



---

## **Manual on HIV Sensitive Social Protection Schemes in Kerala**

---



## Social Protection Initiatives in Kerala

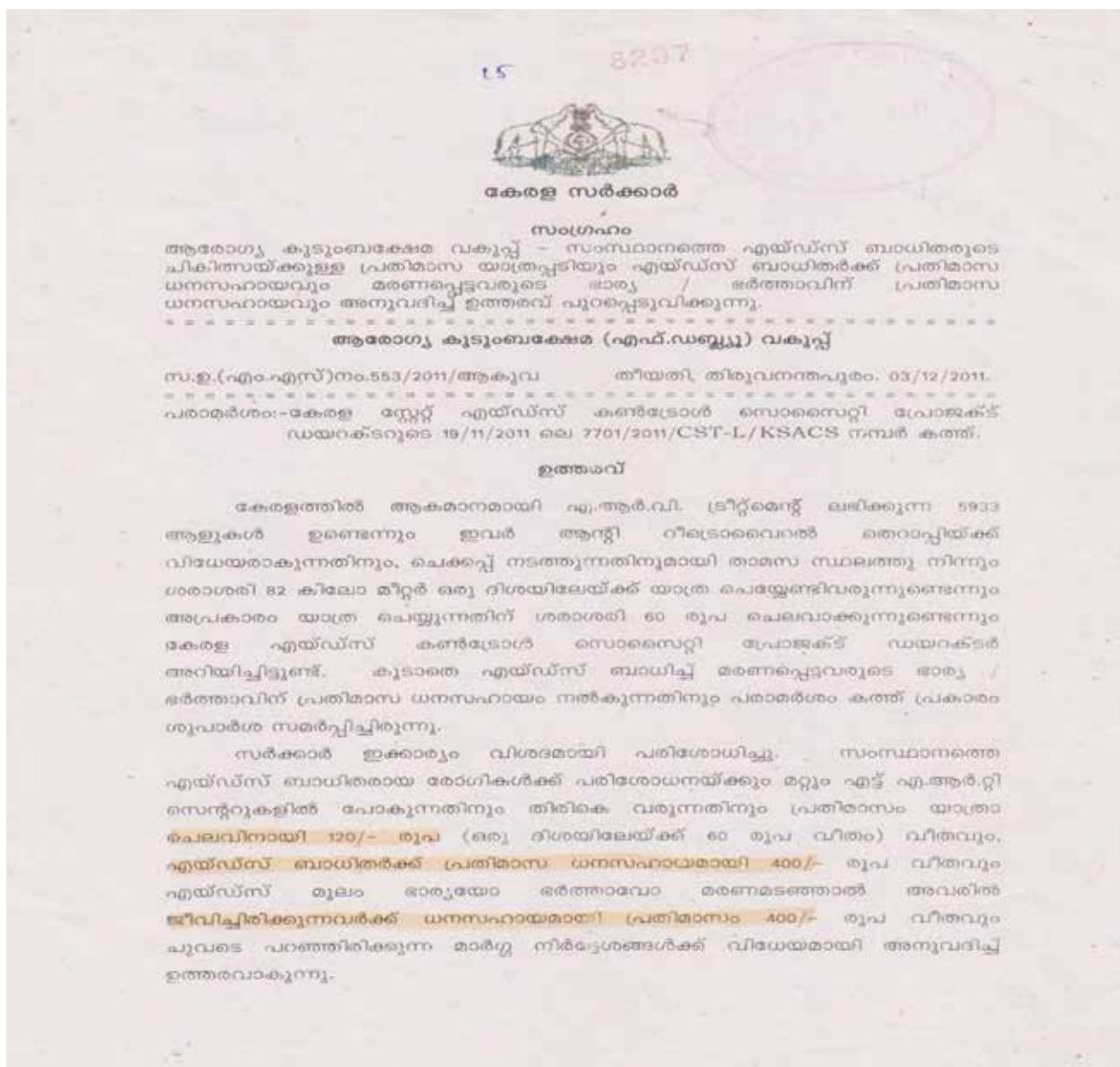
Government of Kerala has initiated multifaceted programmes for providing social protection for people living with HIV/AIDS (PLHIVs) and Most at Risk Population (MARPs). A committee has constituted under the chairmanship of Hon'ble Chief Minister to plan and review the Social Protection initiatives. HIV/AIDS policy has been adopted by the Local Self Government Department which enables the Panchayaths and Municipal Corporations to implement HIV prevention, care and support schemes. Mankara Grama Panchayath in Palakkad district declared as HIV literate Grama Panchayath by Hon'ble Chief Minister after a series of scientific studies. Now many Panchayaths are adopting this model. Kerala is the first state in India which adopted a policy on transgender. In order to mainstream the marginalized community such as PLHIVs and MARPs Government of Kerala has launched both exclusive and inclusive schemes. Government orders and directives in this regard are compiled in this manual.

## INDEX

Sl. No	Content	Page No.
1	Financial Aid to PLHIVs	4
2	Nutrition support by Local Self Government Department	8
3	Free clinical investigations	10
4	Free opportunistic infection drug	11
5	Inclusion of all PLHIVs in BPL list	13
6	Free Pap smear Test	15
7	Constitution of committee under the Chairmanship of Hon'ble Chief Minister	16
8	Treatment Care Team	18
9	Snehapoorvam Educational Scholarship Scheme	20
10	Direction from Civil Supplies Commissioner	23
11	Appointment of Social Security Counsellors	24
12	HIV policy and guideline for LSGIs	27
13	Transgender Policy	37
14	A case study on Mankara - the first HIV literate Grama Panchayath in Kerala	57

## Financial aid and travelling allowance to PLHIVs on ART (G.O.(M.S) No.553/2011/H&FWD dtd 03/12/2011)

Govt.of Kerala (Health & Family Welfare) sanctioned financial aid and travel allowance to PLHIVs who are on ART (Rs.400/- as financial aid and Rs.120/- as travelling allowance monthly) and the spouse of the deceased AIDS patients.



**മാർഗ്ഗ നിർദ്ദേശങ്ങൾ**

- (1) ഗുണഭോക്താവ് കേരളത്തിൽ സ്ഥിര താമസമുള്ളവനായിരിക്കണം.
- (2) ഓരോ ആശ്രിതനും / വ്യക്തിയും താഴെ പറയുന്ന സാക്ഷ്യ പത്രങ്ങൾ ART സെന്ററുകളിൽ സമർപ്പിച്ചിരിക്കണം.

- (a) നേറ്റിവിറ്റി സർട്ടിഫിക്കറ്റ്.
- (b) മരിച്ച വ്യക്തിയുടെ മരണ സർട്ടിഫിക്കറ്റും പരിശോധന സർട്ടിഫിക്കറ്റും.
- (c) മരണമടഞ്ഞ വ്യക്തിയും അപേക്ഷകനും തമ്മിലുള്ള ബന്ധം തെളിയിക്കുന്ന സർട്ടിഫിക്കറ്റ്.
- (d) സത്യവാങ്മൂലം.

- (3) ഗസറ്റഡ് ഓഫീസർ സാക്ഷ്യപ്പെടുത്തിയ ലൈഫ് സർട്ടിഫിക്കറ്റ് (ഓരോ 6 മാസം കൂടുമ്പോഴും ART സെന്ററിൽ സമർപ്പിച്ചിരിക്കണം).

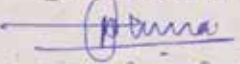
- (4) എല്ലാ ART സെന്ററുകളും ധനസഹായത്തിന് അർഹരായവരുടെ അക്കൗണ്ട് നമ്പർ സഹിതമുള്ള ലിസ്റ്റ് ഓരോ മാസവും 5 -ാം തീയതിയ്ക്ക് മുമ്പായി സ്റ്റേറ്റ് എയ്ഡ്സ് കൺട്രോൾ സൊസൈറ്റിക്ക് സമർപ്പിക്കേണ്ടതും ഓരോ മാസവും 7 -ാം തീയതിയ്ക്ക് മുമ്പായി അർഹരായവരുടെ ബാങ്ക് അക്കൗണ്ടിലേയ്ക്ക് സൊസൈറ്റി തുക വിതരണം ചെയ്യേണ്ടതുമാണ്.

ഇപ്രകാരം പ്രസ്തുത പദ്ധതി നടപ്പിലാക്കുമ്പോൾ വരുന്ന സാമ്പത്തിക ചെലവ് 'ന്യൂ സർവ്വീസ്' നടപടിക്രമം പാലിച്ച് വഹിക്കുന്നതാണ്.

ഗവർണ്ണറുടെ ഉത്തരവ് പ്രകാരം,  
രാജീവ് സദാനന്ദൻ,  
പ്രിൻസിപ്പൽ സെക്രട്ടറി.

പ്രൊജക്ട് ഡയറക്ടർ, KSACS, തിരുവനന്തപുരം.  
ഡയറക്ടർ, ആരോഗ്യ വകുപ്പ്, തിരുവനന്തപുരം.  
ധനകാര്യ വകുപ്പ് (U.O No.95813/BW B2/11/Fin പ്രകാരം)  
പൊതു ഭരണ (എസ്.സി) വകുപ്പ്, 30.11.2011 ലെ ഇനം നമ്പർ 835 പ്രകാരം).  
പ്രിൻസിപ്പൽ അക്കൗണ്ടന്റ് ജനറൽ (ഓഡിറ്റ്), കേരള, തിരുവനന്തപുരം.  
അക്കൗണ്ടന്റ് ജനറൽ (എം.ഇ), കേരള, തിരുവനന്തപുരം.  
വിവര പൊതുജന സമ്പർക്ക വകുപ്പ് (വിപുലമായ പ്രചാരണത്തിന്).

പകർപ്പ്:  
മുഖ്യമന്ത്രിയുടെ പ്രൈവറ്റ് സെക്രട്ടറിക്ക്.  
ആരോഗ്യവും കയറും വകുപ്പ് മന്ത്രിയുടെ പ്രൈവറ്റ് സെക്രട്ടറിക്ക്.  
ആരോഗ്യ വകുപ്പ് പ്രിൻസിപ്പൽ സെക്രട്ടറിയുടെ പി.എ.യ്ക്ക്.

