatre show at Dashmesh Nagar

Storyline : Raja starts his day reading newspaper. He reads about spread of AIDS. He discusses the issue with his wife. In the evening they go to their neighbour Ramesh's house. The ensuing conversation informs people of

- What is HIV/AIDS ?
- How does HIV spread?

Ramesh's health is deteriorating. Raja advises him to consult to doctor. The doctor suggests going for blood test. Ramesh tests HIV positive. The doctor advises him to go for counselling and informs of treatment services available in Amritsar. He also advises Ramesh to get his wife tested for HIV.

Ramesh confesses to his wife about having multiple sexual relationships and breaks down. She does not forgive him and is worried about her unborn child's health. Ramesh's wife is also found HIV positive.



Audience interaction during theatre show

Overcome with shame and grief, she

decides to leave the neighbourhood. Raja and his wife comforts her and provides her support. They help her to fight fear and shame.

Second production – Pahechan: Despite prevalence of STI and RTI among women residing in the area, health seeking behaviour is poor. Women hardly go for treatment. Doctors also mentioned that they do not complete treatment. During the rapid appraisal survey, most of the respondents were found unaware that both partners should be treated for STI.

This play thus targeted

- Building awareness on sexual reproductive health , STI and RTI.
- Making people aware that STI and RTI increases vulnerability to HIV/AIDS.
- Making women realise that their health is extremely important as they are the cornerstone of family life.
- Mobilising improved health seeking behaviour among women.

Storyline : Indar & Rani are happily married. However , Indar changes and starts becoming easily irritated. Rani does not understand what irks him. One day a friend of Indar comes to visit them. When he notices the change in Indar, he asks the reason for such behaviour. Indar tells him that he was suffering from some problems in his private parts. His friend advises him to go for treatment. Indar says he is fed up with various doctors like Hakim, Kabiraj etc but his friend points out that he should go to a good doctor.

Indar goes to a doctor. The latter informs him how STI is caused. He mentions that STI is curable and he and his wife both must get treated. He also explains how STI increases risk of HIV infection. Indar comes back home and tells his wife about his conversation with the doctor. His wife agrees to go for treatment.

Third production - Sandhri : addressed the following :

- Mobilising community to stop gender discrimination and provide equal opportunities to boy and girl child.
- Creating awareness on increased vulnerability to HIV/AIDS among IDUs. Information on harmful effect of drug addiction, support services available for de-addiction was also disseminated.

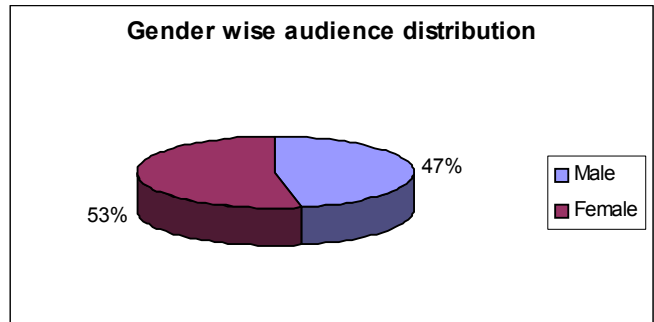
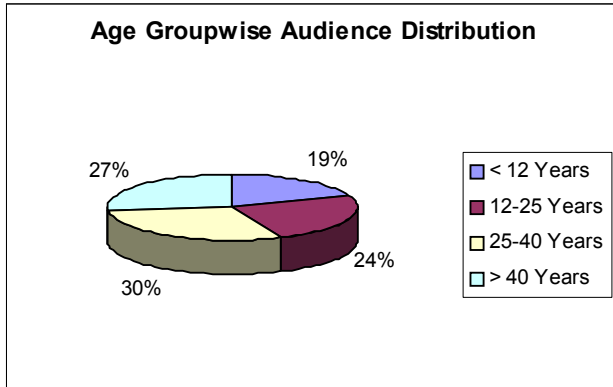
Storyline : The story starts with expectations which parents have about their child. Discussion between husband and wife addresses issues like both boy and girl child should be given equal care and opportunities and both are capable of having bright career.

The boy in the story wants to do something different & he does not give any value to his parents' wishes. He becomes addicted to drugs. He starts injecting drugs. His mother seeks medical help.

The doctor explains the hazards of drug abuse and increased risk of HIV contraction through sharing of needles. The boy goes for medical test and is found HIV positive. He decides to create awareness among his peers to stop proliferation of drug abuse and spread of HIV/AIDS.

Audience Reach and Feedback

Direct reach of the street theatre shows was nearly 10000 with an average of almost 160. The shows resulted in improved mass awareness and initiated discussion on the issue in the community. AIWC workers were present during the shows and got first hand experience of excellent impact of edu-tainment tools like theatre.



To assess level of understanding, questions relevant to the storyline as well as theme of the play were asked. The respondents who watched Arman could answer all queries related to ways in which HIV/AIDS spreads, precautions to be taken and available facilities for testing and treatment. Nearly all the respondents who watched Pahechan could identify the symptoms of STI, mention where treatment facilities may be availed of and the fact that STI increases vulnerability to AIDS. After watching Sandhri 90% of the respondents could mention where drug rehabilitation services were available. 70% agreed that girls should have access to similar opportunities as boys.

During discussions held after the show, people mentioned the following cases of HIV/AIDS affected persons in the area:

- During street theatre shows at Dashmesh Nagar, people mentioned about a HIV positive person who had been forced earlier to return to his village but has now come back to Amritsar.
- At Krishna Gali in Ghasmandi, the audience mentioned a case of HIV/AIDS affected family. A man who worked in Uttar Pradesh was infected. He had relationship with a girl in the area but later he got married to another woman. The man has died of AIDS. His wife and the woman with whom he had relationship both have AIDS.
- A person at Ghasmandi got infected through blood transfusion after he had an accident. He, his wife and their child all have AIDS.

The following are cases of improved health seeking behaviour triggered by the campaign :

- In Ghasmandi, residents of one area took the step of sending a drug addict boy to rehabilitation centre after learning about it from the show.
- In Gujrati Mohalla, a shop owner who had history of risky behaviour in the past enquired about testing facilities and got tested.

