CHAPTER III

HISTORICAL PERSPECTIVE AND PROFILE OF NGOs IN KANYAKUMARI DISTRICT

3.1. Introduction:

Non-Government Organizations (NGOs) also called voluntary agencies have a long history of active involvement in the promotion of human welfare. NGOs have a tendency to help the problems of the largest concentration of the poor, hunger, malnutrition, unemployment, gender inequality and illiteracy in Indian society. This tendency of helping others or doing good to others by an individual or a group of benevolent people has been considered a service to God. NGOs come into existence spontaneously, voluntarily and without any compulsion or control to fulfil the particular needs of some groups of people. These agencies are flexible and possess the virtues of human service with dedication. Voluntary action is the soul of democracy as this medium secures the active involvement of the people, policy making and implementation of social services.

Non-Government Organizations today are involved in all areas of health, education, agriculture, rural development, poverty alleviation, adult education, environment awareness and development, women empowerment, old age homes, orphanages and the other areas of benefit to old people, family planning, low-cost technology, drug addiction and rehabilitation. Their programmes cover a diverse range of embracing human welfare. The NGOs include the strictly professional, specialized and technical organizations, broadly based associations of persons or groups organized for a particular purpose.
3.2. Concept of NGOs:

A non-governmental organization (NGO) is a legally constituted organization created by natural or legal persons that operates independently from any government. The term is usually used by governments to refer to entities that have no government status. A non-governmental organization (NGO) is a citizen-based association that operates independently of government, usually to deliver resources or serve some social or political purpose. The World Bank classifies NGOs as either operational NGOs, which are primarily concerned with development projects, or advocacy NGOs, which are primarily concerned with promoting a cause.

A Non-Governmental organization (NGO) is a people-based association that works without any help from the government, usually to provide resources or serve some sort of purposes that are related socially or politically. The classification done by World Bank of NGOs are either operational that mainly concerned with projects related with development of advocacy NGOs, that ethically related with promotion a cause. Most international institutions recognize that the term NGO encompasses a wide variety of organizational forms.

3.3. NGO's in India:

The term NGOs specifies the organizations undertaking voluntary social action. The word voluntary comes from the Latin word "will or freedom". Voluntary efforts for rural and urban development were first initiated by great individuals and organizations including Christian missionaries. In India Christian missionary work is very old but it proliferated a great deal during the British rule. It was only one in the last century that a series of non-Christian organizations began to evolve. They began
with the efforts of Vidyasagan and Ram Mohan Roy to bring about reforms in Hindu society. With the emergence of the Arya Samaj and Rama Krishna missions there was a reaction to Christian missionary activity and indigenous NGO's began to evolve in India. Other religion groups (Muslims and Sikhs) also emerged for organized social action to protect and develop their communities' interests.

In ancient periods NGOs were formed by individual rulers in India. For instance, Emperor Ashoka organized a group of volunteers called "Gopas" for social welfare work. During the Gupta period, the state had established workshops for the amelioration and training of handicapped persons. During endowment to the poor the voluntary system has been influenced by the values of Karma and Dharma. In Indian system charity and religion existed inseparably like flesh and blood and thrived on the concept that religion and dharma means helping others especially the poor, sick, weak, old and women. Any approach to the above has been conceived as 'Adharma', seek the counsel of the aged for their eyes have looked on the faces of the years and the ears have heard the voices of life', says one NGO. Since the old people are often neglected or even illtreated their kith and kin, the NGO's can play an important role of amelioration by providing good health care and a stimulating environment. In Indians have described our world as 'vasadeva kutukmbakam',. Whole world is a family where sons and daughter fail to perform their duty to their elders; the NGO's can come forward to assume their role of kith and kin.

During the British period, some eminent political and social leaders had set up a network of voluntary agencies, mostly geared towards removing the social disabilities and barriers to development. These agencies became more active during
the Gandhian era. During India's freedom struggle a large number of NGOs emerged in fields of wide ranging activities, but only Gandhian/Sarvodaya organizations, besides the religious groups, may be considered on any significant consequence in the welfare sector, especially in rural areas. Until the late sixties the charity orientation of religious missions and Gandhian/Sarvodaya groups was the dominant approach for most NGO's. Attitudes of piety and compassion towards the "poor and downtrodden" motivated senior citizen to work amongst such people. It was invariably an individual's mission of charity to do "construction work" in a deprival community. For the government of independent India the tasks of development, especially rural uplift, were tremendous. The government launched its Community Development Programme (COP) in 1952. It is interesting to note that the basis for evolving the COP were two NGO experiments, one by Albert Meyer in Etawah District of Uttar Pradesh, and the other by the YMCA in Marthandam, Tamilnadu. Both these model were based on their earlier American experiments.

3.4. Formation of NGOs in India:

In India broadly speaking an NGO is an association of persons and that it can be created by one of the three modes, either by i) registration under societies registration act,1860 or ii) registration under the India trust act 1882 (or charitable religious trust act 1920) or by iii) registration with the registration of companies under section 25 of the companies act 1956.