ഉത്തരവിൻ പ്രകാരം  
  
സെക്ഷൻ ഓഫീസർ

Now the Govt of Kerala revised this amount to 1000/- for PLHIVs registered in the ART centers. (awaiting for the Government Order)



002609



**കേരള സർക്കാർ  
സംഗ്രഹം**

ആരോഗ്യ കുടുംബക്ഷേമ വകുപ്പ് - എച്ച്.ഐ.വി. അണുബാധിതരുടെ പ്രതിമാസ ധനസഹായം 1000 രൂപയായി ഉയർത്തിയ ഉത്തരവ് ഭേദഗതി വരുത്തി ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു.

**ആരോഗ്യ കുടുംബക്ഷേമ (എഫ്.ഡബ്ല്യു) വകുപ്പ്**

സ.ഉ.(എം.എസ്) നം.58/2015/ആ.ക.വ. തീയതി, തിരുവനന്തപുരം, 23.03.2015.

- പരാമർശം :-
1. 05.01.2015 -ലെ സ.ഉ.(എം.എസ്) നം. 04/2015/ആ.ക.വ.
  2. കേരള സ്ട്രേറ്റ് എയ്ഡ്സ് കൺട്രോൾ സൊസൈറ്റി പ്രോജക്ട് ഡയറക്ടറുടെ 03.02.2015 -ലെ 7701/2011/സി.എസ്.ടി-1/ കെ.എസ്.എ.സി.എസ് നമ്പർ കത്ത്.

**ഉത്തരവ്**

സംസ്ഥാനത്തെ എച്ച്.ഐ.വി. അണുബാധിതർക്ക് നൽകി വരുന്ന പ്രതിമാസ പെൻഷൻ 1000/- രൂപയായി (ആയിരം രൂപ മാത്രം) ഉയർത്തി പരാമർശം (1) പ്രകാരം ഉത്തരവ് പുറപ്പെടുവിച്ചിരുന്നു. എന്നാൽ 14.05.2014 -ലെ യോഗതിരുമാനമായ 'ടി ധനസഹായം എ.ആർ.ടി. കേന്ദ്രങ്ങളിൽ രജിസ്റ്റർ ചെയ്തിട്ടുള്ള എല്ലാ എച്ച്.ഐ.വി. അണുബാധിതർക്കും നൽകുമെന്ന് പരാമർശം ടി ഉത്തരവിൽ ഉൾക്കൊള്ളിച്ചിട്ടില്ല എന്നും മേൽ പരാമർശം കൂടി ഉൾപ്പെടുത്തി ഭേദഗതി ഉത്തരവ് പുറപ്പെടുവിയ്ക്കണമെന്നും കേരള സ്ട്രേറ്റ് എയ്ഡ്സ് കൺട്രോൾ സൊസൈറ്റി പ്രോജക്ട് ഡയറക്ടർ അറിയിച്ചിരുന്നു .

2. സർക്കാർ ഇക്കാര്യം വിശദമായി പരിശോധിച്ചു.സംസ്ഥാനത്തെ എ.ആർ.ടി കേന്ദ്രങ്ങളിൽ രജിസ്റ്റർ ചെയ്യുന്ന എല്ലാ എച്ച്.ഐ.വി. അണുബാധിതർക്കുമുള്ള പ്രതിമാസ ധനസഹായം 1000/- രൂപയായി ഉയർത്തി ഭേദഗതി ഉത്തരവ് പുറപ്പെടുവിയ്ക്കുന്നു .

3. പരാമർശം (1) ഉത്തരവ് മേൽ ഭേദഗതിയോടെ നിലനിൽക്കുന്നതാണ്.

(ഗവർണ്ണറുടെ ഉത്തരവിൻ പ്രകാരം),

**നിഷ. എസ്  
ഡെപ്യൂട്ടി സെക്രട്ടറി**

ആരോഗ്യ വകുപ്പ് ഡയറക്ടർ, തിരുവനന്തപുരം

✓ പ്രോജക്ട് ഡയറക്ടർ , കേരള സ്ട്രേറ്റ് എയ്ഡ്സ് കൺട്രോൾ സൊസൈറ്റി,  
തിരുവനന്തപുരം

(.....2)

ധനകാര്യ വകുപ്പ്

പൊതുഭരണ (എസ്.സി) വകുപ്പ്

വെബ് & ന്യൂ മീഡിയ, വിവര പൊതുജന സമ്പർക്ക വകുപ്പ്

- പ്രിൻസിപ്പൽ അക്കൗണ്ടന്റ് ജനറൽ (ഓഡിറ്റ്), കേരള, തിരുവനന്തപുരം
- അക്കൗണ്ടന്റ് ജനറൽ (എ & ഇ), കേരള, തിരുവനന്തപുരം
- സ്റ്റോക്ക് ഫയൽ/ഓഫീസ് കോപ്പി

ഉത്തരവിൻപ്രകാരം,



സെക്ഷൻ ഓഫീസർ.



**Nutrition Support by Local Self Govt. Institutions.**  
(GO.SW/923/10/LSGD/TVM/dt.18.03.10)

District Panchayats and Municipal Corporations providing Nutrition support to PLHIVs and families through district Network of PLHIVs in the State. Around 2900 PLHIVs and families are now benefited through this programme.



## കേരള സർക്കാർ

സംഗ്രഹം

തദ്ദേശസ്വയംഭരണ വകുപ്പ് - എച്ച്.ഐ.വി/ എയ്ഡ്സ് ബാധിതർക്ക് പോഷകാഹാരം പ്രോജക്ട് - ഗ്രാമപ്രദേശങ്ങളിൽ ജില്ലാപാഞ്ചായത്തിന്റെ നേതൃത്വത്തിൽ സംയുക്തമായും നഗരപ്രദേശങ്ങളിൽ നഗരസഭകൾ നേരിട്ടും നടത്തുന്നു.തിന് അനുമതി നൽകി ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു.

അമൃതസുന്ദരൻ (ഡീ.ബി) വെള്ളി

எ.உ.(ஸ்டாட்)923/10 / கனியசு

തിരുവനന്തപുരം, തീയതി, 18.03.10

പരാമർശം :- 1. കാനൂരിഗോവ് ജില്ലാ പഞ്ചായത്ത് സെക്രട്ടറിയുടെ 21.01.10ലെ സി2-1218/09നമ്പർ കത്ത്.  
2. 02.03.10 -ലെ 2.30-ാം നമ്പർ കോ-ഓർഡിനേഷൻ കമ്മിറ്റി രിപ്പോർട്ട്

உணவுகள்

1. എച്ച്.ഐവി/ എയ്ഡ്സ് ബാധിതർക്ക് 2005-06 മുതൽ കാസറഗോഡ് ജില്ലാ പഞ്ചായത്ത് നടപ്പാക്കിവരുന്ന അഭരണ സൗകര്യ പദ്ധതിക്ക് അനുബന്ധമായി നൽകണമെന്ന് കാസറഗോഡ് ജില്ലാ പഞ്ചായത്ത് ഓഫീസറി പരാമർശം (1) പ്രകാരം സർക്കാരിനോട് അഭ്യർത്ഥിച്ചിരുന്നു.

2. സർക്കാർ ഇക്കാര്യം വീണ്ടുമായി പരിശോധിച്ചു എച്ച്.ഐ.വി/ എയ്ഡ്സ് ബാധിതരിൽ പോഷകാഹാരം പ്രോജക്ടുകൾ നേരിട്ട് നടപ്പാക്കുവാൻ ഗ്രാമപഞ്ചായത്തുകൾക്ക് പ്രായോഗിക ബാധിതരുടെന്നു റിപ്പോർട്ട് ചെയ്തിട്ടുള്ള സാഹചര്യത്തിൽ ഗ്രാമപ്രദേശങ്ങളിൽ ജില്ലാപഞ്ചായത്തിന്റെ നേതൃത്വത്തിൽ സംയുക്തമായും നഗരപ്രദേശങ്ങളിൽ നഗരസഭകൾ നേരിട്ടും നടപ്പാക്കുന്നതിന് തയ്യാറെടുപ്പിൽ ഉത്തരവാഹ്യം.



3. പ്രോജക്ടുകളുടെ നടത്തിപ്പിന് ശുപഞ്ചായത്തുകളുടെ വീലിൽ ജില്ലാ പഞ്ചായത്തിന് നൽകുകയും ജില്ലാ പഞ്ചായത്ത് നടപ്പിലാക്കുകയും ചെയ്യേണ്ടതാണ്.

ഗവർണ്ണറുടെ ഉത്തരവിൻ പ്രകാരം  
ജെ. ബെൻസി  
അണ്ടർ സെക്രട്ടറി


പഞ്ചായത്ത് ഡയറക്ടർ, തിരുവനന്തപുരം  
നഗരകാര്യ ഡയറക്ടർ, തിരുവനന്തപുരം  
സെക്രട്ടറി, കാസറഗോഡ് ജില്ലാ പഞ്ചായത്ത്,  
സെക്രട്ടറി, കാസറഗോഡ് / കാഞ്ഞങ്ങാട് നഗരസഭകൾ,  
ഡെപ്യൂട്ടി ഡയറക്ടർ ഓഫ് പഞ്ചായത്ത്, കാസറഗോഡ്,  
ഹെഡ്സ് കോപ്പി/സ്റ്റോക്ക് ഹയൽ.

ഉത്തരവിൻ പ്രകാരം


  
സെക്ഷൻ ഓഫീസർ

The Chief Minister of Kerala recommended rolling out a series of social protection schemes that intends to impact lives of children and adults affected by HIV/AIDS in the state

## Government Orders for free clinical investigations.

  
**GOVERNMENT OF KERALA**  
**ABSTRACT**

Health and Family Welfare Department - Free Lab Testing PLHAs registered in the ART Centres in Kerala - Sanction accorded - Orders issued

  
607  
14 SEP 2009

**HEALTH & FAMILY WELFARE (FW) DEPARTMENT**  
**G.O.(Rt)No.2557/09/H&FWD Dated,Thiruvananthapuram, 5-9-2009**

Read:- 1. Lr.No. SACS/ 9/3404/2009 dt. 5-6-2009 from the Project Director, Kerala State AIDS Control Society, Thiruvananthapuram

**ORDER**

The Project Director, Kerala State AIDS Control Society in his letter read above has reported that most of the PLHAs (Persons Living with HIV/AIDS) registered in the ART Centres in the State have no money, job and source of income, and therefore cannot afford to pay for the investigations. It is also reported that there are many Laboratory and Radiological investigations which have to be done on case to case basis. Diagnosis and management of several clinical conditions become difficult without these test results and that several representations are being received from PLHAs as well as their networks for providing investigations free of cost at Government Hospitals. Hence the Project Director, Kerala State AIDS Control Society has requested to allow all PLHAs registered in the ART Centres in Kerala to get all the investigations in Government Hospitals done free of cost.

