

## Study of A FOSTER CARE PROGRAM FOR THE YOUNG DEPENDENTS OF PEOPLE VULNERABLE TO OR INFECTED BY HIV/AIDS IN DHARWAD DISTRICT

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### Abstract :

HIV positive children have higher nutritional needs, which they find difficult to meet due to poverty or inappropriate care. Often these children are unaware of their rights in terms of property and support and become invisible to the health care providers, thus perpetuating the cycle of neglect. It is important to support these children and their care takers in a holistic way.

Thus our target population remains the vulnerable dependents of communities at high risk to HIV/AIDS or HIV positive people like orphan children of HIV positive parents.

The Inchara programme has started reaching out to **250 Orphaned and Vulnerable Children (OVCs)** through the foster care model. A portion of the proposed project is already being funded by Deshpande Foundation since last year. This funding is being utilized for :

- The identification of the OVCs and the foster care mothers in the communities;
- Awareness programs;
- Addressing stigma and discrimination;
- General health camps and
- Human Resource Costs
- Capacity building of the program personnel

The funding for the nutrition and other health services like HIV testing, CD4 count, ART, etc for the OVCs, is leveraged from the Government OVC scheme through the Woman and Child Development Department.

### Significant Project Experience

With an objective to provide Primary Health Care services to the rural masses and gradually providing services in the fields of Family Welfare programs, Reproductive and Child Health Care and HIV/AIDS awareness programs. The project with offices, 9 drop-in centers and 10 clinics for serving the target population as well as general public under these projects. SAMASTHA a rural based project, which covers 70 villages in Dharwad district for comprehensive prevention, care and support for HIV/AIDS with funding by USAID through KHPT.

The Trust has conducted many studies/surveys on HIV/AIDS, in the northern districts of Karnataka with the sponsorship of UNAIDS; district situational analysis in Dharwad to assess the knowledge, attitude and perception of youth in the context of HIV/AIDS; need assessment survey to estimate the number of sex workers and other high risk population; rapid assessment of HIV risk in rural areas etc.

### Basic Information on the Proposed Project

**‘INCHARA’ - A FOSTER CARE PROGRAM FOR THE YOUNG DEPENDENTS OF PEOPLE VULNERABLE TO OR INFECTED BY HIV/AIDS IN DHARWAD DISTRICT”**



### Project site Location, Dharwad District Map :

The Foster care program is in about 30 villages of 3 talukas (Hubli, Dharwad and Kundgol talukas) of Dharwad District as a whole. The target population includes dependants of infected and affected individuals by HIV/AIDS (i.e. Orphaned and Vulnerable Children). The foster care mothers involved in the program are widows whose husbands died of AIDS with some being positive themselves.

The project also requires special focus on the specialized health care services for the children and foster care mothers like eye check up camps, dental check up, reproductive health, treatment for opportunistic infections and more importantly the skill development of the foster care mothers for the sustain ability of the program.

Apart from bringing these children to the main stream education, Project have plans to start up Additional Education to the OVCs especially the female children during the evening hours. Along with the school curriculum the OVCs will also gain access to other activities like computer training, painting, drawing, etc. in the evening classes.

The beneficiaries of Dharwad district are already identified by visiting the ART Center in Hubli. These Children are affected by HIV/AIDS in many aspects of their lives. They are likely to be school drop outs to earn money/ having to take care of younger siblings or older members of the family/ due to the stigma and discrimination attached to HIV as their parents are dead or too ill to work. They are at increased risk of neglect, sexual abuse and trafficking.

### Goal and Objectives

The overall goal of the program is to ensure the long term sustain ability, and eventually the complete self-dependence, of the foster care units. In order to achieve this objective, will implement two main strategies :

1. To ensure the unit's members can access government services and benefits they are entitled to, thus reducing their monthly expenditure for food, transportation, healthcare, education etc.
2. To initiate income generating activities targeted at the foster care mothers, to provide them with employment and a reliable source of income for themselves and their children

### Intervention and Expected Output :

1. Foster care support to 250 orphan and vulnerable children (children of HIV/AIDS positive persons) into the program. Food, shelter, educational care to OVCs, 2-3 children in a unit with a foster care mother.