3.4.1. Creation of NGO under Trust Act 1882:

It is the simplest and easiest mode of setting up an NGO and thus starts doing charitable/social work of the purpose of public good without any motive of profit
directly or indirectly. It is a legal entity where the trustees work as per the objectives and rules defined in the trust deed. The contents of trust must include the name of trust, its address, the settler, the trustees, the beneficiaries, the objectives, the procedure to appoint/remove trustee and any other conditions that the settler may wish to enforce.

3.4.2. Creation of NGOs Under Company Regulation Act 1956

Incorporating a company for charitable or other public utility purposes without the addition to its name of the word "limited" or the words "private limited". This is the least exercised option since it is expensive and cumbersome.

3.4.3. Societies Registration Act 1860

The commonest mode of creation of NGO is through the registration under societies registration act 1960. It was passed by the Government of India as an act for the registration of literary, scientific and charitable societies" whereas it is expedient that provision should be made for improving the legal condition of societies established for the promotion of literature, science or the fine arts, or for the diffusion of useful knowledge or for charitable proposes.

3.4.4. The Tamil Nadu Societies Registration Act 1975

It was enacted by the legislature of the state of Tamil Nadu in the twenty-sixth year of the republic of India. This act was passed by the government of Tamil Nadu. Any society which has for its object the promotion of education, literature, science, religion, charity, social reform, industries, sports, health, cultural activities, such other useful object with respect to which the state legislature has power to make laws of the state.
3.4.5. Registration Procedure

For the purpose of registration of an NGO, that shall be register with the registrar of the district in which the society is formed by a member of committee of the society.

a) Name of the society
b) The object of the society
c) The names, address and occupation of the member of the committee.

3.5. Legal Status of NGOs

A society registered under the registration act is a legal entity. It was at one time had individuals, partnerships and incorporated companies especially as the act does not provide for the society swing in it in almost all respects similar to an incorporated company, the conclusiveness of certificate of registration for bringing into existence and NGO, perpetual existence apart from its members which may vary from time to time dissolution and winding up.

3.6. Winding Up Of Registered Society

When the registration of a registered society is cancelled, the registrar may appoint a liquidator to wind up the society if the society has not, within such period as may be prescribed from the date of the order of cancellation, taken any action under section 39. If the registrar receives an answer from the registered society to the effort that it is not carrying on business or in operation or does not which such period as may be prescribed after sending the letter receive any answer, he may publish in the Tamil Nadu government gazette the registered society by registered post, a notice that at the expiration of such period as may be prescribed from the date of such
publication, the name of the registered society mentioned therein will, unless cause is shown to the contrary, be struck off the registrar and the registered society will be dissolved.

3.7. Types of Non-Government Organization:

NGOs can be classified under four broad categories: operation or grassroots NGOs, support NGOs, network NGOs and funding NGOs.

3.7.1. Grassroots NGO’s

Grassroots NGOs directly work with the oppressed sections of society. The grassroots NGOs could be either local-based, working in a single and small project location, or working in multiple project areas in different districts, states and regions covering a larger population.

It includes the charity and welfare NGO’s. They involve in charity (giving food, clothing, medicine, alms in cash and kind), welfare (providing facilities for education, health and drinking water), and relief (responding to natural calamities like floods, drought, earthquakes and manmade calamities like refugee influx and ravages of war) and rehabilitation (undertaking the work in areas struck by calamities and starting activities desirable in nature)

Grassroots NGOs now undertake a host of activities including environmental projects, dry land development, savings, and credit programmes, schemes for income generation, health and education, projects, the formation of agricultural labor unions.
3.7.2. Support NGOs:

Support NGO’s provide services that would strengthen the capacities of grassroots NGO’s, Panchayat Raj institutions, co-operatives and others to function more effectively through training programmers and by bringing out periodicals. Some do not engage in grassroots action while others do not have field projects, but grassroots action is not their primary task.

3.7.3. Network NGOs:

Network NGOs such as TNVHI {Tamil Nadu Voluntary Health Initiative} are formal associations or informal groups of grassroots and/or support NGOs. They act as a forum to share experiences, carry out joint development endeavors as well as engage in lobbying and advocacy. The participation of network NGOs in lobbying and advocacy has a recent phenomenon.

3.7.4. Funding NGOs:

The primary activity of these NGOs is funding grassroots NGOs, support NGOs or people organizations. Most funding NGOs in India generate a major part of their resources from foreign sources, though there is an effort by some to raise fund from within India. The organizations such as CPY, Dorabji. TATA trust, Aga khan foundation, in India provides funds to NGO’s. Foreign NGO's like Netherlands International development cooperation, action aid and Oxfam, with headquarters in the developed western countries, mobilize resources both from the public and from the government in their respective countries to help grassroots NGOs in their efforts to initiate and implement pro-poor rural development activities.
A number of people have sought to categorize NGOs into different types. Some typologies distinguish them according to the focus of their work for instance whether it is primarily service- or welfare-oriented or whether it is more concerned with providing education and development activities to enhance the ability of the poorest groups to secure resources. Such organizations are also classified according to the level at which they operate, whether they collaborate with self-help organizations (i.e. community-based organizations), whether they are federations of such organizations or whether they are themselves a self-help organization. They can also be classified according to the approach they undertake, whether they operate projects directly or focus on tasks such as advocacy and networking.