Government have examined the matter in details and are pleased to order that the investigations related to all PLHAs registered in the ART Centres in Kerala will be done free of cost in Government Hospitals.

**By Order of the Governor,**  
**P.M. THOMAS,**  
**Under Secretary to Government.**

To

✓ The Project Director, Kerala State AIDS Control Society, Red Cross Road, Thiruvananthapuram.

The Director of Health Services, Thiruvananthapuram

The Director of Medical Education, Thiruvananthapuram

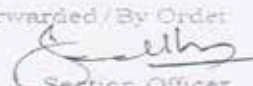
All District Medical Officers (H)

The Superintendent of Medical College, Thiruvananthapuram/ Alappuzha/ Kottayam/ Kozhikode/ Thrissur.

The Superintendent of ART Centre, District Hospital, Palakkad/ General Hospital, Ernakulam.

The Accountant General (A&E/Audit), Kerala, Thiruvananthapuram.

Stock File/ Office Copy.

Forwarded/By Order  
  
Section Officer

*Handwritten notes:*  
To HCS 4  
15/9  
G.O. file

## Government Order for free Opportunistic Injection Drugs.



### GOVERNMENT OF KERALA

#### Abstract

Health & Family Welfare Department - Purchase of Drugs for opportunistic infections for Kerala State AIDS Control Society through Kerala Medical Services Corporation Ltd. - Sanctioned - Orders issued.

#### HEALTH & FAMILY WELFARE (FW) DEPARTMENT

G.O.(Rt) No.2393/2014/H&FWD Dated, Thiruvananthapuram, 16.07.2014.

- Read:-
1. Letter No. 1025/2010/CST-I/KSACS, dated 22.03.2014 from the Project Director, Kerala State AIDS Control Society, Thiruvananthapuram.
  2. Letter No. KMSCL/DRG/FS/115-KSACS/2012, dated 04.06.2014 from Managing Director, Kerala Medical Services Corporation Ltd. Thiruvananthapuram.
  3. Letter No. MSA2/30811/2014/DHS, dated 23.06.2014 from the Director of Health Services, Thiruvananthapuram,

#### ORDER

In the circumstances reported above sanction is accorded for the purchase of following 17 Opportunistic Drugs for Kerala State AIDS Control Society through Kerala Medical Services Corporation Ltd. as per the requirement for the Financial Year 2014-15.

2. Out of the 17 Opportunistic Drugs, the following 9 drugs are available in Kerala Medical Services Corporation Ltd, which costs 3,29,398/- (Rupees three lakh twenty nine thousand three hundred and ninety eight only). Expenditure for the same will be met from the funds allotted to Kerala Medical Services Corporation Ltd for the purchase of Drugs for Health Services Department.

<u>Sl. No.</u>	<u>Name of Item</u>
1.	Tab. Flucanazole 150mg
2.	Tab. Azithromycin 500mg
3.	Clotrimazole cream 15gm
4.	Inj. Amphotericin B 50mg
5.	Tab. Acyclovir 400mg
6.	Inj. Cefotaxime 1g
7.	Tab. Levofloxacin 500mg
8.	Tab. Amoxycillin 500mg + Clavulanate Potassium 125mg
9.	Acyclovir IV 250mg

(.....2)

3. The following 8 Drugs are available in Karunya Community Pharmacy Services of Kerala Medical Services Corporation Ltd which costs ₹ 25,75,354/- (Rupees twenty five lakhs seventy five thousand three hundred and fifty four only). Managing Director, Kerala Medical Services Corporation Ltd is permitted to make payment for the same from the funds allotted to Kerala Medical Services Corporation Ltd for the purchase of Drugs for Health.

<u>Sl. No.</u>	<u>Name of Drugs</u>
1.	SEPMAX DS TAB
2.	AF 400 TAB
3.	CLINCIN 300 CAP
4.	FLUCONAZOLE 200 MG/100 ML INJ
5.	CANDITRAL 100 MG CAP
6.	CRIXAN OD TAB 500 MG
7.	VALGAN 450 MG TAB
8.	MOXIKIND CV 625 MG TAB

4. The Project Director, Kerala State AIDS Control Society has been permitted to purchase Tab. NITAZOXANIDE-500mg and Tab. SULPHADIAZINE utilizing own fund.

(By Order of the Governor).

**BINDU THANKACHY M.K.**  
Deputy Secretary to Govt.

To

The Director of Health Services, Thiruvananthapuram.  
The Managing Director, Kerala Medical Services Corporation Ltd.  
Thycaud, Thiruvananthapuram.

✓ The Project Director, Kerala State AIDS Control Society,  
Thiruvananthapuram

The Principal Accountant General (Audit), Kerala, Thiruvananthapuram  
The Accountant General (A&E), Kerala, Thiruvananthapuram.  
The Stock File/Office Copy.

Forwarded/By Order,



Section Officer



സംഗ്രഹം

അഭ്യർത്ഥനയനുസരിച്ച് (ഡി.ഡി) വകുപ്പ്

തിരുവനന്തപുരം, തീയതി, 27/04/2012

പരാമർശം:- സ.ഇ.(കെ)നം.18/2011/തസ്തുഭവ, തീയതി: 4/01/2011.

ഉത്തരവ്

ബി.പി.എൽ. ലിസ്റ്റ് തയ്യാറാക്കുന്നതിന് പ്രസ്തുത ഉത്തരവിലെ മാനദണ്ഡങ്ങൾക്ക് പുറമേ താഴെ പറയുന്ന പ്രകാരം എപിഎൽ, ബിപിഎൽ മാനദണ്ഡങ്ങൾ പുനർ നിശ്ചയിച്ച് ഉത്തരവാകുന്നു.

ബി.പി.എൽ. പട്ടികയിൽ നിന്ന് താഴെ പറയുന്ന വിഭാഗങ്ങളെ ഒഴിവാക്കേണ്ടതാണ്:-

പട്ടൽ പറഞ്ഞ വിഭാഗങ്ങളെ ഒഴിവാക്കി താഴെ പറയുന്ന വിഭാഗത്തിൽപ്പെട്ട ആരെങ്കിലും കുടുംബത്തിൽ ഉണ്ടെങ്കിൽ അവരെ ബി.പി.എൽ. പട്ടികയിൽ ഉൾപ്പെടുത്തേണ്ടതാണ്:-

ഡി) ഭർത്താവ് മരണമടഞ്ഞ സ്ത്രീകൾ

ഇ) എയ്ഡ്സ്, കാൻസർ മോശികളും, ഡയാലിസിസിന് വിധേയരാകുന്നവരും എഫ്) പരസഹായമില്ലാതെ ജീവിക്കുവാൻ കഴിയാത്തവരും ശരീരം തളർന്ന് ശയ്യാവലംബരായവരും

ജി) മേൽപ്പറഞ്ഞവയ്ക്ക് വിരുദ്ധമല്ലാത്ത നിലവിലുള്ള മാനദണ്ഡങ്ങൾ തുടരുന്നതാണ്.

ഗവർണ്ണറുടെ ഉത്തരവിൻ പ്രകാരം,  
ജെയിംസ് വർഗ്ഗീസ്  
പ്രിൻസിപ്പൽ സെക്രട്ടറി.

1. എല്ലാ ജില്ലാ പഞ്ചായത്ത് പ്രസിഡണ്ട്/സെക്രട്ടറിമാർക്കും.
2. എല്ലാ നഗരസഭാ അഡ്യക്ഷൻമാർക്കും(സെക്രട്ടറിമാർ മുഖേന).
3. എല്ലാ ബ്ലോക്ക് പഞ്ചായത്ത് പ്രസിഡണ്ട്/സെക്രട്ടറിമാർക്കും.  
(ഗ്രാമവികസന കമ്മീഷണർ മുഖേന)
4. എല്ലാ ഗ്രാമ പഞ്ചായത്ത് പ്രസിഡണ്ട്/സെക്രട്ടറിമാർക്കും.  
(പഞ്ചായത്ത് ഡയറക്ടർ മുഖേന)
5. ഗ്രാമവികസന കമ്മീഷണർ, തിരുവനന്തപുരം.
6. പഞ്ചായത്ത് ഡയറക്ടർ, തിരുവനന്തപുരം.
7. നഗരകാര്യ ഡയറക്ടർ, തിരുവനന്തപുരം.
8. എക്സിക്യൂട്ടീവ് ഡയറക്ടർ, കുടുംബശ്രീ, തിരുവനന്തപുരം.
9. എല്ലാ ജില്ലാ കളക്ടർമാർക്കും.
10. എല്ലാ ജില്ലാ പ്ലാനിംഗ് ഓഫീസർമാർക്കും.
11. എല്ലാ ജില്ലാ പഞ്ചായത്ത് ഡെപ്യൂട്ടി ഡയറക്ടർമാർക്കും.
12. എല്ലാ ജില്ലാ കുടുംബശ്രീ മിഷൻ കോ-ഓർഡിനേറ്റർമാർക്കും.
13. സ്പെറ്റി പെർഫോമൻസ് ഓഡിറ്റ് ഓഫീസർ, തിരുവനന്തപുരം.
14. ഡയറക്ടർ, പബ്ലിക് റിപ്പ്രെന്റേഷൻ, തിരുവനന്തപുരം.
15. ഡയറക്ടർ, സി-ഡിറ്റ്, ചിത്രാഞ്ജന ഫീൽഡ്, തിരുവല്ല, തിരുവനന്തപുരം.
16. പൊതുഭരണ (എസ്.സി) വകുപ്പിന് (ഇനം നം , തീയതി പ്രകാരം)
17. ഡയറക്ടർ, ഐ.കെ.എം.,(ഔദ്യോഗിക വെബ്സൈറ്റിൽ പ്രസിദ്ധീകരിക്കുന്നതിന്)
18. സ്പോക്ക് ഫയൽ/ഓഫീസ് കോപ്പി.

