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(VANLALHMANGAIHI)

ABOUT THE INSTITUTION

MHIP SUB HQRS LUNGLEI

HISTORY

For the upliftment of Mizo Women in all fields and to help the needy, Mizoram Hmeichhe Insuihkhawm Pawl (MHIP) was established in Aizawl 6th July 1974. It is one of the first statewide women federations in Mizoram. It was established mainly to address the following:

- Women Empowerment
- Promotion of Christian Life
- To Help the Needy

Within 20 years it expanded throughout the state, and as of 2015, it has members of more than 2 Lakhs. Now, it becomes one of the largest civil society organizations in the state. It occupies an important forum in almost all government undertaking public programs and most of the government facilitated co-ordination committee.

PROFILE

The MHIP Sub-Hqrs, Lunglei was established in 1.2.1975 and has its own building in Venglai, Lunglei since 1996. As a Voluntary Organisation, its sole aim is to "Help Others" and work fervently amongst women and children for their rights, upliftment and socio-economic empowerment. Under the MHIP Sub-Hqrs, Lunglei, there are 143 branches, one block and three joint MHIP. The organization is spearheaded by an executive committee member which has 37 members in it. Governance, however, is performed by an Office Bearers committee which has 6 elected members for 2 years term.

PURPOSE AND OBJECTIVES OF MHIP

1. Empowerment women for the development of Mizoram Society and the State to prepare them for higher authority in the government.
2. To reconstruct the status of women in the society and family; and to protect the rights of women.
3. To guide and look after children regarding their mental and health eg. Preprimary school, Aganwadi, Creches etc.
4. Recreation center for children, school for handicrafts, games, park and books for children.

5. To carry/ do the duties of women for the development of Mizo Society and the state.
6. To literate illiterate women and to provide education, to provide education for those women having financial problems and to show them their capabilities of work.
7. To unite this who are different in social status, different religion and opposite in political opinion to work for the development of Mizoram.
8. Freedom from violence.
9. To work in cooperation with government for the development of Mizoram.

MISSIONS

MHIP functions as a crisis Response System especially for women in distress, victims of violence, offence, etc. Hence, currently it has 80 functionaries under these projects

The supplementary effort is to focus on providing alternatives. The MHIP take up AIDS project under Mizoram State AIDS Control from 2001 by opening Drop –in Center. At the beginning the projects focus on Taxi and Rickshaw drivers. From 2004, it takes up IDU's project the main objective of this project is to minimize and prevent the growth rate of HIV to give awareness to the peoples as much as possible, and now especially to high-risk group. The center targeted to cover 390 IDU's. The project today focuses on the high-risk group of IDU's. It takes up SNEP programs, Condom distribution, IEC materials and pamphlets for the prevention of the spread of AIDS. The center helps the IDU's by providing medical help, refer to the Doctor, and it also gave financial support. The moral life of the client is given importance in this project. The NGO's take up program for the behavioral strategy is the main step in the project work.

The special school for spastic person run by the organization is co-facilitated by the Mizoram State social welfare advisory board as well as SCERT, Education Department. In the current year 62 differently disabled under different abilities are admitted. It has a trained Principal with one teacher and 5 supporting staffs.

The working girls Hostel is 35 bedded accommodations for women who are pursuing studies or training to training to urban setting from their native rural residence.

As our environment have been facing many changes in various kinds of social life since the last quarter in structure and content. Women cannot freely overcome sufferings in their family, this eventually affected their children and yields broken family. With the emerging needs of counseling center for women and children, family counseling center was set under MHIP Sub-Hqrs Lunglei. There are two counselors working under FCC and works on the following principles.

Migrants bear a heightened risk of HIV infection, which results from the condition and structure of the migration process. Available evidence suggests that migration could be fuelling the spread of HIV epidemic in high out migration states such as Uttar Pradesh, Bihar, Rajasthan, Orissa, Madhya Pradesh and Gujarat. Hence, under NACP, the Organization has also worked to contain the HIV/AIDS epidemic amongst migrants and their sexual partners in Lunglei district. The organization has intervened with the migrant population since 2007 only. A total number 5000 migrants are target in the current year. Harm reduction with one teacher and 5 supporting staffs. Currently, the highest number of HIV infected migrants came from the neighbouring state of Assam.