Thus outcomes were improved awareness, strengthening of linkage with community and initiation of community led action.

Capacity Building of NGO Workers

Local Partner NGO AIWC , All India Women's Conference was formed with a goal to empower women and fight for equal right of women. AIWC gives vocational training to women on stitching, cooking, beautician course and computer. A 24 hour help line for women is also run by AIWC. Theatre in Development methodologies were used to train the link workers and outreach workers of AIWC to build requisite communication skills as well as attitudinal skills in capacity building workshop held between 22nd and 25th August, 2006.

15 link and outreach workers of AIWC attended the workshop. The participants included men and women belonging to the age group of 24 – 55 years. Most had secondary level of education. Only one was a graduate. One woman is an ANM. Most of them did not have prior experience in health communications.

Games and discussions helped to identify skill development needs. The NGO workers shared how they undertook day to day community intervention. Role play sessions were held in which the participants enacted how they explained sexual reproductive health and HIV/AIDS issues to slum residents. The following are some of the observations made :

- The participants were shy and inhibited in sharing information.
- Some of them spoke in a low voice.
- Many spoke in a stiff manner.
- Some of the participants tended to talk hurriedly.
- Most of the participants straightaway broached the subject matter and were not lucid in explaining the topics.



Improving physical flexibility



Making masks



Learning to use body language

The outreach workers mentioned that it was difficult to organise meetings or gathering as people were not interested in knowing about HIV/AIDS.

"जो बात करने का नया रंग और तरीका सिखने को मिला है उससे लोगो के बीच बात करने में आसान होगा।"

Some of them felt that they lacked confidence as their role as health communicator was new to them.

"हमें जानकारी की तो कमी नहीं है मगर सिर्फ आत्मविश्वास की कमी हो सकती है यो अब हाल हो जायगी।"

It was observed that while the link and outreach workers had basic awareness on the disease some of them had misconceptions or lacked clear understanding of the issue, as for example

- The outreach workers were not aware of full forms of HIV, AIDS, RTI, STI.
- Many said that HIV/AIDS is not a STI.
- Some lacked clear understanding on the ways in which HIV infection spreads.
- No one had any idea of ART treatment facility available at Amritsar,.
- Many outreach workers did not know that HIV testing and counselling facilities are available at Amritsar.
- Many did not know that STI increases vulnerability to HIV/AIDS.
- Awareness on reproductive health was found inadequate. (Example, many did not know about Copper-T).

The participants appreciated the workshop as they felt that they were now empowered with tools to make communication interesting and they felt more confident. They said that they now have a better understanding about aspects of HIV and SRH. They commented that the workshop had changed their attitude and mindset. They said that they will use their new skills in meetings with slum residents and will also organise awareness campaigns using theatre.



Storytelling using masks



Mirror exercise



Improving communication skills



Group Discussion

Community Capacity building

Meetings were held with women and girls in the slum to discuss issues like gender inequality, drug abuse, increasing vulnerability to spread of HIV/AIDS etc. Four workshops were held with the girls and women to build their awareness on SRH and HIV/AIDS and mobilise them to come forward to reduce vulnerabilities of women and girls. Workshop dates and number of participants are detailed below.

Area	Location	Duration	# of participants
Ghasmandi	Kakkiawali Gali	31.8.06-1.9.06	9
Ghasmandi	Gujrati Mohalla	4.9.06-6.9.06	24
Dashmesh Nagar	Gali # 13	4.9.06-6.9.06	24
Dashmesh Nagar	Tung Pai Gurudwara	7.9.06 – 9.9.06	23

In the workshops held at Kakkiawali Gali in Ghasmandi and at Gali 13 in Dashmesh Nagar, the participants were literate and some were well educated. Hindu and Sikh women and girls attended the workshop. They came from economically well off families. Though their mother tongue is Punjabi they can also speak and write Hindi. Some of the participants in Dashmesh Nagar earn by doing stitching and embroidery. In the workshop at Gujrati Mohalla, the participants were mostly not literate. Many of these Gujrati women earn by selling utensils in exchange of old clothes. They are quite poor. The participants at Tung Pai were illiterate Punjabi women and girls belonging to poor families.

The women and girls enjoyed the games and exercises, storytelling sessions and discussions on social and health issues. They felt empowered with new knowledge and said that they would definitely share their learning with their neighbours.



Community meeting at Rani Ki Haveli



Link worker using masks in community meeting at Ghasmandi

Community workshops at Dashmesh Nagar



Workshop with community at Tung Pai



Building listening skills, Tung Pai



Participatory planning at community workshop, Dashmesh Nagar



Building alertness, Tung Pai



Game on observation skill building, Dashmesh Nagar



Ice breaking session at Dashmesh Nagar

Community workshops at Ghasmandi



Group work at community workshop at Ghasmandi, Kakkiawali Gali



Group discussion on HIV/AIDS, at Ghasmandi, Kakkiawali Gali



Perception analysis with participants at Gujrati Mohalla, Ghasmandi



Identifying problems in workshop at Gujrati Mohalla, Ghasmandi



Workshop at Ghasmandi : Building a safety net



Participatory discussion at Ghasmandi

Impact Assessment and Observations

Post Campaign Survey

Improved level of awareness was evident during the post campaign survey. Around 180 respondents were covered. Most of them were women in the age group 18 to 35 years including unmarried girls as well as housewives. Young men who are auto rickshaw drivers, shop owners or traders living in the area were also covered. Nearly everyone was aware of the theatre shows and talking doll shows. Most of them had actually seen the shows showing effective coverage of the campaign while others had heard about the campaign from their family or neighbours showing indirect reach by word of mouth. All could confirm the theme of the campaign and 92% agreed that the campaign had been effective in creating improved awareness. Nearly 60% were aware of the community meetings and workshops being held to mobilise participation of women.

Outcome

The interventions have led to improved awareness, fostered effective linkage and networking between outreach workers and slum dwellers, mobilised greater involvement of the outreach workers and inculcated a sense of responsibility on the issue of community health among the stakeholders. The innovative approach succeeded in mobilising participation of women. Improved health seeking behaviour among slum dwellers was also observed.