ഉത്തരവിൻ പ്രകാരം,

*Secy*



സെക്ഷൻ ഓഫീസർ.

- പകർപ്പ്:-
1. തദ്ദേശസ്വയംഭരണ വകുപ്പ് മന്ത്രിയുടെ പ്രൈവറ്റ് സെക്രട്ടറി.
  2. തദ്ദേശസ്വയംഭരണ വകുപ്പ് അഡീഷണൽ ചീഫ് സെക്രട്ടറിയുടെ പി.എയ്ക്ക്
  3. തദ്ദേശസ്വയംഭരണ വകുപ്പ് സെക്രട്ടറിയുടെ പി.എയ്ക്ക്

## Free pap smear test for all women PLHIVs.

To overcome the issue of denial of pap smear test for WPLHIVs, Govt of Kerala has issued an order to conduct free pap smear test to all needy as and when required without any discrimination.

07454

12/11/14

**കേരള സർക്കാർ സംഗ്രഹം**

ആരോഗ്യ ക്ഷേമ വകുപ്പ് - എച്ച്.ഐ.വി. ബാധിതരായ എല്ലാ സ്ത്രീകൾക്കും പാപ്സ്മിയർ പരിശോധന സൗജന്യമാക്കിക്കൊണ്ട് ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു .

---

**ആരോഗ്യ ക്ഷേമ വകുപ്പ് (എഫ്.ഡബ്ല്യു) വകുപ്പ്**

സ.ഉ.(സാധാ) നം. 3706/2014/ആ.ക.വ. തീയതി, തിരുവനന്തപുരം, 15.11.2014.

---

പരാമർശം :- 01.08.2014 -ൽ ബഹു. മുഖ്യമന്ത്രിയുടെ ചേമ്പറിൽ കൂടിയ യോഗത്തിലെ 15 -ാം നമ്പർ തീരുമാനം.

**ഉത്തരവ്**

എച്ച്.ഐ.വി. അണുബാധിതരുടെ പ്രശ്നങ്ങൾ ചർച്ച ചെയ്യാൻ ബഹു. മുഖ്യമന്ത്രിയുടെ അദ്ധ്യക്ഷതയിൽ 01.08.2014-ന് കൂടിയ യോഗത്തിൽ എച്ച്.ഐ.വി. ബാധിതരായ എല്ലാ സ്ത്രീകൾക്കും പാപ്സ്മിയർ പരിശോധന സൗജന്യമായി ലഭ്യമാക്കുന്നതിനുള്ള സാധ്യതകൾ പരിശോധിച്ച് നടപടി സ്വീകരിക്കുവാൻ തീരുമാനിച്ചിരുന്നു.

സർക്കാർ ഇക്കാര്യം വിശദമായി പരിശോധിച്ചു. സംസ്ഥാനത്തെ സർക്കാർ ആശുപത്രികളിൽ ദാരിദ്ര്യരേഖയ്ക്ക് താഴെയുള്ള എല്ലാവർക്കും സൗജന്യമായി പാപ്സ്മിയർ പരിശോധന നടത്തുന്നുണ്ട്. എന്നാൽ എച്ച്.ഐ.വി. അണുബാധിതരായവർക്കുള്ള കാരണത്താൽ പാപ്സ്മിയർ പരിശോധന ആവശ്യമുള്ളവർക്ക് ടി സൗകര്യം നൽകുന്നില്ല എന്ന കാര്യം സർക്കാരിന്റെ ശ്രദ്ധയിൽപ്പെട്ടിട്ടുണ്ട്.


മേൽപറഞ്ഞ സാഹചര്യത്തിൽ എല്ലാ എച്ച്.ഐ.വി. അണുബാധിതരായ സ്ത്രീകൾക്കും ആവശ്യമുള്ള സാഹചര്യങ്ങളിൽ സൗജന്യമായി പാപ്സ്മിയർ പരിശോധന നടത്തണമെന്നും ഇതിൽ വിമുഖത കാണിക്കുവാൻ പാടില്ലെന്നുമുള്ള കർശന നിർദ്ദേശം നൽകി ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു .

(ഗവർണ്ണറുടെ ഉത്തരവിൻ പ്രകാരം).

**ഡോ. എം. ബീന സ്പെഷ്യൽ സെക്രട്ടറി**

ആരോഗ്യ വകുപ്പ് ഡയറക്ടർ, തിരുവനന്തപുരം  
 ആരോഗ്യ വിദ്യാഭ്യാസ ഡയറക്ടർ, തിരുവനന്തപുരം  
 പ്രൊജക്ട് ഡയറക്ടർ , കേരള സ്റ്റേറ്റ് എയ്ഡ്സ് കൺട്രോൾ സൊസൈറ്റി, തിരുവനന്തപുരം  
 പ്രിൻസിപ്പൽ അക്കൗണ്ടന്റ് ജനറൽ (ഓഡിറ്റ്), കേരള, തിരുവനന്തപുരം  
 അക്കൗണ്ടന്റ് ജനറൽ (എ & ഇ), കേരള, തിരുവനന്തപുരം  
 സ്റ്റേറ്റ് ഫയൽ/ഓഫീസ് കോപ്പി

ഉത്തരവിൻ പ്രകാരം,



സെക്ഷൻ ഓഫീസർ.



**Order for constituting a committee under the chairmanship of  
Hon'ble Chief Minister for planning and review the social protection programmes  
for PLHIVs – vide GO(RT) no.3700/2014/H &FW.**



07595



**കേരള സർക്കാർ  
സംഗ്രഹം**

ആരോഗ്യ കുടുംബക്ഷേമ വകുപ്പ് - എച്ച്.ഐ.വി. ബാധിതരുടെ പ്രശ്നങ്ങൾ പരിഹരിക്കുന്നതിനുള്ള നടപടികൾ അവലോകനം ചെയ്യുന്നതിനായി കമ്മിറ്റി രൂപീകരിച്ച് ഉത്തരവാകുന്നു.

**ആരോഗ്യ കുടുംബക്ഷേമ (എഫ്.ഡബ്ല്യു) വകുപ്പ്**

സ.ഉ.(സാധാ) നം. 3700/2014/ആ.ക.വ.

തീയതി, തിരുവനന്തപുരം, 14.11.2014.

പരാമർശം :- 01.08.2014 -ൽ ബഹു. മുഖ്യമന്ത്രിയുടെ ചേമ്പറിൽ കൂടിയ യോഗത്തിലുമാകുന്നു.

**ഉത്തരവ്**

എച്ച്.ഐ.വി. അണുബാധിതരുടെ പ്രശ്നങ്ങൾ ചർച്ച ചെയ്യാൻ ബഹു. മുഖ്യമന്ത്രിയുടെ അധ്യക്ഷതയിൽ 01.08.2014-ന് കൂടിയ യോഗത്തിൽ എച്ച്.ഐ.വി. അണുബാധിതരുടെ പ്രശ്നങ്ങൾ പരിഹരിക്കുന്നതിനുള്ള നടപടികൾ അവലോകനം ചെയ്യുന്നതിനായി എല്ലാ മാസവും ബഹു. മുഖ്യമന്ത്രിയുടെ നേതൃത്വത്തിൽ അവലോകന യോഗം നടത്തണമെന്നും ഇതിനായി ഒരു കമ്മിറ്റിയ്ക്ക് രൂപം കൊടുക്കണമെന്നും തീരുമാനിച്ചിരുന്നു.

സർക്കാർ ഇക്കാര്യം വിശദമായി പരിശോധിച്ചു. എച്ച്.ഐ.വി. അണുബാധിതരുടെ പ്രശ്നങ്ങൾ പരിഹരിക്കുന്നതിനുള്ള നടപടികൾ അവലോകനം ചെയ്യുന്നതിനായി ചുവടെ സൂചിപ്പിച്ചിരിക്കുന്ന അംഗങ്ങളെ ഉൾപ്പെടുത്തിയുള്ള കമ്മിറ്റി രൂപീകരിച്ച് ഉത്തരവ് പുറപ്പെടുവിയ്ക്കുന്നു.

1. സെക്രട്ടറി, ആരോഗ്യ കുടുംബക്ഷേമ വകുപ്പ്
2. സെക്രട്ടറി, ധനകാര്യ വകുപ്പ്
3. സെക്രട്ടറി, പൊതുവിദ്യാഭ്യാസ വകുപ്പ്
4. ഡയറക്ടർ, സാമൂഹ്യനീതി വകുപ്പ്
5. ഡയറക്ടർ, ആരോഗ്യ വകുപ്പ്
6. എക്സിക്യൂട്ടീവ് ഡയറക്ടർ, സാമൂഹ്യ സുരക്ഷാ മിഷൻ
7. എക്സിക്യൂട്ടീവ് ഡയറക്ടർ, കുടുംബശ്രീ മിഷൻ
8. പ്രോജക്ട് ഡയറക്ടർ, കേരള സ്ട്രേറ്റ് എയ്ഡ്സ് കൺട്രോൾ സൊസൈറ്റി
9. ജോയിന്റ് ഡയറക്ടർ (കെയർ & സപ്പോർട്ട്), കേരള സ്ട്രേറ്റ് എയ്ഡ്സ് കൺട്രോൾ സൊസൈറ്റി
10. ഡോ. അജിത് കുമാർ, ഡീൻ റിസർച്ച്, കേരള യൂണിവേഴ്സിറ്റി ഓഫ് ഹെൽത്ത് സയൻസ്, തൃശ്ശൂർ
11. ഡോ. ലേഖ, സീനിയർ മെഡിക്കൽ ഓഫീസർ, എ.ആർ.റ്റി. സെന്റർ, പാലക്കാട്
12. അസിസ്റ്റന്റ് ഡയറക്ടർ (ജിപാ), കേരള സ്ട്രേറ്റ് എയ്ഡ്സ് കൺട്രോൾ സൊസൈറ്റി

(....2)

13. അസിസ്റ്റന്റ് ഡയറക്ടർ (മെയിൻ സ്ക്രീമിംഗ്), കേരള സ്പോർട്സ് എയ്ഡ്സ് കൺട്രോൾ സൊസൈറ്റി
14. ഡെപ്യൂട്ടി ഡയറക്ടർ (ഫിനാൻസ്), കേരള സ്പോർട്സ് എയ്ഡ്സ് കൺട്രോൾ സൊസൈറ്റി

(ഗവർണറുടെ ഉത്തരവിൻ പ്രകാരം).