Migrants are defined in many ways. The Census of India defines migrants as a person who has moved from one politically defined area to another similar area. Migration is a complex process. People migrate either due to distress or for better livelihood from their place of home to cities and towns within or outside their states for employment. The high prevalence among migrants reported in ICTCs in Lunglei civil hospital is worrisome as it could spiral an epidemic in their places of origin which are currently low prevalence. Studies have also shown that migrants per se are not at risk but it is the conditions and the environment that puts them at risk of acquiring HIV infections.

II. Strategic guidelines for prevention of HIV prevalence by MHIP

- Enhance migrant data to strengthen evidence
- Structural interventions such as making services more accessible, available, and increase demand through certain legal and social regulations
- Design strategies to improve access to services for migrant populations
- Migrant populations are heterogeneous in terms of types, size, language and culture. HIV prevention strategies and services need to be tailored according to the needs of these populations.



Image 1: MHIP Sub-Headquarters, Lunglei

GRACE SOCIETY, VENGLAI, LUNGLEI

HISTORY

Grace Society NGO Achievemnet Grace Society is a Church based Organization set up by the Mizoram Baptist Women Fellowship (MBKHP), to address the various social problems existing in the society.

PROFILE

The organization mainly deals with the increasing problems of HIV/AIDS & Drug/Substance abuse in the community, in the field of Prevention, Intervention, Care and Support and Rehabilitation. It also deals with various women and children issues and addresses other vulnerable areas of the society. The organization has been working in Targeted Intervention programme since 2000, beginning with intervention among Commercial Sex Workers, followed by Core Composite of FSW & IDU in 2008, and with MSM and Spouses of IDU adding to the intervention since 2010.

MISSIONS

- 1) To create a better, healthier and harmonious society by reducing HIV/AIDS and Drug/Substance abuse in the society.
- 2) Economic empowerment of PLWHA and drugs victims, by providing rehabilitation through skill training and Income Generating Programme.
- 3) Social and economic upliftment of destitute women.
- 4) Promoting and facilitating behaviour change among those practicing high-risk behaviour and people living with HIV/AIDS.

VISION

To create a better, harmonious, healthier society and improved economic condition by reducing HIV/AIDS and addiction in the community.

OBJECTIVES

Increase awareness on HIV/AIDS and addiction among general population as well as high risk/marginalized communities, intervention to promote behavior change and harm reduction among

high-risk group, providing care and support to the affected, detoxification/de-addiction and rehabilitation through skill building, capacity building to enhance service delivery.

ACTIVITIES

1. Targeted Intervention among FSW, IDU, MSM, & Spouses of IDU: Sponsored by MSACS, the programme includes peer education and outreach, focus group discussion, awareness, community events, STI clinic & general healthcare, counseling, condom promotion, needle syringe exchange programme, referral to ICTC .
2. Integrated Program on drugs & HIV/AIDS: This mostly focus on aftercare program such as psycho-social support for recovering addicts through self-help group meetings and support for income generation activities, educational support.
3. Rehabilitation Center (Chhawmdawlina In): This centre is set up by the Mizoram Baptist Women Fellowship in its own initiative. Today the Rehab Centre can accommodate 30 boys and 20 girls at a time. It offers services like detoxification, Counseling, Meditation, Healthcare, Work therapy (including vegetable/flower gardening, Pig rearing, Dairy farming, Candle making etc) and Physical Activity (Volleyball, badminton, table tennis.
4. Mental Health Program : One of the new project taken up by the NGO since 1st April , 2016 under National Health Mission in collaboration with National Mental Health Program. The Program mainly ensure the availability and accessibility of minimum mental health care for all in the foreseeable future .



Image 2 : Grace Society.Lunglei

LUNGLEI OBSERVATION HOME AND LUNGLEI SPECIAL HOME

HISTORY:

Lunglei Observation Home and Lunglei Special Home are Government recognized child care institutions run the Social Department, Govt. of Mizoram since 2008. The Home's original name Remand Home was superseded by Observation Home and Special Home since the execution of the Juvenile Justice (Care and Protection of Children) Act, 2015. Therefore, the Home is now officially known as Observation Home and Special Home and is presently run by Women and Child Development, Social Welfare Department, Govt. of Mizoram.

PROFILE:

Lunglei Observation Home and Lunglei Special Home are Government certified Child Care Institutions (CCIs) registered under Section 41 of the Juvenile Justice (Care and Protection of Children) Act, 2015 and is run by Women and Child Development, Social Welfare Department (SWD), Govt. of Mizoram, the capacity of the home is 50 (40 Boys & 10 Girls).