3.8. Current scenario of NGO:

Non Government/profit organization plays a vital role in society. Those who are caring for development of society maneuver programmes for education, social welfare, health, women empowerment, and economic enhancement especially for those who are directly or through some other way help, persuade and pull out egalitarian practices by doing this. NGOs are working since long to developing new approaches to help out needy people and various problems spreading in the society. From long back renewed researches for sustainable processes related to general well-being like issues related to society, pollution - free environment, human rights, eradication of poverty, elimination of gender bias are spinning around them. The variations of NGOs are

- NGO like the Red Cross are Business- friendly organizations.
- NGO like the World Wildlife Fund are related to environment.
NGOs that are operated by government resemble on some other agendas.

NGO like Oxfam is the example of International NGO.

NGOs that may have some/few government officials in it are the example of Quasi – Autonomous.

NGOs involve or work on religious matters like Catholic Relief Services.

3.9. Generations of NGOs:

A number of observers have pointed to a gradual shift in the activities of development NGOs, from a welfare orientation to a more development approach. Korten (1987) refers to three generations of strategic orientations in the developing community: relief and welfare, local self-reliance, and sustainable systems of development. Many of the large international NGOs such as CARE, Save the Children, and Catholic Relief Services began as charitable relief organizations, to deliver welfare services to the poor throughout the world. Relief efforts remain an essential and appropriate response to emergency situations that demand immediate and effective response. But as a development strategy, relief and welfare approaches offer just a temporary alleviation of the symptoms.

Various factors have been cited as contributors to this shift. One is recognition of the inadequacy of trying to deal with symptoms while the underlying problems remain untouched. It reflects the constant challenge to voluntary organizations to re-examine their strategies in a rapidly changing environment. Projects of the second generation organizations aim to increase local capacity to meet needs and to control the resources necessary for sustainable development. They do a critical analysis of structural causes of underdevelopment and the interrelationships between North and South. Policy advocacy, where it is carried out, consists no longer of lobbying for
additional aid but for the removal of barriers to Third World development at national and international levels.

3.10. Role of NGOs in the Globalizing World:

NGOs nationally and internationally indeed have a crucial role in helping and encouraging governments into taking the actions to which they have given endorsement in international. Increasingly, NGOs are able to push around even the largest governments. NGOs are now essentially important actors before, during, and increasingly after, governmental decision-making sessions. The UN Secretary-General in 1995 said: "Non-governmental organizations are a basic element in the representation of the modern world. And their participation in international organizations is in a way a guarantee of the political legitimacy. On all continents non-governmental organizations are today continually increasing in number. And this development is inseparable from the aspiration to freedom and democracy which today animates international society... From the standpoint of global democratization, we need the participation of international public opinion and the mobilizing powers of non-governmental organizations".

NGOs are facing a challenge to organize themselves to work in more global and strategic ways in the future. They must build outwards from concrete innovations at grassroots level to connect with the forces that influence patterns of poverty, prejudice and violence: exclusionary economics, discriminatory politics, selfish and violent personal behavior, and the capture of the world of knowledge and ideas by elites. In a sense this is NGOs are already doing, by integrating micro and macro-level action in their project and advocacy activities. "Moving from development as delivery
to development as leverage is the fundamental change that characterizes this shift, and it has major implications for the ways in which NGOs organize themselves, raise and spend their resources, and relate to others.” In the dynamic environment, NGOs need to find methods of working together through strategic partnerships that link local and global processes together. By sinking roots into their own societies and making connections with others inside and outside civil society, NGOs can generate more potential to influence things where it really matters because of the multiple effects that come from activating a concerned society to work for change in a wider range of settings.

The small size and limited financial resources of most NGOs make them unlikely challengers of economic and political systems sustained by the interests of big government and big businesses. However, the environment, peace, human rights, consumer rights and movements provide convincing examples of the power of voluntary action to change society. This seeming paradox can be explained by the fact that the power of voluntary action arises not from the size and resources of individual voluntary organizations, but rather from the ability of the voluntary sector to coalesce the actions of hundreds, thousands, or even millions of citizens through vast and constantly evolving networks that commonly lack identifiable structures, embrace many chaotic and conflicting tendencies, and yet act as if in concert to create new political and institutional realities. These networks are able to encircle, infiltrate, and even co-opt the resources of opposing bureaucracies. They reach across sectors to intellectuals, press, community organizations. Once organized, they can, through electronic communications, rapidly mobilize significant political forces on a global scale.
3.11. Role of NGOs in Development Cooperation:

The essence of non-governmental organizations remains the same: to provide basic services to those who need them. Many NGOs have demonstrated an ability to reach poor people, work in accessible areas, innovate, or in other ways achieve things better than by official agencies. Many NGOs have close links with poor communities. Some are membership organizations of poor or vulnerable people; others are skilled at participatory approaches. Their resources are largely additional; they complement the development effort of others, and they can help to make the development process more accountable, transparent and participatory. They not only "fill in the gaps" but they also act as a response to failures in the public and private sectors in providing basic services.

