

Proposal for the planning commission



-PWN+ with support from UNDP



- MINSRI**
1. **Scheme:** Indira Awas Yojana (IAY)
 2. **Scheme:** Swarnajayanti Gram Sadak Yojana (SJSRY)
 3. **Scheme:** National Rural Employment Guarantee Scheme



Recommendations

1. Include WLHIV as a special category beneficiary, make application procedures simple and grant release be reduced to two installments to avoid delays in release.
2. Ensure that houses are not allotted for WLHIV in isolation from others and relaxing the security requirement for WLHIV.
3. PWN/women resource centres should become mother-NGO and improve access to credit facility, ensuring confidentiality and without being stigmatized.
4. Focused training and skill building support for initiating income generation activities based on individual capacities and also sensitising the staff/officials involved
5. Waive minimum duration for accessing of scheme.
6. Provision of softer job to PLHIVs (Soft work – should be defined in consultation with NACO and network of PLHIV)
7. Women and girls infected and affected by HIV should be given preferential allocation for work to ensure steady income and giving short breaks periodically during the working hours, if needed.



Ministry of Women and Child Development



1. **Scheme:** Short Stay Homes for Women and Girls
2. **Scheme:** Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) and Nutrition Programme for Adolescent Girls (NPAAG)
1. **Scheme:** Support to training and employment programmes for women (STEP)

Recommendations

1. Short stay homes required for WLHIV and other homeless/destitute women – in addition to the existing facilities
2. Conduct outreach with PLHIV on schemes and services that are offered here
3. Sensitization of short stay homes staff on issues of confidentiality, care and support
4. Increase in stipend for WLHIV inmates
5. At least in high HIV-prevalence districts, special focus to infected and affected adolescent girls under the scheme
6. Additional nutritional support (iron and protein rich) to girls and children living with HIV.
7. Extend programme for infected women and girls living with HIV to enable them to develop skills, avail of employment opportunities and become independent.



Ministry of Urban Development




1. **Scheme:** Rajiv Awas Yojana (RAY)

Recommendations

1. Prepare guideline to help WLHIV to access housing, drinking water, hygienic condition and other amenities
2. Support in possible loans for PLHIV who cannot afford the cost
3. Linking up with DLN and local NGOs working with PLHIVs to identify and support in access to housing scheme for PLHIV
4. Application process to respect confidentiality of the PLHIV




MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF CHHATTISGARH


PMMH


1. Scheme: Dr Ambedkar Mission for Prevention of HIV/AIDS

Recommendations

1. Making amendments in the scheme to ensure HIV infection is included as one of the life threatening diseases/conditions.
2. Similar to Antodaya scheme being adapted in Chhattisgarh irrespective of their income level all SC PLHIVs to be eligible.
3. Sensitization of key providers about the need to maintain confidentiality
4. Develop protocols to ensure that the confidentiality of PLHIV is maintained



MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF CHHATTISGARH



PMMH


1. Scheme: Janani Suraksha Yojana

2. Scheme: Legal Aid Clinics


Recommendations

1. Focused efforts at increasing awareness among PLHIV women
2. Departmental linkages and collaboration with DUN to promote early ANC registration of PLHIV pregnant women
3. Facilitate early registration during pregnancy will ensure HIV testing and reduce the risk of Parent to child transmission.
4. Involvement of WLHIV in the designing and implementation of the scheme
5. Like in the northern states, the benefits of JSY through accredited private sector facilities, be extended to the entire country.
6. Sensitization of ANMs and ASHAs to the issues of PLHIV pregnant women and training on caring for infected pregnant women and lactating mothers.
7. Sensitization of health care workers (doctors, nurses) in PHC, CHC and District Hospitals to the issues of PLHIV and training them in Universal Precaution.






8. Make legal issues of PLHIV a focus area with emphasis on the courtroom, looking into the issues and possible inter-relationships of law in favour of PLHIVs.
9. Training of judiciary including judges, lawyers and para legal staff on issues of PLHIV (refer NALSA article 1987 Sec. 16b).
10. PLHIV need to be provided with free legal awareness about rights and entitlements through awareness building initiatives.
11. Train/Engage PLHIV, especially women, as para legal workers.
12. Involve Women Resource Centre/District Level Network (DLN)/positive women representatives in the outreach for legal aid support to PLHIV.
13. Speedy redressal of cases/petitions through mechanisms including existing ones like Lok Adalats.