**ഡോ. എം. ബീന**  
**സ്പെഷ്യൽ സെക്രട്ടറി**


സെക്രട്ടറി, ആരോഗ്യ കുടുംബക്ഷേമ വകുപ്പ്  
സെക്രട്ടറി, ധനകാര്യ വകുപ്പ്  
സെക്രട്ടറി, പൊതുവിദ്യാഭ്യാസ വകുപ്പ്  
ഡയറക്ടർ, സാമൂഹ്യനീതി വകുപ്പ്, തിരുവനന്തപുരം  
ഡയറക്ടർ, ആരോഗ്യ വകുപ്പ്, തിരുവനന്തപുരം  
എക്സിക്യൂട്ടീവ് ഡയറക്ടർ , സാമൂഹ്യ സുരക്ഷാ മിഷൻ, തിരുവനന്തപുരം  
എക്സിക്യൂട്ടീവ് ഡയറക്ടർ , കുടുംബശ്രീ, തിരുവനന്തപുരം  
പ്രോജക്ട് ഡയറക്ടർ , കേരള സ്പോർട്സ് എയ്ഡ്സ് കൺട്രോൾ സൊസൈറ്റി,  
തിരുവനന്തപുരം  
ജോയിന്റ് ഡയറക്ടർ (കെയർ & സപ്പോർട്ട്) , കേരള സ്പോർട്സ് എയ്ഡ്സ്  
കൺട്രോൾ സൊസൈറ്റി, തിരുവനന്തപുരം  
ഡോ. അജിത് കുമാർ, ഡീൻ റിസർച്ച്, കേരള യൂണിവേഴ്സിറ്റി ഓഫ്  
ഹെൽത്ത് സയൻസ്, തൃശ്ശൂർ  
ഡോ. ലേഖ, സീനിയർ മെഡിക്കൽ ഓഫീസർ, എ.ആർ.റ്റി. സെന്റർ, പാലക്കാട്  
അസിസ്റ്റന്റ് ഡയറക്ടർ (ജിപി), കേരള സ്പോർട്സ് എയ്ഡ്സ് കൺട്രോൾ  
സൊസൈറ്റി, തിരുവനന്തപുരം  
അസിസ്റ്റന്റ് ഡയറക്ടർ (മെയിൻ സ്ക്രീമിംഗ്), കേരള സ്പോർട്സ് എയ്ഡ്സ്  
കൺട്രോൾ സൊസൈറ്റി, തിരുവനന്തപുരം  
ഡെപ്യൂട്ടി ഡയറക്ടർ (ഫിനാൻസ്), കേരള സ്പോർട്സ് എയ്ഡ്സ് കൺട്രോൾ  
സൊസൈറ്റി, തിരുവനന്തപുരം  
ധനകാര്യ വകുപ്പ്  
സാമൂഹ്യനീതി വകുപ്പ്  
പൊതുവിദ്യാഭ്യാസ വകുപ്പ്  
തദ്ദേശസ്വയംഭരണ വകുപ്പ്  
സ്പോർട്സ് ഫയൽ/ഓഫീസ് കോപ്പി

ഉത്തരവിൻപ്രകാരം,



സെക്ഷൻ ഓഫീസർ.

**Formation of treatment care team to provide bystander support for PLHIVs.  
This programme is supported by Kerala Social Security Mission,  
Department of Social Justice.**



കേരള സാമൂഹ്യ സുരക്ഷാ മിഷൻ

നമ്പർ : പി3/3434/2014

തീരുവനമ്പരം,  
തീയതി : 17/11/2014

07581

അഡീഷണൽ പ്രോജക്ട് ഡയറക്ടർ,  
കേരള എച്ച്ഐവ് കൺട്രോൾ സൊസൈറ്റി,  
റോഡ് കോസ്റ്റ് റോഡ്,  
തിരുവനന്തപുരം-695035

സർ,

വിഷയം : കെ.എസ്.എസ്.എം - ട്രീറ്റ്മെന്റ് കെയർ ടീം അംഗങ്ങളുടെ പട്ടികയും, പ്രവർത്തനമാർഗ്ഗരേഖയും അംഗീകരിച്ച് അനുമതി നൽകുന്നത് - സാബസമിച്ച്.

സൂചന : 07/11/2014 - ലെ താങ്കളുടെ 925/2004/GIPA/CST11/KSACS

എച്ച്.എ.വി അണുബാധിതർക്ക് ആശുപത്രിയിൽ കൂട്ടിക്കുന്നതിനുവേണ്ടി സൂചന പ്രകാരം താങ്കൾ അയച്ചുതന്നിട്ടുള്ള 7 ജില്ലകളിലെയും ട്രീറ്റ്മെന്റ് കെയർ ടീം അംഗങ്ങളുടെ ലിസ്റ്റും പരിഷ്കരിച്ച മാർഗ്ഗരേഖയും സാമൂഹ്യ സുരക്ഷാ മിഷൻ അംഗീകരിക്കുന്നതോടൊപ്പം ചുവടെ പറയുന്ന കാര്യങ്ങളിന്മേൽ തുടർനടപടി താങ്കളുടെ ഭാഗത്തു നിന്നും സ്വീകരിക്കേണ്ടതുമാണ്.

1. തെരഞ്ഞെടുത്ത ട്രീറ്റ്മെന്റ് കെയർ അംഗങ്ങളുടെ പട്ടിക അതാത് എ.ആർ.റ്റി കേന്ദ്രങ്ങളിലേയ്ക്ക് നൽകേണ്ടതും ആവശ്യാനുസരണം അംഗങ്ങളുടെ സേവനം നൽകുന്നതിനും തൽക്കാലം എ.ആർ.റ്റി കേന്ദ്രങ്ങളിലെ കൺസൾട്ടന്റ് ആഹിസറെ ചുമതലപ്പെടുത്തേണ്ടതാണ്. സുരക്ഷാ മിഷനിൽ നിന്നും കൗൺസിലർമാരെ നിയമിക്കുന്ന മുറയ്ക്ക് ടി ചുമതല അവർക്ക് നൽകാവുന്നതാണ്.
2. ഇപ്രകാരം അംഗങ്ങൾ സേവനം നൽകുന്നതു സാബസമിച്ച്, റിപ്പോർട്ട്, ഹാജർ, അംഗങ്ങളുടെ വേതനം എന്നീ കാര്യങ്ങളുടെ ചുമതല മിഷൻ ചുമ്പെൻ കൗൺസിലർമാരെ നിയോഗിക്കുന്നതുവരെ എ.ആർ.റ്റി കേന്ദ്രങ്ങളിലെ കൺസൾട്ടന്റ് ആഹിസർക്ക് തന്നെ നൽകേണ്ടതാണ്.
3. ട്രീറ്റ്മെന്റ് കെയർ ടീം അംഗങ്ങളെ നിയോഗിച്ച ശേഷം അവരുടെ റിപ്പോർട്ട്, ഹാജർ എന്നിവ ഈ കാര്യാലയത്തിൽ ലഭിക്കുന്ന മുറയ്ക്ക് ഇവർക്ക് 12 മണിക്കൂറിന് 100/- രൂപ എന്ന നിരക്കിൽ വേതനം നൽകുന്നതിന് 5000/- രൂപ അഡ്വൈസ്ഡായി എ.ആർ.റ്റി സാമൂഹ്യ ക്ഷേമ സഹായങ്ങളുടെ സമുച്ചയം, ചുരുപ്പൂർ, തിരുവനന്തപുരം - 695012, കേരള സംസ്ഥാനം, ഇന്ത്യ

ഫോൺ: 0471 - 2341200, 2348135, 2348016 (ഹെൽപ്പ്)  
 Email: socialsecuritymission@gmail.com    www.socialsecuritymission.org.in

കേന്ദ്രങ്ങൾക്കുള്ള ബാങ്ക് അക്കൗണ്ടുകളിലേയ്ക്ക് നൽകുന്നതാണ്. ആയതിലേയ്ക്ക് ടി എ.ആർ.റ്റി സെന്ററുകളുടെ ബാങ്ക് അക്കൗണ്ടിന്റെ വിശദാംശം നൽകേണ്ടതാണ്.

4. ടി തുക ചെലവഴിച്ചതു സംബന്ധിച്ച ധനവിനിയോഗ സർട്ടിഫിക്കറ്റ് എ.ആർ.റ്റി സെന്ററിലെ മെഡിക്കൽ ഓഫീസർ സാക്ഷ്യപ്പെടുത്തി സമർപ്പിക്കേണ്ടതാണ്. ഇത് ലഭിക്കുന്ന മുറയ്ക്ക് ചെലവായ തുക എ.ആർ.റ്റി സെന്ററുകൾക്ക് സുരക്ഷാ മിഷനിൽ നിന്ന് അനുവദിച്ചു നൽകുന്നതാണ്.

മേൽ സൂചിപ്പിച്ചിട്ടുള്ള കാര്യങ്ങളിൽ നടപടി സ്വീകരിച്ച് റിപ്പോർട്ട് സുരക്ഷാ മിഷന് നൽകേണ്ടതാണെന്നറിയിക്കുന്നു.

വിശ്വസ്തതയോടെ

എക്സിക്യൂട്ടീവ് ഡയറക്ടർക്കുവേണ്ടി

Encl - Proforma for Utilisation certificate

സാമൂഹ്യ ക്ഷേമ സ്ഥാപനങ്ങളുടെ സമുച്ചയം, പുല്ലൂർ, തിരുവനന്തപുരം - 695012, കേരള സംസ്ഥാനം, ഇന്ത്യ

ഫോൺ: 0471 - 2341200, 2348135, 2346016 (ഫാക്സ്)

Email: [socialsecuritymission@gmail.com](mailto:socialsecuritymission@gmail.com) [www.socialsecuritymission.gov.in](http://www.socialsecuritymission.gov.in)



# Snehapoorvam Educational Scholarship Scheme



കേരള സർക്കാർ  
സംഗ്രഹം

004142

സാമൂഹ്യനീതി വകുപ്പ് - കേരള സാമൂഹ്യ സുരക്ഷാ മിഷൻ എച്ച്.ഐ.വി/എയിഡ്സ് ബാധിതരായ കുട്ടികളെ സ്നേഹപൂർവ്വം പദ്ധതിയിൽ ഉൾപ്പെടുത്തി ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു.