Mirroring the support given to northern NGOs, official funding of southern NGOs has taken two forms: the funding of initiatives put forward by southern NGOs, and the utilization of the services of southern NGOs to help donors achieve their own aid objectives. Donor funding of southern NGOs has received a mixed reception from recipient governments. Clear hostility from many non-democratic regimes has been part of more general opposition to any initiatives to support organizations beyond the control of the state. But even in democratic countries, governments have often resisted moves seen as diverting significant amounts of official aid to non-state controlled initiatives, especially where NGO projects have not been integrated with particular line ministry programs. The common ground between donors and NGOs can be expected to grow, especially as donors seek to make more explicit their stated objectives of enhancing democratic processes and strengthening marginal groups in civil society. However, and in spite of a likely expansion and deepening of the reverse
agenda, NGOs are likely to maintain their wariness of too close and extensive an alignment with donors.

3.12. Interactions with Formal Private Sector:

NGOs vary greatly in the extent to which they ensure beneficiary participation within their own programs. At one extreme are NGOs whose orientation and competence are very similar to the private sector firms with whom they compete for contracts in project implementation or service delivery. The nonprofit sector as a whole competes with the for-profit sector for skilled labor, sales, and reduced cost services provision (Steinberg, 1987). Such NGOs may be very efficient (and in strong demand) as service deliverers but are oriented to meeting the requirements of bureaucratic funding agencies and are unlikely to use participatory processes. At the other extreme are participatory NGOs which see themselves exclusively as enablers and capacity builders and refuse to compromise their objectives or independence by collaborating in official programs. These NGOs usually do not interact much with the formal private sector. There is a lot of mutual distrust and misunderstandings between these two sectors. Often they both see only negative sides of another party existence. The formal private sector considers NGOs shallow and irresponsible, while the informal private sector often looks at for-profit organizations as greedy and selfish entities.

3.13. Interactions with the State

As it is mentioned already, one of the fundamental reasons that NGOs have received so much attention of late is that they are perceived to be able to do something that national governments cannot or will not do. However, it is important to recognize
that relations between NGOs and governments vary drastically from region to region and country to country. For example, NGOs in India derive much support and encouragement from their government and tend to work in close collaboration with it. NGOs from Africa also acknowledged the frequent need to work closely with their government or at least avoid antagonizing the authorities. Most NGOs from Latin America offered a much different perspective: NGOs and other grassroots organizations as an opposition to government.

In the Third World, the difficult economic situation may force governments to yield to pressure from multilateral agencies to give money to NGOs. In these cases, the governments act as conduits of funds but in some cases try to maintain control over these NGOs precisely because of their access to funds. However, it was also recognized that through the multilateral donors, NGO cooperation and solidarity can influence policy at the national levels. Multilateral donors may serve as a kind of "buffer" between government and NGOs in order to avoid unnecessary current tensions and to promote coherent national development strategies.


A healthy relationship is only conceivable when both parties share common objectives. If the government commitment to improving the provision of urban services is weak, NGOs will find dialogue and collaboration frustrating or even counter-productive. Likewise, repressive governments will be wary of NGOs which represent the poor or victimized. Where government has a positive social agenda (or even where individual ministries do) and where NGOs are effective, there is the potential for a strong, collaborative relationship. This does not mean the sub-
contracting of placid NGOs, but a "genuine partnership between NGOs and the government to work on a problem facing the country or a region... based on mutual respect, acceptance of autonomy, independence, and pluralism of NGO opinions and positions." However, as Tandon points out, such relations are rare, even when the conditions are met. The mutual distrust and jealousy appears to be deep-rooted. Governments fear that NGOs use their political power or even threaten national security. And NGOs mistrust the motivation of the government and its officials. Though controversial and risky, many of the more strategic NGOs are overcoming their inhibitions and are seeking closer collaboration with governments. However, with closer collaboration comes increased risk of corruption, reduced independence, and financial dependency.

3.15. NGOs Accountability

The final important aspect of the role of NGOs in developmental process, i.e. providing basic services, is their accountability. Concerns about NGO accountability have been raised by a number of NGO scholars. Najam (1996) in his conceptual framework for NGO accountability distinguishes three categories of accountability considerations:

- NGOs accountability to patrons.
- NGOs accountability to clients.
- NGOs accountability to themselves.

3.15.1 NGOs accountability to Patrons

The most obvious NGO-patron relationship would be that between NGOs and donors. Donors may be both external (for example, governments, foundations, or
other NGOs) and internal (members who contribute smaller amounts). NGO-patron relationships have very clear, though unwritten, lines of responsibility. The mechanisms for enforcing accountability tend to be strong: grants are cancelled, membership dues dwindle, accreditations are revoked, and collaborative agreements are reconsidered. In many cases, however, the critical danger may be not a lack of NGO accountability or mechanisms of enforcing accountability, but a danger of being coerced, or what may be called the "puppetisation" of NGOs. The rise of quasi-NGOs caused by "donor dependency" (especially of foreign patrons) sometimes is viewed as a danger to a national security and an external attack on local priorities, culture and values.