It was observed that the interventions have resulted in improved linkage and amity between community and AIWC workers. AIWC workers felt that there has been a significant change in situation and bridges have been built with the people. Unlike the earlier situation when people were reluctant to give them any time, they now cordially invite the health workers to their homes and discuss gender or health issues. In the post campaign survey nearly 90% were found aware of AIWC and its services.

On ground communication has resulted in improved awareness on causes of STI, RTI, HIV/AIDS, hazards posed by drug abuse, treatment facilities and support services and factors which lead to increased vulnerability to HIV/AIDS. In the post campaign survey 80-90% could identify the four ways of transmission of HIV. More than 90% could mention the number of toll free help line for women, treatment and testing facilities available at Amritsar. 70% knew that HIV could be detected through blood test. Nearly 80% mentioned that HIV does not spread through touch. Around 90% of the respondents were aware that STI, injected drug use and having multiple partners increases vulnerability. 72% could mention that blood testing detected HIV and more than 90% could say where testing facilities are available. Most of the respondents could mention the symptoms and causes of STI and more than 80% knew that both partners should seek treatment.

Awareness on treatment facilities for HIV/AIDS and drug addiction available at Amritsar was practically nil among AIWC workers as well as the community. In one incident, for example, a doctor learned from his patient who had watched the campaign that ART facilities are available at Amritsar. He called up the field coordinator of *banglanatak dot com* and expressed annoyance at such spread of 'misinformation'. He was then informed by the team that ART services were available since mid year. The doctor who had patients with HIV/AIDS, checked this and appreciated the campaign.

The peer educators who participated in the community workshops acknowledged that they now have better and friendlier relationship with each other. They have learned a lot about SRH and HIV/AIDS and these issues, including the threat of secondary infection among women, are now being discussed among the slum women.

The mass awareness campaigns using street theatre shows and talking doll shows have not only resulted in improved awareness but also a sense of collective identity among the residents. People at large have become more open in discussing issues like spread of HIV/AIDS, drug abuse etc. They approach AIWC workers with their queries. Women discussing SRH with outreach workers, youth being sent for de-addiction by neighbours, youth coming forward for voluntary testing are instances of improved health seeking behaviour.

The project has empowered the AIWC workers with enhanced knowledge, tools and skills and has also resulted in improved involvement and motivation. Effect of the capacity building workshops with AIWC workers was evident in various meetings held with slum residents. AIWC workers were present during the theatre and ventriloquism shows. They interacted with the audience after the shows and answered their queries. AIWC workers, empowered with a new sense of confidence and knowledge of new tools for health communication, are organising meetings with women and girls and disseminating information on HIV/AIDS and SRH. In these meetings they are mobilising the women to adopt healthy behaviour, be watchful against drug abuse, be aware of their rights and work collectively to reduce vulnerabilities of women. Housewives, school girls and other slum women are attending the meetings. The AIWC workers are using their newly acquired skills by holding ice breaking games to break shyness in discussing SRH issues and using stories to make communication interesting and lucid. The women are discussing problems they face and how to share their learning on safe sexual behaviour and sexual reproductive diseases with men in the family. These activities are helping in making inroads into the community and creating awareness among women and girls.

The AIWC workers have commented that the campaigns and the workshops have improved their confidence. They used to be shy in broaching the subject. The process has made them capable of freely discussing sexual reproductive health issues with men and women.

The AIWC workers also mentioned that the process has improved their group dynamics. Instead of working individually in their own designated areas, they now work as a team and share their problems.

Observations

Threat of HIV/AIDS is a stark reality at Amritsar. Poor socio economic status of women and inclination among men to have multiple sexual partners or casual sex have increased the vulnerability of women. The situation is aggravated due to growing number of injected drug users.

There is dearth of awareness on HIV/AIDS, risk factors and available treatment services at all levels. This is evidenced by the complete lack of awareness on availability of ART services as discussed in the report. Critical needs are building mass awareness to mobilise safe and healthy behaviour and improve usage of available services. PMTCT services are also needed to reduce risk of spread from HIV positive mother to child. Stakeholders in the health service delivery need to be strengthened with improved understanding of SRH and risky behaviours which must be addressed.

Awareness on SRH needs to be improved through sustained campaigns. During post campaign survey it was observed that around half the respondents still mentioned that heat was a cause of 'Garmi ki bimari.'

Gender bias is deep seated in the community. This may be addressed through sustained communication and improved access to educational and vocational training services.

Section III : Bhubaneswar

HIV/AIDS in Bhubaneswar

According to health department officials there were 127 full-blown AIDS cases till March 2002. In a span of two-and-a-half years, the state recorded a significant jump in the number of AIDS cases. While 288 cases were recorded till September 2004, 125 people have died so far. There are 34 centres for AIDS surveillance in 15 districts and more units are being planned with support from National Aids Control Society. Of the 34 centres, 14 are AIDS surveillance centres and 20 voluntary confidential testing and counselling units. In Bhubaneswar there is a Voluntary Confidential Counselling and Testing Centre (VCCTC) Unit in Capital Hospital. This hospital also has STD / STI treatment clinic and a Prevention of Parent to Child Transmission (PPTCT) Unit. About 360 people came for counselling in August' 06. 200 were tested and 11 were found HIV positive. Among them 3 were women. VCCTC staff mentioned that many women come accompanied by NGO workers. They felt that men and women from the poorer segments and in the age group of 25 to 40 years were the most vulnerable. College youth also come for counselling. VCCTC staff mentioned the following cases :

- There was an IDU case who came to VCCTC, was tested positive and was undergoing ART treatment. He has again started taking injected drug.
- Wife found out that her husband had been involved in casual sex when he was out for work at Surat. Wife brought husband for testing.
- In one case husband was tested HIV positive. During counselling he was told that the partner should also come for test. He took one year to bring his wife for testing and she was also found positive.
- A HIV positive couple had a baby even after knowing the risks. The baby is one and a half years old now.
- Quacks take people for a ride. A person was getting treated for HIV by a quack. Later he learnt that he was not HIV affected after getting tested at VCCTC.

Persons living with HIV/AIDS are stigmatised. Even staff of hospital and private clinic doctors refuse to treat, do surgery of HIV positive persons. People also have misconceptions like the virus is air or vector borne and so may be contracted by living with or sharing toilets with HIV/AIDS affected people. This also leads to tendency of concealing HIV status and deters inclination for voluntary testing.