The Observation Home is maintained for the care and rehabilitation of any child alleged to be in conflict with law during the pendency of any inquiry, the inquiry shall be completed within a period of six months from the date of first production of the child before Juvenile Justice Board (JJB).

- Type of home: Observation Home
- Capacity: 25 children (both males and females)
- Age group: below 18 years.

Special Home is established for rehabilitation of those children in conflict with law who are found to have committed an offence and who are placed there by the Juvenile Justice Board (JJB) for such period not exceeding three years for providing reformatory services including education, skill development, counseling, behavior modification therapy and psychiatric support during the period of stay in the special home.

- Type of home: Special Home
- Capacity: 25 children (both males and females)
- Age group: below 18 years.

OBJECTIVES

To provide rehabilitation and social re-integration measures, to ensure proper care, protection, development and treatment of children in conflict with the law by keeping in view the best interest of the child in mind.

SERVICES PROVIDED

- Case Work through individual care plan
- Counselling
- Medical assistance
- Vocational training
- Sanitary and hygiene
- Library
- Recreational activities

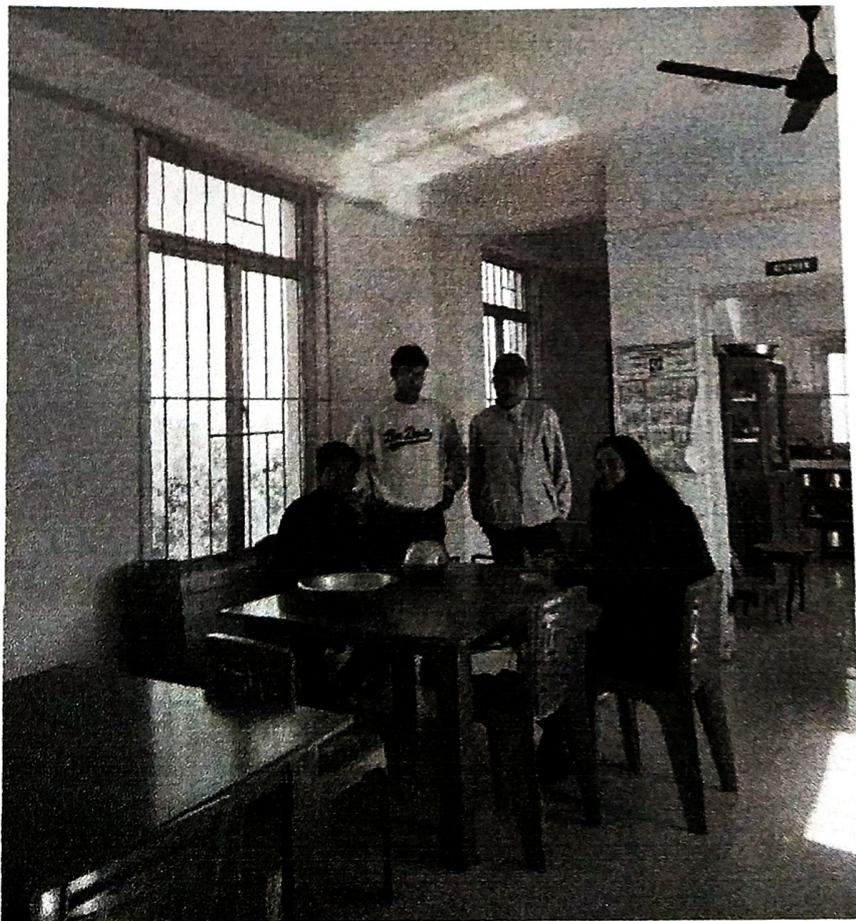


Image 3: Observation Home, Lunglei

WOMEN ANTI DRUG ASSOCIATION, LUNGLEI

Women Anti-Drug Association in short WADA was established in 1996. After the registration, it grew into a big organization and the State Government gave recognition to their activities and functions. It got its funding's from Mizoram State AIDS Control Society (MSACS) to fight HIV and Drugs among Injecting Drug Users of Lunglei and Hnahthial town. The Organization also has a Treatment-Cum-Rehabilitation Centre funded by the Ministry of Social Justice & Empowerment (MSJ&E). The Centre gives a comprehensive program with a three-stage treatment program- Detoxification, De-Addiction and Rehabilitation. It also tries to give patients a holistic care not only in terms of physical but also helps in emotional, mental and spiritual healing.