സാമൂഹ്യനീതി (സി) വകുപ്പ്

സ.ഉ.(എം.എസ്) നം.37/2015/സാനീവ തിരുവനന്തപുരം, തീയതി, 08.06.2015

- പരാമർശം
- (1) സ.ഉ (എം.എസ്) നം.36/2012/സാക്ഷേവ തീയതി 06.06.2012
  - (2) സ.ഉ (എം.എസ്) നം.83/2014/സാനീവ തീയതി 10.10.2014
  - (3) സ.ഉ (എം.എസ്) നം.06/2013/സാനീവ തീയതി 22.01.2013
  - (4) കേരള സോഷ്യൽ സെക്യൂരിറ്റി മിഷൻ എക്സിക്യൂട്ടീവ് ഡയറക്ടറുടെ 19.01.2015 ലെ പി3/2288//13/കെ.എസ്.എസ്.എം. നമ്പർ കത്ത്

## ഉത്തരവ്

സംസ്ഥാനത്ത് എച്ച്.ഐ.വി/എയിഡ്സ് ബാധിതരായ കുട്ടികളെക്കുറിച്ച് കേരള സാമൂഹ്യ സുരക്ഷാ മിഷൻ മുഖേന നടപ്പിലാക്കിവരുന്ന സ്നേഹപൂർവ്വം പദ്ധതിയിൽ ഉൾപ്പെടുത്തി ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു. പദ്ധതി മാനദണ്ഡങ്ങൾ അനുബന്ധമായി ചേർക്കുന്നു.

ഗവർണ്ണറുടെ ഉത്തരവിൻ പ്രകാരം  
**എ. ഷാജഹാൻ**  
സെഷ്യൽ സെക്രട്ടറി

സാമൂഹ്യനീതി വകുപ്പ് ഡയറക്ടർ, തിരുവനന്തപുരം

എക്സിക്യൂട്ടീവ് ഡയറക്ടർ, കേരള സാമൂഹ്യ സുരക്ഷാ മിഷൻ, തിരുവനന്തപുരം

അക്കൗണ്ടന്റ് ജനറൽ (ഓഡിറ്റ്/എ&ഇ), കേരള, തിരുവനന്തപുരം

ധനകാര്യ വകുപ്പ്

ആരോഗ്യ കുടുംബക്ഷേമ വകുപ്പ്

ഡയറക്ടർ, കേരള സംസ്ഥാന എയിഡ്സ് കൺട്രോൾ സൊസൈറ്റി, തിരുവനന്തപുരം

ഇൻഫർമേഷൻ ഓഫീസർ, വെബ് & ന്യൂ മീഡിയ വിഭാഗം (വെബ് സൈറ്റിൽ പ്രസിദ്ധീകരിക്കുന്നതിന്).

കരുതൽ ഫയൽ/ഓഫീസ് കോപ്പി

ഉത്തരവിൻ പ്രകാരം

സെക്ഷൻ ഓഫീസർ

## **SNEHAPOORVAM – An Inclusive Scheme for Children on ART**

Children are the greatest assets of our nation. INVESTING in them is investing for a better future for our country & for our world. But there are Children in the category of orphans, abandoned children, children who have lost their parents in war, communal riots, natural disaster, and accidents etc. They are not properly fed; they have no shelter, nutritious food, health care, education or any recreation. Most of them are facing economic and social exploitation. They are deprived of love and affection of the family and are often unwanted by the family members.

Considering all the reality of the present situations faced by some children (orphans) in our society, Kerala Government has launched a noble initiative “SNEHAPOORVAM” as per the G.O (MS) No.36/2012/SWD dated 06/06/12 to provide financial support to orphans who are living in the family, with their relatives, friends, or the support of the community under the Social Justice Department implemented through Social Security Mission. The mission has initiated the project that aims at bringing these children to the main stream of the society.

### **OBJECTIVES OF THE SCHEME**

- To identify the orphaned children in the community
- To assess and priorities children in the greatest need
- To provide social protection to highly vulnerable groups of orphans by strengthening traditional family and community systems for protecting and absorbing orphans
- To improve the basic education, social integration and nutrition of the most vulnerable groups of orphans towards the levels of other children in the community
- To encourage the families to live their children within the family set up rather than sending them to orphanages
- To extend a helping hand to these orphans families by way of providing financial assistance to the education of children.

Now, based on the decision of the high power committee chaired by Hon’ble Chief Minister, Social Justice Department, Govt. of Kerala vide G.O (MS) No.37/2015/SJD dated 08/06/15 decided to include children on ART in “SNEHAPOORVAM” scheme, as a special category.

### **Criteria**

- ▶ Children on ART who are registered in Govt. ART Centers will be eligible for this scheme.
- ▶ Children who are getting any other scholarship or assistants for education are also eligible for this scheme.

- ▶ Beneficiary should submit the treatment certificate from ART in June /January every year.
- ▶ Support will be provided upto 21 years or upto the completion of college/professional education.
- ▶ Beneficiaries should be a studying in Government or Govt. aided educational institutions.

Eligible children should submit the application in the prescribed format to Kerala State AIDS Control Society along with the treatment certificate from ART center, copy of the joint bank account passbook taken in the name of children and the guardian, birth certificate, and copy of the ADHAR Card. KSACS should forward these applications to Kerala Social Security Mission for approval.

#### **AMOUNT OF ASSISTANCE**

- Children below 5 years and class I to V @ Rs.300/pm
- For class VI to class X @ Rs 500/pm
- For class XI and class XII @ Rs 750/pm
- Degree/professional courses @ Rs 1000/pm

This inclusive scheme will be benefited to 420 children on ART in Kerala.



Directive by Civil Supplies Commissioner to issue BPL cards to all PLHIVs based only on the district list forwarded by the concerned ART centers without any specification in the ration card, to maintain strict confidentiality.

**001059**

*Handwritten: hhe 10/2/015*

**സിവിൽ സപ്ലൈസ് കമ്മീഷണറുടെ കാര്യാലയം**

പബ്ലിക് ആഫീസ് ബിൽഡിംഗ്സ്, മ്യൂസിയം, വികാസ് ഭവൻ പി.ഒ., തിരുവനന്തപുരം

ഫോൺ: 2471 - 2320379, ഇ-മെയിൽ: ccsasection@gmail.com, essentialcommodity@gmail.com

0 Feb 2015

*Kerala State AIDS Control Society*

---

നമ്പർ : (സി.എസ്) എ6-26840/13

തീയതി : 21-01-2015

ജില്ലാ ജില്ലാ സപ്ലൈ ആഫീസർമാർക്കും

സർ,

വിഷയം : പൊതുവിതരണം - റേഷൻ കാർഡ് പുതുക്കൽ - എച്ച്.ഐ.വി. ബാധിതർക്ക് മുൻഗണനാ കാർഡുകൾ നൽകുന്നത് - സംബന്ധിച്ച്

സ്വചന: കേരള സ്റ്റേറ്റ് എയ്ഡ്സ് കൺട്രോൾ സൊസൈറ്റി പ്രോജക്ട് ഡയറക്ടറുടെ 17-01-2015 ലെ 925/14/ജി.ഐ.പി.ഐ./സി.എസ്.റ്റി. II/ കെ.എസ്.എ.സി.എസ്. നമ്പർ കത്ത്

എച്ച്.ഐ.വി. / എയ്ഡ്സ് ബാധിതർക്ക് നൽകുന്ന മുൻഗണനാ റേഷൻ കാർഡുകളിൽ എച്ച്.ഐ.വി. / എയ്ഡ്സ് എന്ന രേഖപ്പെടുത്തൽ നടത്താതെ റേഷൻ കാർഡുകൾ വിതരണം നടത്തണമെന്ന് സ്വചന പ്രകാരം ആവശ്യപ്പെട്ടിട്ടുണ്ട്. ഈ സാഹചര്യത്തിൽ മേൽ വിഭാഗത്തിൽ ഉൾപ്പെടുന്നവർ റേഷൻ കാർഡ് പുതുക്കലിനുള്ള അപേക്ഷാഫാറത്തിൽ ഈ വിവരം രേഖപ്പെടുത്തണമെന്ന് നിഷ്കർഷിക്കുകയോ ആയതിന്റെ രേഖകൾ ഹാജരാക്കണമെന്ന് നിർബന്ധിക്കുകയോ ചെയ്യുവാൻ പാടുള്ളതല്ല. ഈ വിഭാഗത്തിൽ പെടുന്നവരുടെ അംഗീകൃത പട്ടിക ജില്ലാ അധികാരികളിൽ നിന്നും ലഭ്യമാക്കി, അവർക്ക് നിലവിലുള്ള നിബന്ധനകൾക്ക് വിധേയമായി രോഗം സംബന്ധിച്ച വിവരങ്ങൾ രേഖപ്പെടുത്താതെ തന്നെ മുൻഗണനാ കാർഡുകൾ അനുവദിക്കേണ്ടതാണ്.

സ്വചന പ്രകാരമുള്ള കത്തിന്റെ പകർപ്പ് ഇതോടൊപ്പം ഉള്ളടക്കം ചെയ്യുന്നു.

വിശ്വസ്തയോടെ

*Handwritten Signature*

സിവിൽ സപ്ലൈസ് കമ്മീഷണർ

പകർപ്പ്:- (1) പ്രോജക്ട് ഡയറക്ടർ  
കെ.എസ്.എ.സി.എസ്.

(മേൽ വിഭാഗത്തിൽ ഉൾപ്പെടുന്നവരുടെ പട്ടിക താലൂക്ക് അടിസ്ഥാനത്തിൽ റേഷൻ കാർഡ് നമ്പർ, റേഷൻ കട നമ്പർ അടക്കം ജില്ലാ സപ്ലൈ ആഫീസർമാർക്ക് കൈമാറുന്നതിന് ബന്ധപ്പെട്ട ജില്ലാ അധികാരികൾക്ക് നിർദ്ദേശം നൽകുന്നതിനായി)

Page 1 of 1

# Kerala Social Security Mission appointed counsellors exclusively for facilitating single window system for all social security needs of the PLHIVs in ART centers



## KERALA SOCIAL SECURITY MISSION

A GOVERNMENT OF KERALA UNDERTAKING TO CATER TO THE SOCIAL SECURITY NEEDS OF THE UNDERPRIVILEGED)

### Proceedings of the Executive Director, Kerala Social Security Mission

Sub:- KSSM- Appointment of Councillors in the ART Centres of Kerala Aids Control Society – orders issued.