Many a times when a person is tested positive he asks VCCTC to give a negative report as well so that he can show it to his family. The VCCTC does not give wrong report but ensures confidentiality.

Kalinga Network for Positive People (KNP+) gives care and support to HIV positive persons. They also provide support in linking to ART treatment providers in other states.

Community Profile at Patharabandha and Malisahi

Area Profile

At Patharabandha, population ranges from 5000 to 6000. Houses are mostly Kutccha but some Pucca houses are also present. The area is not congested. A sewerage canal divides the slum into two parts.

Around 300 to 400 households live in Mali Sahi. Population is around 3000. Roads are narrow and in poor condition. The area has a big market. Neighbouring areas are Shantinagar, NAC colony, Leprosy colony and Harijansahi. The slum is situated just at the side of the Coaching depot of East Coast Railway (Bhubaneswar). Efforts to relocate the slum dwellers to Salisahi was not successful. Houses are mostly Kutccha, mud houses with thatched roofs are present. The area is extremely dirty, filthy and congested.



Malisahi : area near Masjid



Patharabandha area.

Community

At Patharabandha people are mostly Hindus. There are very few Muslim families. A few tribal households are also present. Most people speak Oriya. There are around two hundred migrant Bihari men living away from their families. A few Bengali, Telegu and Punjabi families are also present. Different parts are named after communities living there, viz., Sanjay Sahi, Rickshaw Sahi, Santal Sahi, Munda Sahi, Behera Sahi etc. There is a slum committee in the area. There are two clubs formed by local youth. These clubs organise community events, festivals etc. Some local youths have formed a theatre group called Utkal Sanskritik Kala Bikash Parishad. They have undertaken awareness campaigns.

At Malisahi, there is a pocket where about 40 commercial sex workers live. These women are Oriyas and some of them have been living here for two generations. Behind this pocket there is a colony of migrant Bengali Muslim families from Panskura, Moyna, Pingla area of Midnapore in West Bengal. Many are born here but they visit their native villages once a year. Many have acquired land. Besides there are around 30 Bihari families. There is a Leprosy Colony in the area where Government has provided houses for people affected with Leprosy. They have come from different parts of Orissa. In the adjoining Shantinagar area besides Oriya families there are Bengali, Tamil and Telegu families. Harijan community lives at Hari Sahi. People are poor. Children are seen in rags. Families have 8-10 members.

Livelihood and Economic Condition

At Patharabandha people are mostly daily labourers working in construction sites. Few own small grocery shops within the slum. Some are in Government service. Few slum dwellers are also engaged in making and selling of Fuchkas. There are around 50 auto rickshaw drivers and some also own tractors. People in Behera Sahi sell milk. There are three cowsheds with 200 to 300 cows. They also trade in cows. Women work as daily labourers and as maid servants. Household income ranges from Rs 1000 /- to Rs 5000/- per month. Many families own bicycles and bikes. Most houses have televisions with cable connection. The tribal families are very poor. It was observed that the poor tribals take Hariya as food.

At Malisahi, most slum dwellers are Kabadiwalas. Men, women, youth and children earn around Rs.50 per day by rag picking, collecting old bottles, tins etc. Some are small business men who own shops. The people who have shops in the market are mostly from various other places of Bhubaneswar and not from Malisahi. Many work as daily labourers. As mentioned earlier, there is a pocket where sex workers live and sex workers who do not live here also come to this area for earning.

Out migration for work to distant places like Surat is prevalent in both areas.

Education

At Patharabandha there is an Anganwadi centre and a pre-school inside the slum. Primary and higher secondary schools are located nearby. Around half of the adults are literate. Literacy among tribal families is very low. Children, including those from tribal families, go to school. Girls continue education till middle or high school.

At Malisahi there is a Madrassa and two pre-schools run by the NGO Ruchika Social Service Organisation at the pocket where Muslim families live and one at Shantinagar area. Parents do not send children to school after pre-school education. Women are illiterate. There is no facility for adult education.

Health and Sanitation

At Patharabandha access to health services is poor. There are no nearby health centres, hospitals or STD/STI treatment clinics around. Doctors visit slums when health camps are organised. But this is sporadic. Children are immunised. The tribal families mentioned that they cannot afford going for treatment. People suffer from skin diseases, malaria, jaundice, tuberculosis. Two cases of death due to HIV/AIDS was mentioned by the local people. Many commented that people who migrate to Surat and other places bring back diseases like STI or AIDS. Most houses have service latrine beside the canal. Open defecation is common. A few have sanitary latrines.

At Malisahi access to health care is poor. Skin diseases, malaria, tuberculosis are common. Water borne diseases are common. STI is an issue. Child mortality rate is high. All children are not immunized. Children are taken to Shishu Bhawan in Capital Hospital for treatment. On an average number of children per family is 5 to 6 among Muslim families. RTI is an issue among Muslim women. Health of mothers as well as children is poor. Malnutrition is an issue. In Shantinagar area women mentioned that they use contraceptives. NGO Ruchika organises periodic health check up camps and distribute free medicines. Panda Nursing home and Nilachal Hospital are located nearby. Nine commercial sex workers have HIV/AIDS. Sanitation is poor. There is one Sulabh Sauchalaya. Open defecation is common.

In both areas people often go for Kaviraji or Ayurvedic treatment. Many visit quacks for treating STI. Some women said that their husbands do not agree to go for treatment even though the wives take medication. Doctors mentioned that patients often do not complete treatment of STIs.

Situation of women

NGOs like Centre for Youth and Social Development (CYSD) and PLAN have worked in the Patharabandha area for improving community health and situation of women. There are twenty one Mahila Samitis registered with the Municipality and with around 450 members. They are under Pragati Mahila Bikas Parishad (Federation). They were supported by organizations like CYSD (Centre for Youth and Social Development), Adhikar, Sarada micro finance. CYSD used to provide trainings for stitching, etc. The members cultivate thrift and have individual savings of around Rs.10-12,000. The Mahila Samiti members earn by stitching, candle-making etc. Dance classes are held with for young girls. The Samitis also organise cultural programmes and awareness campaigns.