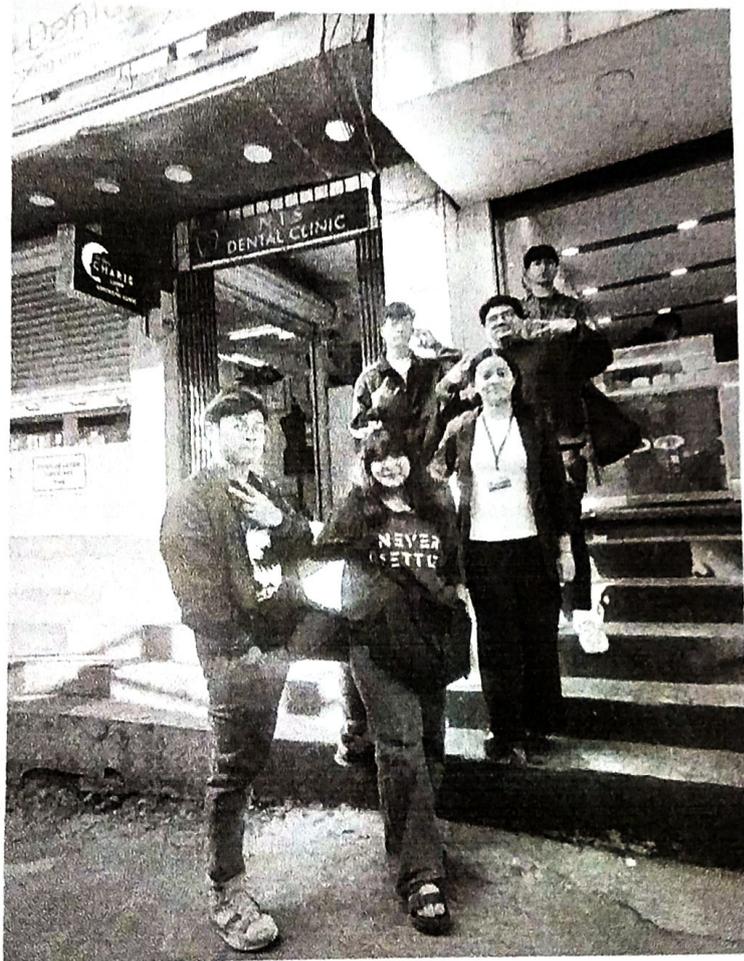


Figure 4: Women Anti-Drug Association(WADA) Office,Lunglei

DAILY REPORT

Name: Vanlalmangaihi

Reg no. 2123BA070

Place of Field work: MHIP DROP-IN CENTER, Venglai.

Date: 05.02.2024

Activity/work done:

Mizoram Hmeichhe Insuihkhawm Pawl (MHIP), drop in center

On the first day of my fieldwork, I arrived at MHIP, Sub Hqr. at 10:20 am. I was soon greeted by the IDU (Injecting Drug User) project manager, Mr. Hlimpuia, who offered me a seat in his office. Then, I introduced myself and communicate about what I would like to learn from him. After that, I was given an introduction about the institution, its history and the Syringe Exchange Program undertaken by it.

At 12:00 p.m., I headed to the adjacent room which is the MHIP, Migrant HIV Prevention office. There, I was greeted by the Migrant project manager, Mr. Mahlua. He gave me a description of the Migrant HIV Prevention Programs and handed me a pamphlet. Then, time was allotted for asking questions and we discuss about the importance of psychology to prevent HIV.

At 1:00 pm, I was given time to have my lunch. After lunch at 2:00 pm, I was given a detour of the drop-in center, the counselling center and the Syringe Exchange counter. I went home at 4:00 pm.

Learning outcome:

From this fieldwork, I have gained more knowledge about how Church based non-profit organizations are established and how they are sponsored. From my interaction with Mr. Hlimpuia, I learnt about the growing prevalence of HIV patients and that these patients are usually Drug users. I also learnt that peer educators are people who have had some experiences with drugs and according to them, peer pressure has a large influence on their psyche.

I was also introduced to the Syringe Injection Program in HIV prevention. This project involves exchanging the old syringe used by the drug user with new ones. The goal of this project is to prevent sharing infected needles and prevent inappropriate littering of used syringe which can be step on.

My time at the migrant office have also taught me that migrants from other north eastern states, especially Assam, have contributed to the spreading of HIV in Mizoram. also learnt that No 4 is currently the most prevalent drug among today's youth.