**Output:** 250 OVCs identified and placed with 85 foster care mothers

2. Addressing stigma and discrimination of positive foster care mothers and Children

- **Output :** 250 OVCs and 85 foster care mothers without stigma and discrimination. Stigma and Discrimination will be reduced through regular HIV/AIDS awareness programs to the key leaders, panchayat members, SHGs, Mahila Mandals, community members as whole and infected and affected families from HIV. This will be followed by sensitization programs, advocacy programs to the key stakeholders in the community and counseling to the families infected and affected by HIV.

3. Providing Social Entitlements like Swadhar Scheme for the Foster Care mothers; Bhagya Laxmi scheme for the girls; Skill development to the Foster care mothers; leveraging funds from the Government for sustainability of the program.

**Output:**

- 250 OVCs would have access to good nourishment, clothing, shelter, health care, counseling and legal support, social and economic rehabilitation through education, awareness generation, skill up gradation.
- All the Girls of our target population would have availed services through the Bhagya Laxmi Scheme
- 75% Foster care mothers would be able to take up income generations programs on their own

**Impact of the program:**

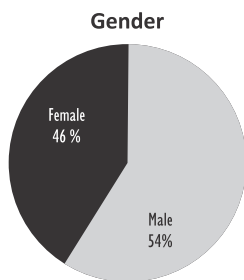
- Increased self-confidence, economic status for women and children, reduced vulnerability of children, reduced school drop - out rate, improved well being through regular checkups and access to health care
- Stigma and Discrimination will be reduced through regular HIV/AIDS awareness programs to the key leaders, panchayat members, SHGs, Mahila Mandals, community members as whole and infected and affected families from HIV.
- 250 OVCs would have access to good nourishment, clothing, shelter, health care, counseling and legal support, and a conducive environment for psycho social support
- 250 OVCs and 85 mothers would have been provided with Social Entitlements which they are eligible for
- At least 75% Foster Care mothers would be engaged in Income Generation activities by the end of 1 year
- The proposed programme will provide young orphan children of HIV positive parents a stable and supportive home environment that will help give them an equal chance of positive future.
- Special Education will give them greater possibilities for future career prospects and dissuade them from being coerced into child labor or from being victims of stigma and discrimination as a livelihood option.

**'INCHARA' - A FOSTER CARE PROGRAM FOR THE YOUNG DEPENDENTS OF PEOPLE VULNERABLE TO OR INFECTED BY HIV/AIDS IN DHARWAD DISTRICT**

The Data analysis is as follows:

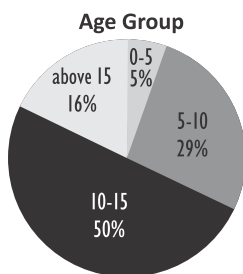
i) Analysis of YOUNG DEPENDENTS

Young Dependents	
Male	196
Female	168



The table and graph depicts male and female ratio of young dependents is 7:6

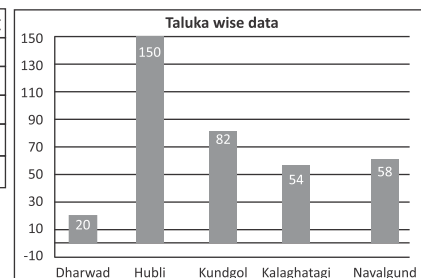
Age Group	Count	Percentage
0-5	20	5%
5-10	104	29%
10-15	183	50%
above 15	57	16%



The Table and graph depicts young dependents- 50% are in the age group of 10-15, 29% are from 5-10 year , 16% of them are above 15 years while only 5% are below 5 years.

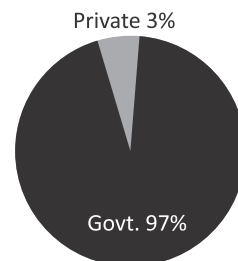
**Young dependents; Taluka wise count**

Name of the Taluka.	Count
Dharwad	20
Hubli	150
Kundgol	82
Kalaghatagi	54
Navalgund	58



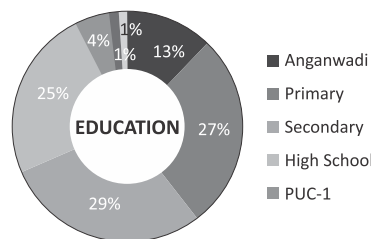
The young dependents are from five taluka place, from Hubli 150, Kundgol 82 and so on.