At Malisahi women in the Muslim families have traditionally been dominated by their husbands. Beating of wives is common. Girls and women are illiterate. Boy child gets preference. The Muslim women explained that they have many children as they are forced to beget children till a boy is born. Dowry is prevalent.

Addiction

Alcoholism is common among men. At Patharabandha the tribal community brews Hariya and Rassi. Opium addiction is present. Drug addiction is an issue at Malisahi. This area is infamous for drug peddling. Injected drug users are present. LEPRA runs a counselling centre at Malisahi, Municipality Recreation Club every Thursday. De-addiction centres in Bhubaneswar are Sankalp in VSS Nagar, Sahara Drug deaddiction centre in BJB Nagar and Nishtha in Khandagiri.



Malisahi area



Lane in Patharabandha

Communication Planning

A rapid appraisal study was undertaken in first week of September to assess level of awareness on HIV/AIDS and understand factors leading to increased vulnerability to HIV/AIDS. A communication plan was drawn up based on the findings from informal interviews with doctors, staff at VCCTC (Voluntary Confidential Counselling and Testing Centre), members of Kalinga Network of Positive People, Sankalp (centre for de-addiction from drugs), school teachers working for the NGO Ruchika Social Service Organisation at Malisahi, Anganwadi



Pre Campaign survey at Malisahi

workers, Municipal Councillors of both Malisahi and Patharabandha, outreach and peer educators of LEPRO. Pre - campaign survey covered around 85 persons, both men and women, in the age group 13 – 55 years. Based on the findings, the communication plan, which has been detailed in a separate section below, was drawn up.

Assessment of awareness on SRH, HIV/AIDS and attitude for community led action

It was observed that people in Patharabandha were somewhat aware of HIV/AIDS and understood that having multiple partners increases vulnerability. At Malisahi though people mentioned having seen street theatre campaign on HIV/AIDS, risk perception was low. Nearly 60% of the respondents felt that having unprotected sex just once with non regular may not lead to transmission of HIV. They mentioned that truck drivers or persons who visit commercial sex workers have the disease. There are misconceptions like healthy looking persons do not have AIDS. At



Community meeting at Malisahi

Malisahi nearly 40% of the respondents felt that PLHAs should be prevented from mixing with the community as this may lead to spread of HIV.

Commercial sex workers at Malisahi are quite aware on the issue owing to interventions by the Orissa State Aids Control Society. However, safe sexual behaviour is not practised. Pleasure factor is a barrier and customers often pay extra money for not using condoms.

Awareness on causes and symptoms of STI or RTI is low. Less than one fourth of the respondents in the pre campaign survey could identify causes or symptoms. Less than 15% knew that STI may lead to increased vulnerability to HIV.

At Malisahi around 40% of the respondents were aware of prevalence of drug abuse but most did not have any idea about de-addiction or rehabilitation of drug addicts. 27% were aware of blood transfusion as one of the cause of HIV transmission. 61% of the community showed positive intent in taking up community led action.

Two third of the respondents were aware that testing for HIV is done at Capital Hospital. Only 2 or 3 were aware of PPTCT facilities available at Bhubaneswar. People had not heard of Kalinga Network of Positive People who gives care and support to the HIV positive people. Very few knew of any drug de-addiction centre, some were aware of counselling centre run by LEPRO Society in Municipality Recreation Club, Malisahi.

The awareness campaigns targeted

- Building awareness on HIV/AIDS , SRH, care and treatment services.
- Improve risk perception.
- Promoting safe and responsible sexual behaviour.
- Addressing stigma associated with persons affected with HIV/AIDS.
- Building awareness on effect of drug abuse, particularly IDU.
- Sensitising parents on the importance of educating their children to reduce their vulnerability.

The message plan for talking doll and street theatre shows have been detailed in the respective sections.

Talking Doll Shows

Fifty talking doll shows were held between 12th and 21st September. Talking doll was a new experience for the slum dwellers. LEPRA had started working on the project in September. The shows helped the outreach workers and peer educators to make an entry into the slum. As the shows pulled crowd and promoted discussions, the NGO workers introduced themselves and interacted with the slum dwellers.



Talking doll show at Malisahi



Tribals at Patharabandha watching show

Message Plan for Talking doll Shows

The talking doll shows covered the following themes :

HIV / AIDS

- Everyone is at risk of HIV/AIDS, unless some basic precautions are followed.
- We must stop spread of this disease, as it is not curable. Be loyal to your family. HIV/AIDS destroys you and your partner. Your children's future is doomed.
- HIV/AIDS destroys the immune system of the body. Medication is available to improve resistance for people living with HIV/AIDS.
- HIV AIDS spreads from infected pregnant mother to child. Medication is available to prevent mother to child transmission.
- HIV/AIDS does not spread through touch, or being together or through vectors.
- Do not stigmatize people living with HIV/AIDS. Do not reject, isolate, blame or shame. We become involved in stigmatizing even if we do not realize it. By changing ourselves and our action we can make life easier for PLWHAs. Stigma hurts ourselves, our families, and our communities.

Information was disseminated on care and support services like testing, counselling and PPTCT services. Information on LEPRA and OSACS was also provided.

STI

- STI is curable.
- Untreated STI increases your chances of contracting HIV infection.
- Treatment of both the partners is necessary.
- Medication should be completed.
- Go to good doctors.

At Malisahi, the talking doll shows also addressed vulnerabilities due to lack of education and drug abuse.

- **Education, Gender and HIV/AIDS :** Education will give them a chance for better life. Send your child to school. The goal was to make parents understand that by getting and keeping young people in school, particularly girls, their vulnerability to HIV may be lowered. With each additional year of education, girls gain greater independence, are better equipped to make decisions affecting their sexual lives, and have higher income earning potential - all of which help them stay safe from HIV.
- **Drug abuse**
 - Drug addiction is dangerous.
 - Drug addiction affects health and ultimately leads to death.
 - Addicts are prone to committing crime and violence against women and children.
 - Resist peer pressure.
 - IDU increases risk of HIV / AIDS.