3.15.2. **NGOs accountability to clients**

The obvious line of responsibility is for the NGO to be accountable to the needs and aspirations of the community it is working with. Basically, serving community interests is the stated primary goal of much NGO activity in development. Often in practice, not only do impoverished communities lack mechanisms of holding NGOs accountable; the process of aspiration definition is also often murky and subjective. Unlike donors, communities cannot withdraw their funding; unlike governments, they cannot impose conditionality’s.

3.15.3 **NGOs accountability to themselves**

This kind of responsibility manifests itself on several levels. NGOs are ultimately responsible to the vision that made them NGOs in the first place. They are responsible to their stated mission, to their staff, to their supporters/members, to their coalition partners, to their larger constituency, and finally to the NGO community at
large. Obviously, the specific counters of accountability to themselves are likely to be different for membership and non-membership organizations.

3.16. PROFILE OF SELECTED NGOS IN KANYAKUMARI DISTRICT

Many numbers of NGOs are doing HIV/AIDS project in Kanyakumai District. Most of the NGOs are doing HIV prevention work in part of their other projects. They are classified in mainly two categories. That is HIV/AIDS Prevention and Care & Support. In prevention project they are trying to improve awareness among various stakeholders and promoting safe sex practices among high risk groups (sex workers, Men having sex with men and IDUs). Four NGOs exclusively implement care and support programme in Kanyakumari District. That NGOs are CSR, CBH, CHARDEEP and Positive Network + . These NGOs having lot of strategies to give care & support to HIV/AIDS affected persons. That is

- Increasing awareness level
- Providing Nutrition food support to HIV/AIDS patients
- Providing educational support to affected children’s
- Support to Periodical Medical Support
- Treatment support
- Counseling support
- Capacity building programmes
- Income generation programmes
- Reduce stigma and discrimination
- Palliative care
- Social mobilization etc
3.16.1. **PROFILE OF CENTER FOR SOCIAL RECONSTRUCTION (CSR)**

CSR has been working in the districts of Kanyakumari and Tuticorin for the past three decades addressing the core issues of the people. CSR learns from the people and converts them into development strategies in accordance with the signs of the time. These strategies of the programme were planned in line with the CSR’s vision to identify human potentialities and promote human resources among the weaker sections especially women through collective efforts.

**MISSION:**

“Identify human potentialities and promote human resources among the weaker sections especially women through collective efforts”

**OBJECTIVE:**

To provide care and support services to persons living with HIV/AIDS (PLHA) and children affected by AIDS (CAA). It also aims at creating linkages with institutions and philanthropists to support hem and their family members.

**ACTIVITIES:**

- Identification of PLHA and CAA
- Counseling and emotional support
- Food and nutrition support
- Referral for treatment
- Supply of educational materials
- Capacity building
- Integration of PLHA in SHGs and
- Linkages with other support groups and resource systems
In the planning and implementation process of the programme, the community based organizations such as women Self Help Groups (SHGs), youth clubs, fan associations, religious organisation and village committees took active part. With their dynamic participation, it was easier to facilitate the change process.

A cadre of community-based volunteers were trained and motivated to extend the basic and practical help needed for the PLHA. By providing the nursing care, bed care and nutrition support, they contributed a lot for home based care. Due to this intervention, there was a tangible improvement in the health status of many PLHA.

As the result of the efforts taken by CSR in establishing linkages and mobilizing support from other systems, many good things including government support took place for the PLHA.

❖ From the Inner Heart - Care and support:

Realizing the fact that HIV/AIDS is an enduring epidemic which must be fought along with prevention control activities, CSR provides care and support services for the persons and families affected. The main burden of disease in PLHA arises only from a limited number of opportunistic infections to which they are most vulnerable. In most cases TB, Pneumonia, Diarrhoea and oral thrush are the major causes of mortality. Adequate response to the health care needs of PLHA need a better understanding of their care and support needs. The needs of PLHA not only include medical care but also social, psychological, emotional, economical support and protecting their rights especially to confidentiality. Hence there is a need for a holistic continuum of care through all stages of infection which also should be
accessible such as diagnostic and health services, social services and community-based and home-based care services. Our experience suggests that effective responses to HIV/AIDS occur only if interventions are community-based with full involvement of the community members. CSR believes that the support services ensure a holistic care that should offer treatment and psychosocial support to patients, as well as support to care givers and relatives, including orphaned children. CSR implements two community based care and support programmes in its working area.