The young dependents are getting education almost from Govt. Schools, i.e 97%.



Current Education status

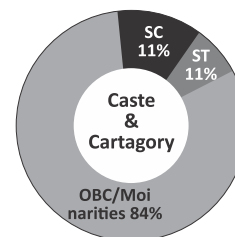
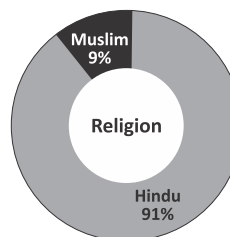
EDUCATION	Count	%
Anganwadi	45	12
Primary	99	27
Secondary	104	29
High School	92	25
PUC-1	15	4
PUC-2	3	1
School dropout	4	1

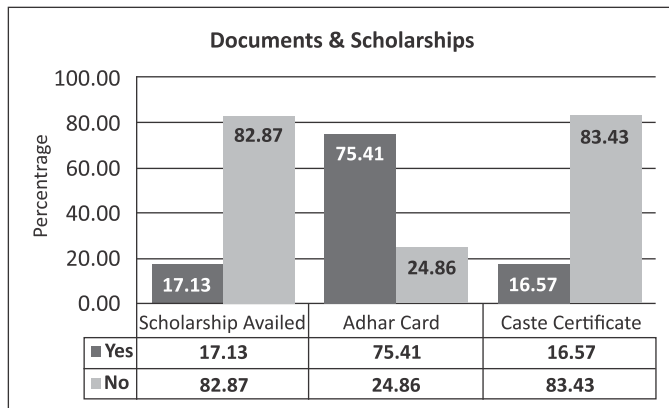


As per the age group, young dependents are getting education in the above depicted table. Anganwadi 12%, Primary 27%, Secondary 29%, High school 25%, PUC 5% and about 1% are school drop outs.

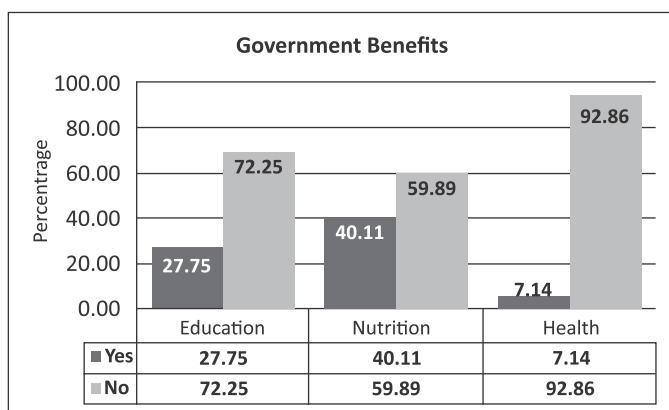
Religion and caste of the young dependents as per data & graph as follows:

- 91% are Hindu and 9% are muslim.
- 11% are SC, 5% are ST while 84% of them are OBC and other minorities



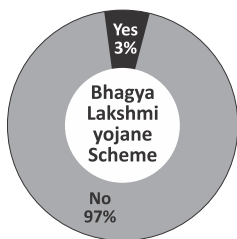


Young dependents 82.87% have not availed Scholar ships. But they have ADHAR CARDS as many as 75.41% but not have caste certificates as many as 83.43%.



Young dependents availed Govt. Benefits as follows :

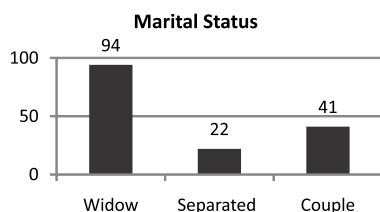
- Only 27.75% Education
- 40.11% Nutrition benefit and
- 7.14% Health



The BHAGYALAXMI YOJANA scheme is availed by only 3% of the sample.