Read: 1) The Minutes of the Meeting held on the chamber of Hon'ble Chief Minister dt:14.05.2014  
2) The Minutes of the Meeting held on the chamber of Executive Director, KSSM dt:14.05.2014  
3) Minutes of the 33<sup>rd</sup> Executive Committee Meeting dt: 29.09.2015  
4) This office Order No: P3/3409/2015 dtd 18.09.2015,22.09.2015 & 25.09.2015  
5) Request received from Candidates  
6) Letter No: 524/MCC/2015/SEC dtd 30-10-2015 from State Election Commission

---

**Order No. P3/3409/2015/KSSM (2)**

**Dated: 31/10/2015**

---

As per ref read (1) to (5) above, 6 candidates were provisionally selected for the Project post of Counsellors in the ART Centres of Kerala Aids Control Society attached to different hospitals and they have reported on 27-10-2015 FN and admitted to duty. As per letter ref (4) above State Election Commission has given clearance for posting of Counsellors in the project.

The selected candidates are posted as Councillors in the ART Centers of the respective districts as mentioned below:

SI No	Name	Appointed Project and districts
1	Smt.Anju Krishna	ART Centre, Alappuzha
2	Smt.Riya Razak	ART Centre, Ernakulam
3	Smt.Nisha .J	ART Centre, Kottayam
4	Smt.Santhini B.T	ART Centre, Thiruvananthapuram
5	Sri.Manu A.Y	ART Centre, Kozhikode
6	Sr.Kochumary	ART Centre, Thrissur

The ART Counsellors are directed to report before the Superintendent/Nodel Officer of the respective ART centre on 02.11.2015 F.N itself and report the same to Executive Director, KSSM by e-mail on that day itself.

---

II<sup>nd</sup> Floor, Day Care Centre for Aged, Social Welfare Institutional Complex, Poojappura- 695012, Thiruvananthapuram, email:socialsecuritymission@gmail.com, fax: 0471-2346016  
Ph:0471-2348135,2341200



# KERALA SOCIAL SECURITY MISSION

A GOVERNMENT OF KERALA UNDERTAKING TO CATER TO THE SOCIAL SECURITY NEEDS OF THE UNDERPRIVILEGED)

The duties and responsibilities of the Counsellors will be delegated by the Kerala State AIDS Control Society. They have to perform satisfactorily and function appropriately the duties and responsibilities assigned to them by the competent authorities of Kerala Social Security Mission and Kerala State AIDS Control Society from time to time.

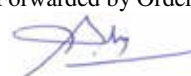
All the Counsellors are directed to submit monthly report of the work they have done during the month along with attendance schedule to Kerala Social Security Mission during the last working day itself through email duly countersigned by the Nodel Officer of the respective ART Centre.

You are requested to submit signed agreement on stamp paper with Rs.200/-

Sd/-  
Executive Director.

To

1. The Persons concerned
2. Additional Project Director,  
Kerala State Aids Control Society, Thiruvananthapuram.
3. Superintendent, ART Centre, Alappuzha/Ernakulam/Kottayam/  
Thiruvananthapuram/Kozhikode/Thrissur
4. File / Stock copy

Forwarded by Order,  
  
Assistant Director.

II<sup>nd</sup> Floor, Day Care Centre for Aged, Social Welfare Institutional Complex, Poojappura- 695012,  
Thiruvananthapuram, email:socialsecuritymission@gmail.com, fax: 0471-2346016  
Ph:0471-2348135,2341200

## Government of Kerala

### Abstract

Local Self Government Department – Approving HIV/AIDS Policy Guideline for Local Self Government Institutions & accorded sanction to LSGIs for preparing projects under these guidelines – orders issued.

=====

Local Self Government (IB) Department

G.O.(Rt.)No.653/13/LSGD

Thiruvananthapuram dated 15.03.2013

=====

Read:-

1. Letter. Nos. KILA dated TP(B)-87/09-10 of Director Kerala Institute of Local Administration (KILA)
2. G.O(MS)No.173/12/LSGD dated 21.06.2012
3. Resolution Nos.2.7 dated 18.01.2012, No.3.3 dated 27.06.20009 & No.3.2 dated 10.02.2013 of State Decentralization Co ordination Committee.

### Order

As per the 1<sup>st</sup> paper above, Director KILA has requested to approve the HIV/AIDS policy and guideline for Local Self Government Institutions prepared by KILA in consultation with Kerala State AIDS Control Society.

As per the resolution read 2<sup>nd</sup> paper above State Co-ordination Committee has approved the HIV/AIDS policy and guidelines prepared by KILA and accorded sanction for Local Self Government Institutions to prepare projects as per these guideline and decided to inform the matter to Kudumbaseree, Kerala Social Security Mission, Labour Department and Kerala State AIDS Control Society.

Government have further examined the matter in detail and are pleased to approve HIV/AIDS guidelines for Local Self Government Institutions prepared by KILA, annexed herewith for helping and mainstreaming people living with HIV/AIDS and accorded sanction to LSGIs to prepare projects as per these guidelines.

By the order of Governor,

B. Surendran Pillai  
(Under Secretary)

Annexure :- HIV/AIDS Policy Guideline

# **Guideline for Local Governments for HIV/AIDS Response Twelfth Five Year Plan (2012-2017)**

**Issued by Government of Kerala as per  
G.O.(M.S.)no.653/13/LSGD,  
Thiruvananthapuram dated 15/3/2013**

(Guideline drafted by Kerala Institute of Local Administration in association with  
Kerala State AIDS Control Society and issued by Govt. of Kerala)

## Contents

### Introduction

1. Prevention Programmes
2. Identification of HIV Infected People
3. Treatment and Care
4. Nutritional Support
5. Psycho-Social Support
6. Social Security and Welfare Programmes
7. Basic Facilities
8. Economic and Self Employment Programmes
9. Facilities in Treatment and Care Centres
10. Basic Facilities for the Service Providers
11. General Instructions
12. Monitoring

## **Guideline for Local Governments for HIV/AIDS Response**

### **Introduction**

India is one of the countries with largest number of PLHIVs (People Living with HIV/AIDS) in the world. Prevalence rate of HIV is 0.36% among the matured in India and for Kerala, it is 0.26%. HIV mainly transmits through unsafe sex practices and by using injecting drugs in our country. Identified HIV infected people are reluctant to access the treatment, care and support due to fear of disclosing the status. In such a situation, society has the responsibility to conduct prevention programmes, care and support for the PLHIVs and their family members. Female Sex Workers, Men having Sex with Men, Injecting Drug Users, Migrant Labourers, Truck Drivers and Hijaras are the High Risk Behaviour Groups susceptible to HIV infection.

Other than socio-economic conditions, geographical and vocational circumstances are also core reasons for the spreading of HIV. Even when the prevalence rate in Kerala is 0.26%, in some districts it is 0.052% and in some specific locations, it is nearly 1%. Kerala State AIDS Control Society, Health department and many NGOs are working in this sector through several activities. These efforts are to be coordinated and converged at grass root level for the efficiency and effectiveness of the programmes and for targeted deliverables. Local Governments of Kerala have the capacity to give leadership for the convergence of the programmes related to HIV/AIDS at local level. The intervention possibilities of Local Governments in HIV/AIDS sector can be categorized into three broad areas as below:

1. Prevention programmes
2. Treatment, Care and Support
3. Other related services

Sub-sectors of the above mentioned areas are as below:

1. Prevention
2. Identification of the HIV infected people
3. Treatment and care
4. Nutritional support
5. Psycho-social support
6. Welfare programmes
7. Basic facilities
8. Economic and self employment programmes
9. Facilities in treatment and care centers
10. Basic facilities for the service providers



# 1. Prevention Programmes

## Awareness Programmes

- a. Local Governments can organize awareness programmes as part of the routine activities of field level staff of health department, ASHA workers, Psycho-Social Counsellors employed by Social Welfare Department in Higher Secondary Schools, ICDS Supervisors and Anganwady Workers. Directions for these initiatives must be given during the institutional level monthly meetings of Primary Health Centre, Social Welfare Department by the designated officials. Directions should be given by Local Governments accordingly and committees formed at local level have the responsibility to monitor these programmes. Moreover, Community Based Organisations, support mechanisms under Kudumbasree can be utilized for these purposes. The necessary orientation for the staff can be given with the help of Kerala State AIDS Control Society (KSACS).
- b. Awareness camps can be organized twice a year by Local Governments. A maximum of Rs.3000/- each could be earmarked for meeting the expenses (including food expense) towards this. Doctors of Health Department or the experts suggested by KSACS could be used as resource persons. This can be organized with the help of Anganwady Workers and agencies working in the field of HIV/AIDS. A minimum of 25 participants must attend the programme. Volunteers who work in this sector, individuals having high risk sexual behavior as well as those individuals from high risk locations shall be encouraged to attend the programme.
- c. Awareness programmes need to be organized at specific locations suggested by KSACS on a concurrent basis. Such programmes should be organized in association and consultation with KSACS.
- d. Discussion on issues related to HIV/AIDS need to be done at regular basis during Grama Sabha and meetings of Kudumbasree and Anganwady Workers.
- e. Newsletters, posters and other related IEC materials produced by KSACS and NGOs working in the field of HIV/AIDS should be displayed at the notice boards of local governments and the institutions managed by them.
- f. Theatre slides/ short films on HIV/AIDS may be shown at local cinema theatres and local cable channels.
- g. Every Local Government should produce and install an information board at the office premises displaying HIV prevention messages, availability of HIV related services such as counseling and testing, antiretroviral treatment etc. Local Governments can seek for technical support from KSACS.
- h. Experience sharing sessions by People Living with HIV/AIDS (positive speaking) may be included during the awareness programmes.
- i. Awareness programmes can be included during the Ward Level Health and Nutrition Day Programmes.
- j. For organizing awareness programmes, the services can be availed from Blood Donors Forum, National Service Scheme (NSS), Students of Compulsory Social Service, students pursuing Sociology and Social Work studies, NCC, Scout & Guides, Youth Clubs and Workers of Youth Welfare Board.