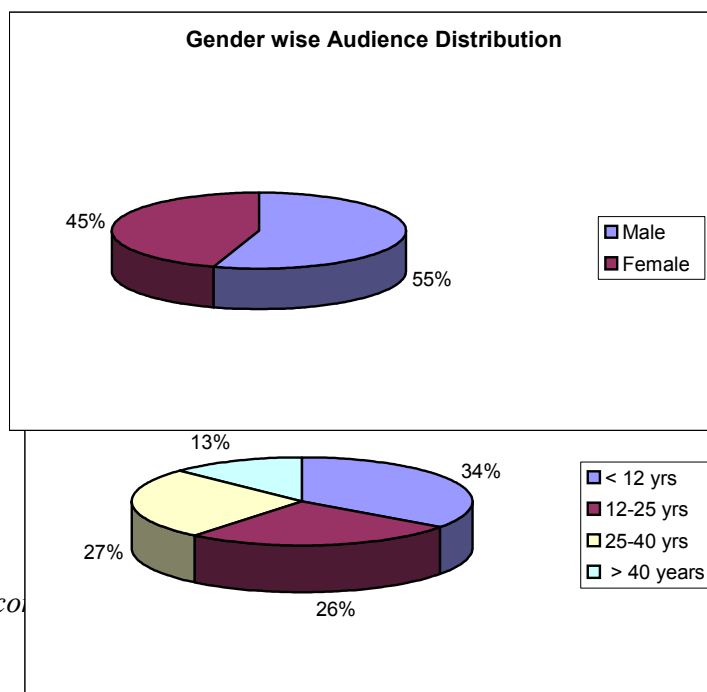
Information was provided on de-addiction and rehabilitation facilities.

Audience Reach and Feedback

Around 5000 persons saw the shows. Average audience per show was around 100. Communication was two way. People sought clarifications and discussed their problems.

- A young man asked many questions on HIV/AIDS and took the address of VCCTC. He is in regular touch with LEPRA workers. Another young man in Patharabandha tested his blood and was found HIV negative.
- A man shared his prolonged problem of pus in the genital area which so far could not be cured. He was advised to go to Capital Hospital.
- People asked questions on effect of STI or STDs on children born of infected mother. They asked several questions on STI.
- People in Malisahi mentioned that drug usage is prevalent in the area.
- Women at Malisahi mentioned that prevalence of RTIs is an issue. Lack of family planning also affects health of women.

As observed in the following charts, youths and children formed the greater part of the audience. Participation of women was also quite satisfactory.



Street Theatre Shows

Sixty street theatre shows were held between 24th September and 16th October. Forty theatre shows focused building awareness on HIV/AIDS. 17 shows were held to build awareness on the fact that STI increases vulnerability to HIV infection. Three shows were held at Malisahi to build awareness on increased vulnerability to spread of HIV through injected drug use. Street theatre shows were staged by Orissa Theatre Academy and also a peer group formed with youths from Patharabandha who were trained during this project.



Theatre show at Santal Sahi



Theatre show near Railway station, Malisahi



Street theatre show by local resource group



Theatre show at Patharabandha on HIV/AIDS

Message Plan for Theatre Shows

Risk perception was observed to be low. People associated HIV/AIDS to persons who may be visiting commercial sex workers. In the first phase, a key objective was to build risk perception and awareness on factors like sex with multiple partners which lead to increased vulnerability of HIV/AIDS in this area. The first production - *Apne Suraksha Apne Hatho Mein* highlighted

- Various modes of transmission of HIV/AIDS.

- How one can protect oneself against HIV/AIDS.
- Misconceptions like HIV does not transmit through touch or through vectors, healthy looking person can also have HIV / AIDS.
- Care and support services available.

Storyline:

Madhu and Jugal are married for some time. While Madhu remains busy in household work, Jugal is busy in office work and goes for tours twice or thrice every month. His friend Jagannath comes from Delhi to Bhubaneswar, and while talking to him, Jugal discloses that he has casual sex when he is away from home. He says he does not use condom as it reduces pleasure and he always ensures that the partners are healthy.

After some months, Jugal starts falling sick. Prolonged sickness makes him tense and worried. He discusses with Madhu and then with Jagannath. Jagannath brings along with him a field worker of LEPRAs. They suggest going to VCCTC. Madhu breaks down when he learns of Jugal's promiscuity and blames Jugal for destroying their life. She is worried as she is pregnant. Both of them test HIV positive. LEPRAs outreach worker informed her of PPTCT services so that she can prevent spread of infection to her child.

The neighbours start stigmatising and ostracising the family through their myths and misconceptions. LEPRAs outreach worker explains to them how HIV spreads and how stigmatising PLHAs affects community.

As STIs are common and people are unaware that STIs lead to increased vulnerability, the second production *Pyaar Mein Kabhi Kabhi* emphasized on:

- STI is curable.
- Treatment of both partners is important in case of STI.
- Medication should be completed if someone has STI.
- Untreated STI increases vulnerability to HIV / AIDS.

Storyline:

It is also about a couple Mukesh and Mili living happily. Mukesh has an affair for some days and his friends come to know of it. While chatting with his friends Mukesh was forced to disclose his relationship. He openly tells that the girl with whom he has relationship is not a CSW, and he thus does not worry, does not bother to use condom. His friends Vijay and others advise him, to be loyal to Mili as their relationship is strong and Mili loves him too much.

Mukesh after some days have problems like itching in the genital area, pus in the genital area, boils in the genital area, and lower abdominal pain. For some days he neglects it, have intimate relationship with wife. With Vijay's help he goes to the doctor. The doctor advises him to take medicine and complete the medication. The doctor also advises him to give the same medicine to his wife. Mili doesn't listen to Mukesh's words and doesn't take medicine. Mukesh takes medicine alone and gets cured.

After few days Mukesh again have the same symptoms and this time he goes to the doctor with Mili. The doctor makes both of them understand the importance of partner treatment and completion of full medication and also the danger of repeated occurrence of STI leading to HIV / AIDS. Both of them take medicine and get cured.

Third production – *Nasha* emphasised on

- Drug is dangerous

- Sharing of needle by IDUs may lead to HIV/AIDS.