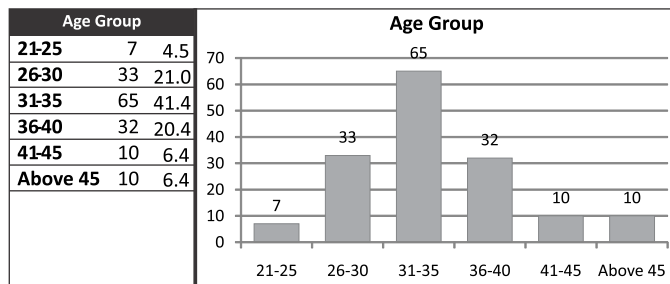
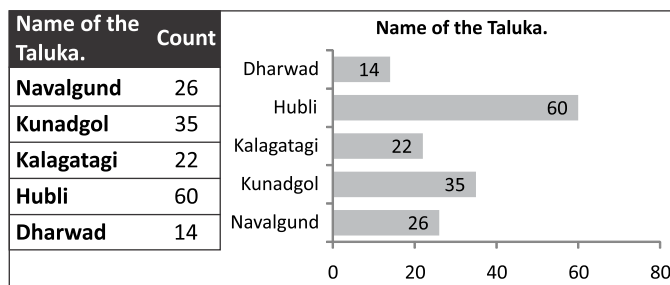
Following are the statistics of Foster care mothers.

Marital Status		
Status	Count	%
Widow	94	60
Separated	22	14
Couple	41	26

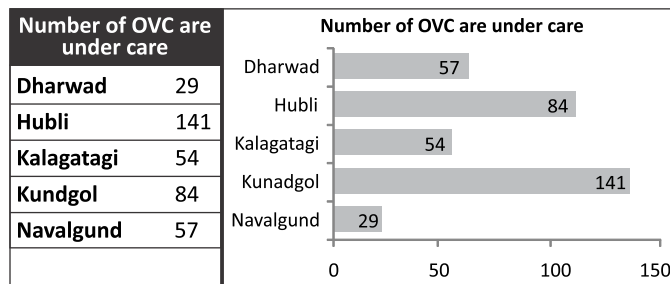


Marital status of FCM are – 60% are widows, 26% are couple while 14% are separated.

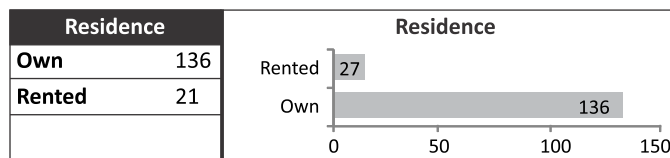
Taluka wise FCM details



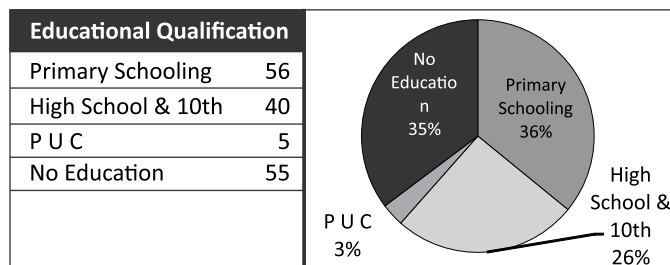
FCM are in the age group from 21years. Further 41.4% are from 31-35, below age group of 30 are 26% while 36-40 are 20% and above 41 years are 13% (approx).



Number of OVC are under care with respect to Taluka's as displayed in the above graph and table.

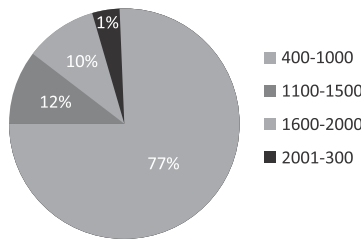


Above table explains most of the FCM's are own their residence at 86.62% only 13.38% are in rented houses.