**Community based HIV/AIDS Care & Support Programme (CBCS):**

The CBCS project based in Marthandam focuses on the people living with HIV/AIDS and their family members and ensures the affected lead a positive life. The project is initiated in the year 2001 with the support of PWDS Alliance. In the initial stage it covered 15 villages and now is working in 82 villages of Melpuram, Munchirai and Killiyoor blocks. The CBCS project is supported by 8 community-based Home Care Guides and 4 Staff. The intervention made considerable in towards achieving reduction in the death ratio of PLHA and motivates them to avail various services. PLHIV living in that area are linked with CBOs, FBOs, SHGs and an amount of Rs. 2,23,171/- was mobilized during the current year to meet part of their needs. In the process 56 Philanthropists are identified by the CSR team and PLHA linked with them. In order to sustain the intervention, efforts were made to create community-based sustainable structures. Overall 258 PLHA, 17 CLHA, 374 CAA and 333 FAA are receiving services.
3.16.2. PROFILE OF CHARDEEP

It was founded in 1998 and registered as a Trust in the same year on the twenty-fourth of June, 1998. Since its inception, the organization has had a working mantra of “Partnering People for Development” and has worked with the marginalized and rural communities throughout the district of Kanyakumari.

Vision

To create a strong, healthy and eco-friendly world with self-sufficiency and continual sustainable and holistic development.

Mission

To work towards fulfilling the felt and identified needs of the people at all levels of the society thereby creating a sustainable and replicable model of holistic development contributing to the growth of the nation at large.

Objectives of the Organization

- Empowerment of women in rural areas by designing and implementing initiatives aiming at providing sustainable economic, social and entrepreneurial development.

- Capacity building of young people so that they take a lead role in the overall development of their communities and by large the nation.

- Environment protection by increasing awareness about natural bio-technology related processes of waste management and thereby achieving the goal of 'Zero Waste Management'

- Networking with civil society organisations and other like-minded organisations to influence public policies in favour of the socio-economically backward and deprived sections of our modern society
Contribute to the goal of holistic health by engaging in activities to increase health-seeking behaviour of people thereby stop and reverse the spread of epidemics including HIV/AIDS

CHARDEP believes in the principle that 'Felt needs' of the community should be addressed before the 'Identified needs' of the target population.

CHARDEP believes that the organization should be ready to design and implement projects which are the need of the hour and does not restrict interventions only in the core areas. Hence, CHARDEP has successfully implemented projects of various magnitude and fields since its inception. The greatest strength of the organization is Partnerships'. Working with the state and not against the state is an underlying guideline of all activities of CHARDEP.

**Community Care Centre**

The Tamil Nadu State AIDS Control Society (TANSACS) supported CHARDEP for establishing a Community Care Centre (CCC) for the benefit of people living with HIV/AIDS (PLHIV) and their families. This centre plays a critical role in providing treatment, care and support to people living with HIV/AIDS (PLHIV). The CCC is linked with the Antiretroviral Therapy (ART) Center at the Government Medical College and Hospital of Kanyakumari district, and ensures that People Living with HIV (PLHIV) are provided (a) counseling for ARV treatment preparedness and drug adherence, nutrition and prevention (b) treatment of Opportunistic Infections (c) referral and outreach services for follow up and (d) social support services. This center’s mandate is to seek better community and family response towards PLHIV through family counseling. For better treatment outcome, the center provides families of PLHIV counseling on the patient’s nutritional needs, treatment adherence and psychological needs. The centre has served 960 people who are living with HIV/AIDS.
HIV/AIDS Prevention & Care Projects

1166 Female sex workers (FSWs) 342 men who have Sex with Men (MSM) and more than 10000 members of the general public have been provided awareness and trained in preventive practices.

1960 People living with HIV/AIDS (PLHA) and their families have so far availed services of the Community Care Centre (CCC)

HIV/AIDS initiatives

CHARDEP has been working in the area of HIV and AIDS prevention for the last 5 years. HIV and AIDS being the epidemic that it deserves all the efforts that it demands to ensure that people are aware of staying away and also fight against it. CHARDEP is one of the implementing partners of AIDS prevention and Control Unit (APAC) for the Targeted Intervention Programme among high risk groups in the district of Kanyakumari. CHARDEP has been asked to work among Female Sex Workers (FSW) and Men having Sex with Men (MSM) to provide awareness about HIV and AIDS and also to ensure that they get continuous interventions including medical examinations, Master Health Check-ups, counseling and support and also continuous trainings to ensure that they also feel part of the society. One other major objective of the project is to start Community -Based Organisation (CBO) involving the target population, train them and make them self-sufficient and empowered to stand up for their rights and consider themselves as an integral part of the society. CHARDEP has been covering 3 blocks of Kanyakumari District through this project. Munchirai, Thiruvattarand,Melpuram.
Two Community -Based Organisations have also been formed for the target population. The CBO for the Female Sex Workers has been named as ‘Mugil’ and the CBO for the Men having Sex with Men has been named as ‘Nalladhor Veenai’. The CBOs have been registered and the office bearers are being given constant training for the proper functioning of the organization. The major goal of the project for the current year would be to strengthen the Community- Based Organisations to become self- sustainable and to create a change in the society that they are working for.