Storyline:

The story revolves round Rakesh, a college going student. He stays with his brother and sister in law. His brother goes to work and comes at night keeping no track of what Rakesh is doing. Rakesh falls prey to injected drug use under peer pressure. His demand for money increased and his brother one day succumbed and beat him. He stole his sister in laws necklace and sold it to get money for taking injected drugs. One day his brother comes to know of his injected drug use from his friend. He and his friend makes Rakesh understand the dangers of being an IDU. They take him to VCCTC, Capital Hospital for testing whether he is HIV+, but he was negative. Rakesh promised to get out from the evil.

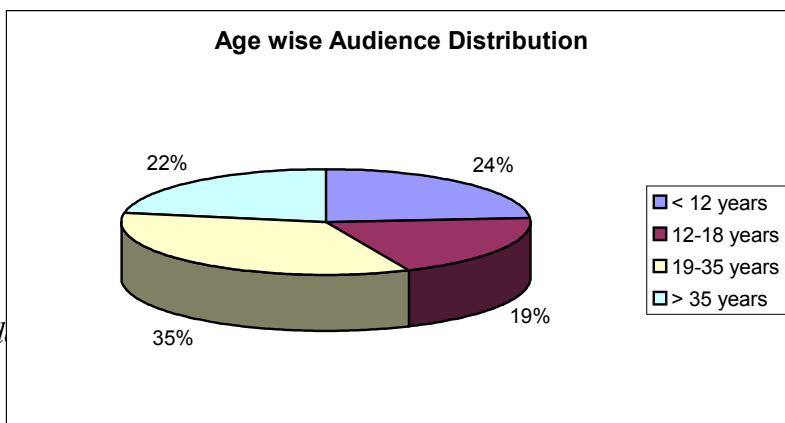
Audience Reach and Feedback

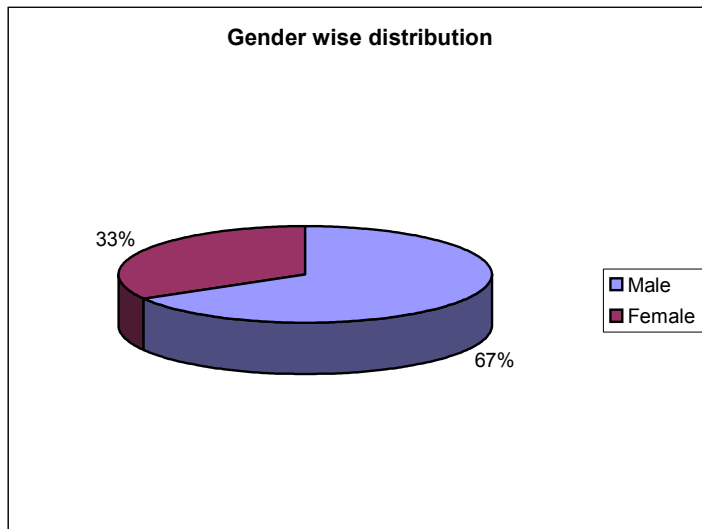
Average audience was about 110. Direct reach was nearly 7000. Audience present voiced their concerns and identified support needs. People mentioned the following needs

- Women at Malisahi mentioned the need for improved access to healthcare. They suggested that regular visit by lady doctor would be beneficial.
- Focused interventions are needed for CSWs in the area. The latter mentioned that they are often forced to have unprotected sex with customers.
- People at Malisahi felt that vulnerability to STI and HIV was increased as CSWs live in the area and many men regularly visit them.
- People at Malisahi acknowledged that IDU is an issue and community need to be proactive to stop this.

To gauge impact of the shows, questions relevant to the storyline was asked to the audience and they could answer to the questions mostly. About 97% of the audience could tell the causes of HIV transmission, 81% could understand that a healthy looking can also have HIV, 94% of the audience could tell that blood test for finding out whether one is HIV+ one should go to Capital Hospital, only 36% of the audience could tell about PPTCT (Prevention of Parent to Child Transmission). During theatre shows on STI, 99% of the audience could understand the symptoms of STI, 74% of the audience could understand the importance of partner treatment and 78% told repeated occurrence of STI may lead to HIV / AIDS. People noted down the help line numbers, address of VCCTC and Capital Hospital.

The following pie chart shows effective coverage among different age groups. Overall percentage of women among the audience was lower than men as the Muslim women in Malisahi were reticent in coming out of their house to watch the shows. However number of women audience was satisfactory in the shows scheduled specifically targeting women audience. Women watched the shows with interest and asked questions. One woman for example took the campaign team into confidence and narrated how she has got STI from her husband who has multiple partners. She verified what she had learnt from the campaign with the outreach workers.





Capacity Building of NGO workers

Local partner LEPRO Society is a health and development organization working to restore health, hope and dignity to people affected by leprosy, tuberculosis, Malaria, HIV/AIDS and other allied diseases. Lepra Society started its operations in the year 1988, with the aim of eradicating Leprosy but with time they felt the need and started working on TB and HIV / AIDS. LEPRO Society in Orissa has also taken up a project to reduce the vulnerability of HIV / AIDS through injected drug use.



Teaching story telling with mask



Role Playing Session



Communication skill building exercise



Trust building game

Sixteen outreach workers and peer educators attended the capacity building workshop between 13th to 15th September. Some of the peer educators did not have much prior experience. The participants were encouraged to identify ways of making communication interesting and effective. They mentioned good body language, speech pattern, knowledge, listening, simple message delivery, understanding the situation as important elements of communication. The participants also mentioned problems they face in their work. They said people did not cooperate or participate in interventions for building awareness owing to their lack of awareness, shyness, stigma associated with HIV/AIDS and pre-occupation in day to day struggle for life amidst poverty. One commented that ‘participation’ may have to be ‘bought’ in ‘terms of kind. Money and services’.

Games were played to improve listening, observation , communication skills and group dynamics .The participants were trained in using culture and entertainment based tools for effective communication and capacity building. They learned to communicate using stories , role playing and masks. They were trained in learning conversation technique where two characters are used to portray desired behaviour and current or less positive situation. Role

play sessions were held to promote learning by doing. The following are some of the feedback from the participants :

“We learned ways of communicating with target groups and community through entertainment”.

“We learned many things that will help in my field work. It has built my capacity and confidence”

The participants felt that edutainment based communication techniques will be useful for their interventions in the slums. They felt that the workshop provided an insight into importance of different elements like listening, observation etc. to make communication effective. They also mentioned that they have learned new self management skills. The process has led to improved confidence, team spirit and improved ability to deal with different people in different situations.