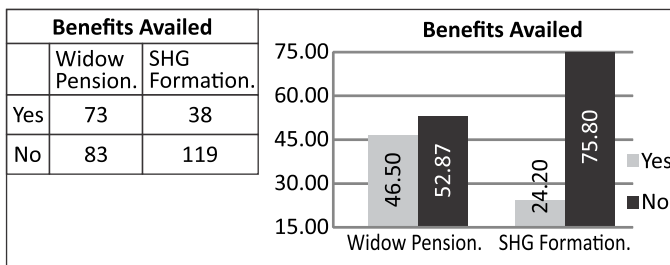


From the table and Graph Education qualification of FCM's – 35% are having no education, 36% are Primary education, High school 26% and only 3% are PUC qualified.

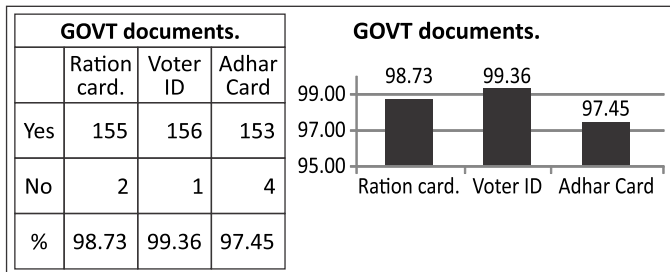
Occupation		Income/Monthly.	
Cooli worker	153	400-1000	119
Hotel Owner	1	1100-1500	19
House Keeper	1	1600-2000	16
House wife	1	2001-3000	2
Tailoring	1		



Almost every FCM's are cooli workers. Their monthly income 77% are earning is only 400-1000, while 12% earn 1100-1500, 1600-2000 about 10% and only 1% are earning 2001 – 3000.



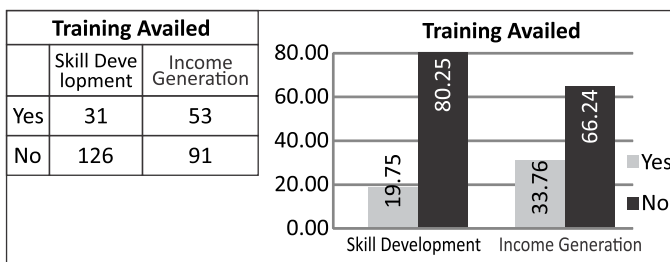
FCM have availed the benefits – Widow pension only by 46.5% while SHG formation only 24.2%.



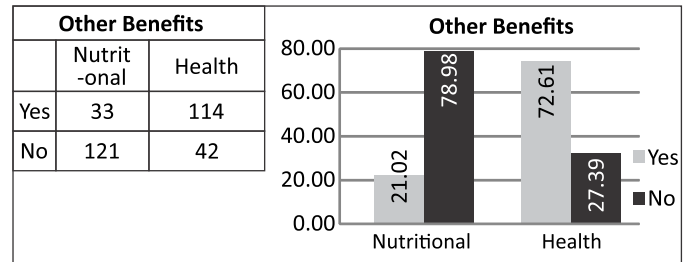
Most of the FCM's have Govt. Documents – 98.73% own ration card, 99.36% have Voted ID and 97.45% own Adhar card.

Employment guarantee scheme.	
Yes	1
No	155

Most of the FCM's not availed Employment guarantee scheme.



FCM are given training. Only 19.75% availed Skill development training while 33.76% availed Income generation training



FCM have not availed even other benefit exhaustively. Only 21.02% availed Nutritional benefit while 72.61% are benefitted with Health care.

**Conclusion:**

The Inchara programme has reached to 250 Orphaned and Vulnerable Children (OVCs) through the foster care model. With respect to age group young dependents are getting education from Anganwadi to PUC but the challenge is about few school drop outs. Most of Young dependents availed Govt. Benefits like Education (27.75%), Nutrition benefit (40.11%) and Health (7.14%).

Young dependents 17% have availed Scholar ships, because they don't have caste certificates as many as 83.43%.

Marital status of Foster Care Mother are – 60% are widows, 26% are couple while 14% are separated.

Almost every FCM's are coli workers. Their monthly income is only 400-1000 (77%), while 12% earn 1100-1500, only 10% earn 1600-2000 and only 1% are earning 2001 – 3000.

FCM are given training. Only 19.75% availed Skill development training while 33.76% availed Income generation training.