3.16.3. PROFILE OF CATHERINE BOOTH HOSPITAL (CBH)

Catherine booth hospital is a charitable, non-profitable mission organisation registered under companies registration act. It is a century old hospital situated at Puthari near Nagercoil city. It is functioning with all specialities and modern equipment’s .It is a three hundred bedded multispecialty hospital .It was established in the year 1895 by a missionary called Catherine Booth. Catherine Booth was the life partner of William booth who found the Salvation Army in world wide. The head quarter of Salvation Army is functionary in United Kingdom.

Community Health Department

- The major project in community health department is
- Peripheral rural health centre
- HIV/AIDS Church based awareness programme
- HIV/AIDS Care & Support for chronically ill people
- Lay first –aids project
- Women Development Programme
- Community Care Centre for HIV/AIDS patients
MOTTO:

To reach the unreached rural people on preventive promoting and curative services

Objectives:

 Creating awareness among rural people on preventable disease and providing family care for illness
 Establishing peripheral health centres for providing health care services to the rural people
 To create the linkages on health care services to the rural people and mainstream hospital

Care for people with HIV/AIDS:

The millions of people who already have HIV or AIDS need support, treatment and care. Make sure testing is accompanied by counselling to help the person cope, to refer them to support projects and to advise them on how to change their sexual behaviour so they do not spread the disease. Set up support groups for people with HIV/AIDS where people meet others with the illness and discuss common problems, feelings and ways of coping. Build and support organisations for people with HIV/AIDS that take up issues and co-ordinate support.

Offer treatment for all opportunistic infections as well as antiretroviral treatment at workplace clinics and health centres where possible. Support nutrition, vegetable-growing and wellness projects to help people stay healthy for longer. Set up home-based care projects in communities to make sure that people who are ill at home receive proper care. Volunteers should be used to carry out home visits to give support to families and basic care for people with HIV/AIDS. Volunteers should work
with and under the supervision of local clinic staff. Make sure people with HIV/AIDS have easy access to the available grants and government support. Set up step-down facilities linked to hospitals for people who are discharged and cannot be cared for at home. Organise effective support for families and children. Involve the municipality, welfare organisations and the religious sector in providing food, clothing and other forms of relief for families in need.

**Services for children affected by HIV/AIDS:**

Every community needs a programme that can identify children affected by HIV/AIDS – those who are living with parents who are ill, those whose parents have already died, and children who have HIV/AIDS themselves. These are some of the things that can be done: Set up community childcare committees to identify and help provide emotional and material support to children in need. Introduce foster care programs where possible, for children who have lost parents. Make information and assistance to get child support grants available to children and their caregivers. Introduce school programmes to ensure that children who are affected by HIV/AIDS get the necessary support to stay at school. Make sure food and nutritional support programs target children in need. Include special school lessons on HIV/AIDS related to different subjects. For example, biology should include lessons on healthy eating for people with HIV, language teachers should have speak-out lessons and encourage children to write about how the disease is affecting them and so on.

**Community childcare committees:**

Community childcare committees are an option that has been used very successfully in different areas. A group of adults work together to take responsibility
for organising support for vulnerable children in an area. Childcare committees can be set up by social workers, the community can elect volunteers or they can be appointed by various organisations. It is important that they have community support and some official status so that they can be effective. The volunteers usually come from different organisations and religious groups. They find out children in need and try to ensure that they are either linked to welfare services or that members of their family look after their needs. The community childcare committees can also take responsibility for helping all children in need to get access to social workers and to child support or foster grants. Community childcare committees can also help to screen foster parents and to monitor them to make sure that they treat children properly. Children in need are very vulnerable to exploitation and abuse. Some people take in foster children just to get the foster grants.

**Working together:**

It is clear that national, provincial and local government alone cannot tackle or take responsibility for all these projects. Our hospital and welfare services cannot cope with the demand for support. It is essential that local communities get involved and set up projects that rely on volunteers. The role of local leaders and opinion-makers, local organisations and local municipalities is crucial. It is only when communities are effectively mobilised by those they respect that HIV/AIDS projects will succeed.

It is also vital that everyone who works on HIV/AIDS cooperate to ensure that those in need are properly identified and catered for. This is especially important for health, welfare and other service organisations or NGOs. Referral systems have to be
set up so that families in need can access support. For example, if a child drops out of school and teachers find out that parents are ill, the child should be referred to projects for support and the parents should also be referred to the support and treatment programs that exist. It is essential that all organisations that provide services or can recruit and mobilise volunteers, work together. Here are some of the things that should be done: Coordinating mechanisms like Local AIDS Councils should be used to make sure that there is a coherent and coordinated response from everyone involved. People from health, welfare and municipal services should be drawn in to work together with community, religious, business and service organisations. People living with HIV/AIDS should be part of any coordinating structure. AIDS Councils should be broken into working groups or task teams that concentrate on one area of work – for example: prevention, care for people with HIV/AIDS and care for children. A cross-referral system should be set up between services. The AIDS Council should monitor projects and make sure there is a coherent plan that is implemented. AIDS Councils should also develop links to government structures, resources and funds at district, provincial or national level.