The NGO workers of LEPRA in the coming months want to sustain the awareness campaign through more street plays, door to door campaign, inter personal communication, leaflet distribution, school education programme, meeting and through a participative approach using story telling methods. Community groups , SHGs , Youth Clubs should also be involved in the awareness campaign to bring in greater involvement of people.

Community Capacity building

Community theatre workshop : Community theatre is extremely effective for mobilising behaviour change as people easily get involved and identify with the situation depicted in the play when members from their own locality stage the shows. Keeping this in mind a peer group of seven youths including three adolescent girls were trained to stage theatre shows on HIV/AIDS. A workshop was held with them to educate them on HIV/AIDS and remove their misconceptions. A production was developed . The group performed ten shows. They are eager to do such shows in future.



Theatre production with local resource

Workshops with slum women and girls :



Story telling with mask, workshop at Patharabandha



Game to develop leadership skill, women of Shantinagar

Four workshops were held to mobilise and build capacity of slum women and girls to initiate and lead activities to stop feminisation of HIV/AIDS. Awareness was built on HIV/AIDS and SRH. Issues like education of girls, hygiene and sanitation were also discussed. They were trained to explain to their neighbours about HIV/AIDS, stopping stigma and ensuring complete treatment of STI by using techniques like stories, masks and role playing. Games were also played to improve their listening, imagination and communication skills.

At Patharabandha the participants were Oriya girls and women. They were literate. Some were members of Mahila Samiti. The adolescent girls had middle or secondary school level of education. They enjoyed the workshop. They said, “We did not know that we could speak so easily, and we could come out of our shyness in talking about sexual health.”

The Muslim women who attended the workshop at Malisahi had no awareness on SRH or HIV/AIDS. They voiced their concerns and discussed problems like poor access to health care, lack of sanitation, safe drinking water and lack of access to educational facilities. The participants at the workshop held at Shantinagar were from Oriya, Telegu and Tamil communities. They were mostly housewives. Some work as maids.

The women who attended the workshops acknowledged that they had learned a lot on SRH and HIV/AIDS and would share this with their friends. Some of them volunteered to be peer educators.

Besides these workshops, meetings were also held with the community women to sensitise them on their role in stopping feminisation of HIV/AIDS.

Community workshops at Patharabandha



Role playing session



Learning importance of listening



To find out the leadership qualities.



Game to develop observation skills.



Theatre production workshop with local resource group.



Theatre production workshop

Community workshops at Malisahi



Women with infants attending workshop



Ice breaking exercise, name game



Role play session



Understanding importance of working in a group



Group discussion women of Shantinagar



Image making

Impact Assessment and Observations

Post Campaign Survey

Post Campaign Survey was carried out in Malisahi and Patharabandha. About 80 community people within the age group 15 –40 were questioned to ascertain the level of awareness reached through the campaign. Women were also questioned within the age group 15-40. It was observed that there was effective reach among the targeted communities. Most people (86% of the respondents) had the view that the campaign had been effective. 90% of the respondents were aware of street theatre shows and could recall the key messages. Nearly everyone was aware of the campaign indicating effective indirect reach through word of mouth. Nearly three fourth of the respondents had seen the talking doll shows. Nearly half the audience were found aware of community meetings and workshops held targeting the slum women .

Outcome

The awareness campaigns resulted in improved awareness on causes of HIV, do's and don'ts for stopping spread of the disease and care and support services available and fostered an enabling environment to mobilise community driven initiatives to stop spread of HIV/AIDS and address the issue of feminisation of HIV/AIDS.

A local resource group has been formed with 6 young men and 2 young girls at Patharabandha. They were trained to perform street theatre show on HIV/AIDS. They enthusiastically performed 10 shows and are eager to carry out such campaigns in the future.

The innovative approach of using theatre as a process for social inclusion helped in making inroads to the marginalized Muslim families at Malisahi or the extremely backward tribals at Patharabandha. Malisahi area is branded as an area difficult to intervene owing to presence of commercial sex workers, presence of Bengali Muslim communities, lack of trust on NGOs etc. The edu-tainment based approach of community education and mobilisation helped to make inroads , theatre being a non threatening tool. The outreach workers working in the Malisahi area felt that the community workshops have fostered linkage with the Bengali speaking migrant Muslim women. Women came with infants to attend the workshop. They appreciated the chance to express their needs and felt that they need sustained support of educated persons ('Some one who can talk on our behalf...') for improving their condition. A peer group of women from the Muslim Colony and Shantinagar have come forward to work as peer educators.

Interventions resulted in two way communication. Participants in both slums felt that the situation of sanitation needs to be improved. Women of Malisahi mentioned that there was need for organising regular visit by lady doctor . They also pointed out the lack of educational and vocational training opportunities at Malisahi. Men asked for easier access to condoms.

Improved level on awareness was quite evident during the post campaign survey. Nearly 90% of the respondents could mention where one could go for testing for HIV. Increased vulnerability owing to unprotected sex with multiple partners was mentioned by all. Nearly everyone could mention that HIV may be transmitted through sharing of needles and blood transfusion. Nearly everyone knew that HIV does not spread through touch or mosquito bite. Awareness on SRH has also improved with more than half now aware of symptoms and the need for treating both partners.

LEPRA workers appreciated the new techniques and skills acquired. They were present during the shows and interacted with the community. They used story telling as communication technique during meetings and found it to be an effective medium in making awareness.

The intervention has also improved community linkage with LEPRA. While at the start of the project less than half knew of LEPRA, 80% of the respondents were aware of services being offered through LEPRA.

Observations

Level of awareness and access to care and support services vary between different community segments in the areas covered. As for example, people at Patharabandha who are familiar with NGOs were extremely cooperative and participative. Youths came forward to stage the shows while women freely participated in the meetings and workshops. The tribal families in the same area are however extremely ignorant on health issues. Women at Malisahi too are very marginalised. They only spoke to women coordinators and outreach workers. While the interventions have effectively mobilised participation of some women, sustained on ground communication is a key need for these backward communities in order to improve awareness on SRH and build risk perception. Besides access to educational, vocational training and health care services needs to be improved.