Schemes of Government

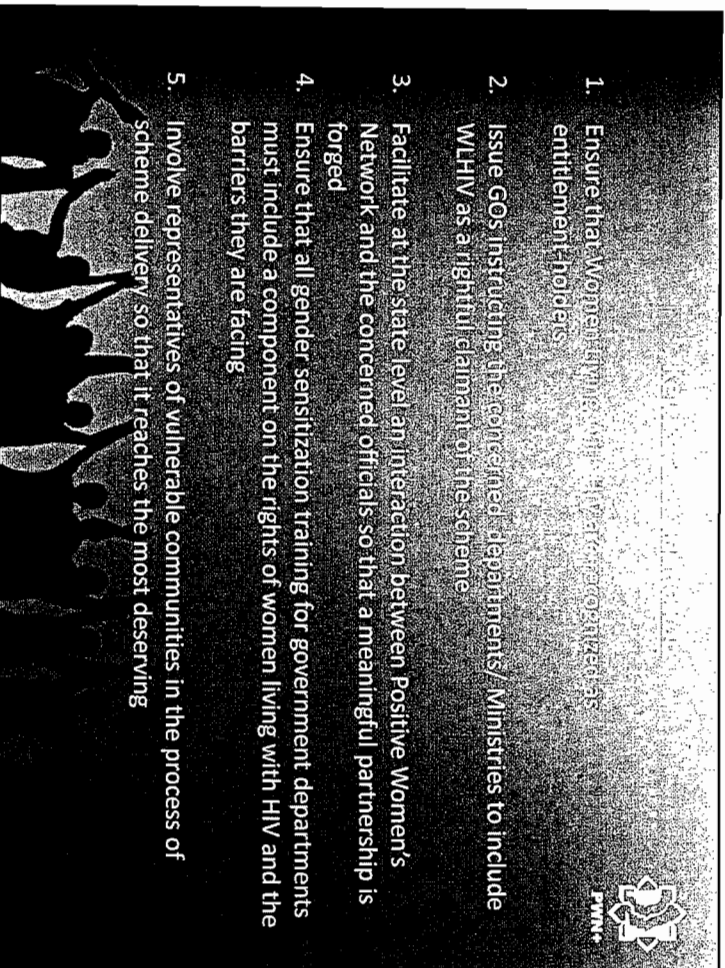


1. **Scheme:** Antyodaya Anna Kalyan
2. **Scheme:** National Family Benefit Scheme
3. **Scheme:** Indira Gandhi National Widow Pension Scheme (IGNWPS)
4. **Scheme:** National Old Age Pension
5. **Scheme:** Rashtriya Swasthya Bima Yojana

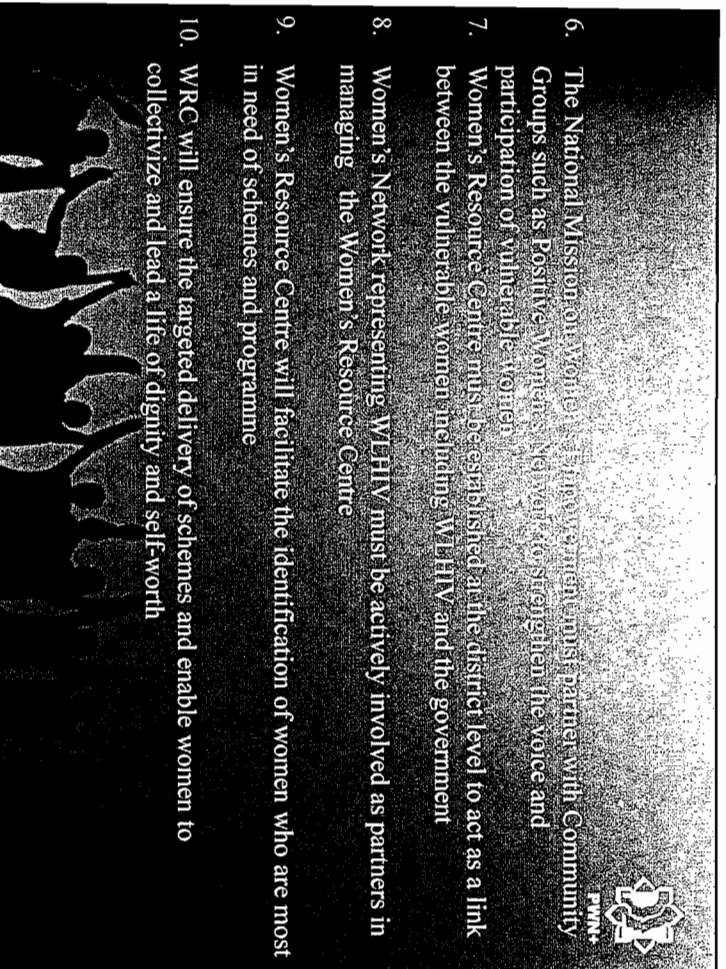
Recommendations

1. Inclusion of PLHIV as automatic beneficiaries.
2. All widows of PLHIV should be eligible automatically irrespective of BPL status and age.
3. The pension amount should be increased. While rice, dal can be/ being provided through other schemes, there is a need for intake of fresh vegetables and additional medicines for PLHIV. Therefore, the need for increased pension.
4. Easier and hassle-free documentation criteria – affidavit or death certificate should be enough.
5. Speedy approval and disbursal of entitlement.
6. Reduction of age criteria for PLHIV to 35 years.
7. The pension amount should be increased to meet the need for nutritious food and additional medication.
8. Automatic inclusion of PLHIV as beneficiaries irrespective of BPL status.





1. Ensure that Women living with HIV are recognized as entitlement holders
2. Issue GOs instructing the concerned departments/ Ministries to include WLHIV as a rightful claimant of the scheme
3. Facilitate at the state level an interaction between Positive Women's Network and the concerned officials so that a meaningful partnership is forged
4. Ensure that all gender sensitization training for government departments must include a component on the rights of women living with HIV and the barriers they are facing
5. Involve representatives of vulnerable communities in the process of scheme delivery so that it reaches the most deserving



6. The National Mission on Women Empowerment must partner with Community Groups such as Positive Women Network to strengthen the voice and participation of vulnerable women
7. Women's Resource Centre must be established at the district level to act as a link between the vulnerable women including WLHIV and the government
8. Women's Network representing WLHIV must be actively involved as partners in managing the Women's Resource Centre
9. Women's Resource Centre will facilitate the identification of women who are most in need of schemes and programme
10. WRC will ensure the targeted delivery of schemes and enable women to collectivize and lead a life of dignity and self-worth

9/28/2011



Thank You