Name: Vanlalmangaihi

Reg no. 2123BA070

Place of Field work: GRACE SOCIETY, VENGLAI

Date: 12.02.2024

Activity/work done:

On my second day of the fieldwork, I arrived at Grace society, Venglai, Lunglei at 10:30 p.m. After my arrival, I was given a seat by the Project manager, Mr. Hruaita. He directed me to the first floor where the annual report was scheduled to be made. As the workers were busy with the construction of the new floor, I volunteer to help them in dusting and arranging the chairs. After that, the meeting began at 11:00 a.m.

At the meeting, I was given a seat at the back of the room where I able to observe the interactions of the members. The meeting was opened by the Female Sex Worker (FSW) Outreach Worker, Mrs. Rinawmi with a prayer. Then, she enquired about the progress report from the Peer Educators during the previous week and then announce the norms for the next week. She also gave us an explanation about the institution and its workings.

At 11:20 p.m., I was given time to interact with the Peer Educators. We discuss about various topic and I was allowed to voiced my thought in each matter. Then, at 1:00 p.m., I was allowed to have my lunch. After lunch, at 2:30 p.m., one of the interns came and directed me to the drop-in center. There I observed how blood are drawn for HIV test.

Finally, at 3:00 p.m., I was called to the project manager's office, where he asked me about my thoughts regarding today's activity. I gave me a positive review and was allowed to go home at 3:20 p.m.

Learning Outcome

From my second fieldwork, I learnt that there are apps used by the peer educators to track down people who are engaged in male-to-male sexual relationship. My time here has also taught me the importance of using lubricates. Lubricate are water-based fluids that are used to reduce friction during anal sex. It is important because the male body cannot produce enough enzyme which makes the receiving male prone to blisters and thus increases the chance of HIV infections.

From the outreach workers, I learnt that in 1956, the Indian Government has passed The Immoral Traffic (Suppression) Act (SITA). Under this Act, prostitution can be legally done but soliciting of people and luring them into sexual activities is illegal. I also learnt that poverty, peer competition and monetary greed were the usual motivators that a woman has for becoming a sex worker.

My time here in Grace Society have also taught me that by 2024, the target of National AIDS Control Prevention is to ensure that 95% of those who are HIV positive in the country know their status, 95% of those who know their status are to be on treatment and 95% of those who are on treatment should experience effective viral load suppression. There is to be no shortage of funds, drugs and testing kits meant for NACP.

Name: Vanlalmangaihi

Reg no: 2123BA070

Place of Field work: OBSERVATION HOME, KAWMZAWL

Date: 19.02.2024

Activity/work done:

On my third day of the fieldwork, I arrived at the Observation Home in Kawmzawl, Lunglei, at 10:30 am. Upon arrival, I was greeted by the gate keepers who informed me that the Case Worker would be coming late. Then, I was given a seat and a short conversation was initiated.

At 11:30 a.m., the case worker, Mrs. Hmatei arrived. She greeted me and apologized for her late arrival. After that, she directed me to her office where I was given an explanation about the institution and its role. Pamphlets were also handed out.

At 12:00, I was allowed to have my lunch in the guest room. After lunch, at 1:00 p.m., one of the staff, Mrs Mahlími gave me a tour inside the buildings – the mess, the computer room, the devotional room, the dorms, the recreational room and the library. She also guided me to the rooftop where we get a bird's eye view of the garden. Then we took some pictures with the staff as commoration of the visit. Since my place was far, I was allowed to go home at 3:20p.m.

Learning outcome:

From this fieldwork, I learnt the differences between an Observation Home and a Special Home. The Observation Home is registered under section 41 of Juvenile Justice Act whereas the Special Home is registered under section 48 of Juvenile Justice Act. The Observation Home is maintained for the purpose of temporary reception of children under trail for not more than 4 months whereas the Special Home I established for the rehabilitation of children who are found convicted by the law for a period not exceeding 3 years.

I have also learned that Observation Home and Special Home should be in separate buildings and their residence should not interact with each other. However, because of poor economic conditions, the state is not able to meet such requirements. Moreover, there are only two Special Home (one in Aizawl and one in Lunglei) in Mizoram, when the norm is for every district to have one.

Name: Vantallmangaihi

Reg no: 2123BA070

Place of Field work: WOMEN ANTI DRUG ASSOCIATION, LUNGLEI

Date: 25.02.2024

Activity/work done:

On the fourth day of my fieldwork, I arrived at WADA, Chanmari, Lunglei at 10:15 a.m. Upon arrival, I was greeted by the Project Manager, Mr. Johnny, in his office. He introduces me to the institution and gave me a briefing about what I was expected to do. Then he directed me to the drop-in center.