**Coordinate services and use volunteers:**

Support must be well coordinated and reach down to the ground. This means that all services and organisations should work together to identify children in need and to make sure they get the right help. Welfare and health workers should work with churches and schools to identify children whose parents are ill or have died. At a local community level, volunteers should be used to visit families, help child headed families and monitor foster care and other projects. **Child-headed homes and care by relatives** they must find ways to support children who are looked after by relatives
or by older siblings in child-headed homes. Community child-care committees are best to reach and support these children. Here are some of the things that community child care volunteers should do: Make sure that they get the government grants they are entitled to receive and help them get access. Make sure they get food parcels and benefit from poverty relief programmes. Try to keep children in school as long as possible and work with schools to organise support for children who cannot afford books, fees or clothing. A volunteer should visit the family at least once a week to check that children are coping, going to school and eating. Check that children are healthy and help them get healthcare, vaccinations and medicine when needed. Support children who are HIV positive and get them into medical and other support programmes.

3.16.4. PROFILE OF POSITIVE PEOPLE WELFARE SOCIETY (PWSK+)

Positive People Welfare Society was initiated by a group of people infected with HIV in 2005 and 8th July 2005 as a Societies Registration. This is named and run by 9 elected Board members with the memberships of 171 PLHA. PWSK+ aims to promote a healthy and quality life and an enabling environment for PLHA. The AIDS Network is a registered charitable organization that offers services and education to people living in the communities in Kanyakumari District. They are the only organization in the region that offers services and support to men, women, children and families who have been affected by HIV/AIDS. With people in our community being diagnosed with HIV/AIDS every week, our organization is committed to addressing HIV/AIDS through education and support. Without people’s help, the AIDS Network could not continue to provide valuable services to families living with, and affected by, HIV/AIDS. The society believes that community-wide support is
essential to reducing the impact of the epidemic. The AIDS Network provides support services to people living with and affected with HIV and AIDS and populations vulnerable to HIV infection. Individualized One on One Supports Trained counselors provide Client Centered supportive counseling to:

- People living with HIV/AIDS
- People affected by HIV/AIDS
- People who are at-risk for HIV infection

**Objectives:**

- To improve the quality of life of people living with HIV/AIDS (PLWHA).
- To promote positive image and give visibility to PLWHA in order to counter the fear, ignorance, and discrimination and prejudice that they face.
- To develop networking with PLWHA groups and AIDS service organization.
- To empower HIV infected and affected people in order to protect their fundamental human rights.
- To provide opportunity or the voices of PLWHA’s.
- To promote equal protection under the laws for PLWHA with regard to access to health care, employment, education, travel, housing, and social welfare.
- To lobby for procurement of accessible and affordable antiretroviral drugs and management of opportunistic infection and indigenous therapies that show potential to make them available for PLWHA.
- To work in coordination with the state level network TNP+ according to the aims and objectives of the organization.
- The benefits of the objects would be available to the general public irrespective of caste, creed, religion, or sex.
Activities:

- To provide counseling services for HIV/AIDS infected and their family members.
- To create awareness about HIV/AIDS for valuable and general population.
- Communicating and Networking among peoples living with HIV/AIDS, Government NGO’s CBO media and funding agencies.
- Mobilize PLWHA throughout the state became its members so that their value be heard in unison.
- To organize and conduct meetings, training courses, workshop and conferences for PLWHA and relevant people.
- To Conduct Social, Medical, Legal and Economic research which will help to improve the quality of life of PLWHA.
- To Raise the awareness among the PLWHA about their Fundamental human rights.
- To Publish a Newsletter and Brochures to disseminate information to PLWHA on various programs at this society a part from printing Electronic media and Website.
- To provide referral services for medical care, social welfare and legal services for those who are infected.
- To develop income generation program for PLWHA and their family members.
- To mobilize funds to achieve the objectives of the organization by accepting donation, grants etc and by also conducting fund- raising program.
- The activities would be confined to the territory of India.
- The activities would be purely charitable in nature and not motivated for profit.
- 25 members send to ICTC Test every month.
Help provided for widow’s to get Pension.

Partnership with local NGO’s like YMCA and help carried out for +ve People to get Jobs.

Support for HIV-infected children to get uniforms, school bags and notebooks.

Referred many people to ART Centre.

Follow-up continued every ART people to check whether they are taking medicines or not. Practical Support for Individuals living with HIV

- Individual, home-cooked meals
- An emergency food bank
- A vitamin and meal replacement program
- A food box program in partnership with the Good Shepherd
- Transportation support to medical appointments
- Access to YMCA memberships
- Support groups
- Prison outreach support
- Referrals (ie to housing agencies or employment training)
- Complimentary therapies (including reiki and chiropractor)
- A community garden during the summer season

**Group Social Support Activities**

The AIDS Network hosts numerous social support activities throughout the year. These include:

- Women's peer support group
- Young people's support group (26 and under)
- Support group for men who identify as gay or bi
- Summer picnic and Holiday Party for individuals living with HIV and their families
- Access to TAN Lounge Area (with phone, Internet, a full kitchen, TVs/DVDs)