At the drop-in center, I met with one of the nurses, Mrs. Janet. As I observe her work, I enquired about how clients are registered and also assisted her in recording their details- their names, town, no. of syringe return and no. of syringe given. After that I cleaned the place along with the other staff.

At 12:00 p.m., Mrs. Janet showed me how Opioid substitution therapy (OST) is given. Tablets of Buprenorphine Sublingual are crushed according to client's requirement and put in paper packages. Then, they are handed out to registered clients. Mrs. Janet also asked one of the clients to demonstrate how it should be consumed.

At 3:00 p.m., I was allowed to have lunch in a nearby restaurant. Then, after lunch, I was summoned to the project manager office where I was asked to give some review about my experience. Then I was allowed to go home at 4:00 p.m.

Learning outcome:

From my fourth day of the fieldtrip, I was able to have the experience of interacting with Injecting Drug Users. From this interaction, I was able to identify subtle changes in the appearance and behavior of long-time drug user and those who have recently started it. From the case workers, I learnt that clients are hard to take interact with because of their fluctuating moods, their crafty practices and immorality. The peer educators also had to be very careful in handling out new syringe as the are high chances of HIV infection through hand-to-hand exchange.

My time here in WADA have added to my knowledge about OST. I have learnt that OST cannot be addicted and that they are able to relieve withdrawal effects for about 24 to 30 hours after consumption. Success rate for OST treatment is very low as it is a very tedious and painstaking process. Often, clients would take them along with other drugs that can significantly decreases its effect. Sometimes, these clients would refer themselves to a psychiatry, faked their symptoms and get a prescription for other drugs to get high. Apparently, this is because OST cannot provide the high that drugs like Heroin can.

I have also learnt that one of the more common medicines used as OST is a drug called Buprenorphine Sublingual. This is given in doses according to the state of their client. The drug is gradually decreased in strength (e.g., from 2 mg this month to 0.4 mg the next month) as the addiction wears out.

SUMMARY OF THE REPORT

The Mizoram Hmeichhe Insuihkhawm Pawl mainly focused on three parts; Injecting drug user (IDU), Migrants and Sexually transmitted infection (STI). They cover 7 locality and they are the only institute in the town to have a task on migrants. They take 8000 sample of HIV and syphilis to the migrants in the town during a one financial year. The sample is taken in Community Base Serenity (CBS) and Integrated counselling and testing centre (ICTC). They also help the clients facing an issue with STI, they help them by medication and therapy.

The Grace society is also the only institute in town where it deals and concern with Men having sex with men (MSM) and Female having sex with women (FSW). The common task with the former institute is the Injecting Drug User. They do provide Ost but apart from that they deal with the FSW and MSM. The institute mainly focus on counselling and therapy, and indeed they are the most dedicated institute among all the institute so far in the town.

The Observation and special home are quite different from the rest of the institute because they do not focus on the IDU, FSW, MSM or any other clients. They mainly work among the child and they are Government recognised child care institution (CCIs) under Social Welfare Department (SWD), Govt. of Mizoram since 2008. They can take only boys 18 years and below. The clients are mainly admitted for stealing case, murder case, rape case etc. They are observed in the Home and during the staying they are given counselling, and case study is also going on. They are provided with all the necessary stuff that they are required and they are not allowed to interact with the family if not very genuine case. They also have a special home for the severs clients.

Lastly, the Women Anit-Drug Association (WADA) mainly concern on the prevention of HIV through the syringe exchange and also providing the IDU an Oral substance therapy (OST) and counselling was also done to the needy clients. They also have their own clinic where doctors come twice a week to check the patients and recheck their Ost dose. They also have a rehabilitation centre where a serious clients are referred. They provide OST and let the clients exchange the used syringe with a fresh syringe.

CONCLUSION

The institutes' general working atmosphere is excellent and they are making great progress and putting a lot of effort to improve society. Despite their individual work styles and diverse tasks, they are united by a common objective – the advancement of society – which unites them into a single cluster and although their plans and techniques may differ, there is no conflict within the institutes. The Project Managers of each institute are putting in a lot of effort, dedicating all of their time to employee assistance and training. The fieldwork provided the interns with a wealth of new experience and informative data about the organization.

LIMITATIONS

1. They need more counsellor who have a psychology background, because in psychology many techniques are learned systematically.
2. The workers need to be more active and follow up should not be neglected.
3. The institution should be more well equipped.