The above mentioned awareness programmes can only be carried out by Grama Panchayats, Municipalities and Municipal Corporations.

## **2. Identification of HIV infected people**

- i. Govt. Medical Colleges, District /General Hospitals, Taluk hospitals and selected Community Health Centers have the facilities for free medical check up for identifying HIV infected people. However this facility is not effectively utilized by the general public. Hence the persons having the risk for infection need to be identified and motivated to undergo such tests with their permission. Grama Panchayats and Urban Local Bodies can develop and train 3-5 volunteers/workers consisting of those involved in Home Care Package and ASHA workers. They can be given training for identifying the HIV infected in association with KSACS/Prathyasa Kendras (Positive networks).
- ii. Skin-Blood detection camps: Blood testing and STI detection camps can be organized as part of STI/HIV screening at specific micro-sites suggested by KSACS. KSACS can monitor the implementation of such camps. A maximum of Rs.2,000/ can be used towards organizing as well as travel expense of the medical team. The services of Jyothis (Integrated Counselling and Testing Centers) can also be availed for this, by following the existing guidelines. Grama Panchayats and Urban Local Bodies only need to undertake such programmes.

## **3. Treatment and Care**

- i. In every Govt. Medical Colleges, selected District/ General/ Taluk Hospitals have the facilities for Counselling, Testing and treatment. However these facilities are not been effectively used by those persons who are vulnerable to STIs and HIV infection (High Risk Groups). Travel reimbursement equivalent to bus or second class train fare can be granted for those who do not avail such facilities due to financial constraints or physical disabilities. In the case of severely sick and physically disabled persons who cannot travel alone in bus or train can have an accompanying person during travel time and travel reimbursement equivalent to bus or second class train fare can be granted to the accompanying person as well. Rs.100/- each could be given for meeting the food expenses of the day. This shall be based on the certification of ART Doctor or Medical Officer of the concerned Hospital. In case of those persons who are incapable of traveling by bus or train, under the conditions of non-availability of free ambulance service, arrangements can be done to meet the expenses towards ambulance service, as per Govt. rates. This shall be based on the certification of ART doctor/Medical Officer. This could be done only by Grama Panchayats and Urban Local Bodies.
- ii. The respective local government can ensure the availability of medicine for the opportunistic infections (OIs) of PLHIVs at PHC, CHC and Taluk hospitals. The medicine enlisted as essential could be given to all free of cost and costly medicines only to BPL categories at free of cost. In case of emergency, based on the recommendation of ART Doctor, costly medicines can be given to APL categories also free of cost. In case of non-availability of medicine or non-availability of adequate medicine supplied through Health Department, Local Governments can procure the medicine from Kerala Medical Services Corporation based on existing norms after obtaining a non-availability certificate from District Medical Officer.

- iii. Other than free testing facilities available for the PLHIVs at ART (Ushus), ICTC (Jyothis), PPTCT (Sneha) and STI Clinic (Pulari) and Community Care Centres, some additional tests need to be done and medicine has to be purchased. Based on the recommendation/prescription of ART Doctor/ Medical Officer, the sum of money thus remitted to the Govt. hospitals (other than free services) could be reimbursed by the Grama Panchayats and Urban Local Bodies, irrespective of their APL/BPL status.
- iv. Home care and palliative care arrangements can be done to those PLHIVs, in need of second person assistance, for carrying out their routine activities. The basic instructions pertaining to palliative care assistance and follow up services could be made familiarized to the family members as well. Grama Panchayats and Urban Local Bodies can do this. This shall be subject to the terms and conditions stipulated in the circular on palliative care dated 2.11.09, No.66373/DA.1/2009/LSGD, paragraph 4.3. (2), 4.3(3).
- v. Local governments can make use of the expertise of NGOs and other groups involved in HIV/ AIDS activities, for enlisting the PLHIVs at the treatment centers and ensuring them with medicine, ensuring necessary home care and so on. The guidance of KSACS/ Health Department could also be sought in this regard.
- vi. Social Security Mission has provisioned in “Ashwasa Kiranam” to pay money for any one member of the family for the home care of the sick and bed ridden. Grama Panchayat and Urban Local Bodies should facilitate to enable such families to access the benefit from Social Security Mission.
- vii. With the support of Social Welfare Department, Local Governments has to help the HIV infected and affected people for getting care in Mahila Mandirams and Destitute Homes.

#### 4. Nutritional Support

- i. District Panchayats and Urban Local Bodies can provide food and nutritional support to PLHIVs. As part of this, the list of PLHIVs attested and approved by the ART Doctor/Medical Officer, need to be categorized into Pregnant women, those having CD4 count below 350, Children up to 6 years, those above the age of 65 and Other PLHIVs. These five categories of people should be assessed, based on their nutritional needs. This will help to determine the items to be supplied to each category. It shall be done by a committee consisting of the Superintendent of District Hospital, District Medical Officer, District Social Welfare Officer and Chairperson of the Health Standing Committee of District Panchayat/Urban Local Bodies. Rs.250 shall be allocated every month for Nutritious food for each infected person. Items to be supplied are to be procured from the PDS, Maveli stores, Labham markets. Items need to be packed in kit and distributed in selected centers. The service of Prathyasa kendras and related NGOs can be sought for the implementation of this programme. The implementation officer for this project is District Medical Officer (Allopathy) in District Panchayats and Medical Officer (Allopathy) in Urban Local Bodies. Other than this, Local Governments can facilitate the civil society groups to extent additional food and nutritional support to PLHIVs. Those who are already getting nutritious food support from Govt. agencies are not eligible for this support.
- ii. If the eligible PLHIVs are not getting food items under Annapoorna/Antydoya Annayojana schemes, local governments should take necessary steps to access them such services.

- iii. Supplementary nutrition is provided through Anganwady to the children of 0-3 age group. Special efforts and care shall be taken to ensure the same to the children of PLHIVs. (It is to be kept in mind that these children are denied of breast feeding).

## 5. Psycho-Social Support

Involvement of PLHIVs in planning and management of HIV programmes could be done through bringing PLHIVs into collectives for enhancing their capacities and skills, formation of Community Based Organizations etc. Grama Panchayats and Urban Local Bodies can take up the following measures in this regard.

- i. CBOs of PLHIVs (including men and women) can be formed under the leadership of Kudumbasree at appropriate level namely Grama Panchayat, Block Panchayat and District Panchayat. The Prathyasa Kendra and District Kudumbasree Mission can assist the local governments to co-ordinate this.
- ii. The harassment, stigma and exploitation faced by PLHIV women and girl children, sex workers and their children could be taken up by Jagratha Samiti at the level of Grama Panchayats and Urban Local Bodies and should take steps to address the same.
- iii. The service of Counsellors appointed by the Social Welfare Department in Higher Secondary Schools could be used for providing Counseling services to the PLHIVs and their family members.
- iv. In case of the Principal income earner of a household, being an HIV infected and not capable of involving in productive employment, their children are eligible for educational grants from Grama Panchayats/ Urban Local Bodies, similar to the scholarship programme of physically and mentally challenged children as below:

Sl. no	Standard/Class	Monthly Scholarship (in Rs.)	
		Day scholar	Hostler
1	Nursery –up to standard 4	200	-
2	5 to 8 standard	300	-
3	9 to +2 standard	400	600
4	Degree/vocational training	500	800
5	Post Graduation	750	1000

This service is to be granted from the Grama Panchayat/ ULBs, where the PLHIVs family is living. The responsible officer for the distribution of scholarship is Medical Officer of the concerned Health Centre. Certificate of children from Head of the Schools, where they study is to be submitted to the concerned Medical Officer. Those students availing the scholarship of physically and mentally challenged children are not eligible for the above scholarship.

- v. The representatives of positive networks and NGOs working in HIV/AIDS sector could be included in the working groups of the local governments (more specifically in social security and health working groups). This will help to mainstream HIV/AIDS programmes in local government planning through expert interventions.
- vi. Identity cards like ration card, voters id are very much essential for accessing basic entitlements from local governments like pension and welfare schemes and other basic services like housing, sanitation and drinking water. Local governments should facilitate the families affected by HIV/AIDS and the families of High Risk Groups to possess such entitlements.

## 6. Social security and welfare programmes

- i. Local governments are implementing several pensions and welfare schemes for ensuring social security. Local governments should facilitate the eligible PLHIVs to access to such schemes.
- ii. PLHIVs are eligible for monthly pension of Rs.300 provided by the Social Security Mission to the unwed mothers. Local Governments should take necessary steps to access these schemes to the eligible. On the same line, Grama Panchayats/ ULBs can provide pension of Rs. 300/- per month to HIV infected women and sex workers who are aged above 60.
- iii. The families that are affected and infected by HIV/AIDS can be given proper assistance from Relief Fund of Local governments.
- iv. Local governments should act both as a facilitator and as an advocate to the families that are affected and infected by HIV/AIDS and to the families of HRG for availing special assistance from Chief Minister's Relief Fund.
- v. Those families that are affected and infected by HIV/AIDS, found eligible for getting included in the Asraya programme of the local governments, need to be included to access to maximum services of the local government.
- vi. Local Governments should need to identify and engage local level partners for addressing the special concerns of the families that are affected and infected by HIV/AIDS.

## 7. Basic Services

Those households with PLHIVs eligible to be included in BPL list, shall be enabled to get services like housing, latrines, electricity and drinking water. The criteria fixed for identifying beneficiaries of E.M.S. Housing Programme can be followed. Two officials can conduct assessment for providing basic services to those found eligible. They also could be given financial benefits as per eligible rates.

## 8. Economic and self employment programmes

PLHIVs and HRGs who are capable of engaging in productive employment or their children seeking employment could be encouraged to take up self employment programmes. As part of this Grama Panchayats and Urban Local Bodies can take up following measures.

- i. Vocational training for self employment programmes, irrespective of their APL/BPL status.

- ii. Provide financial grants for starting self –employment and micro-enterprises, irrespective of their APL/BPL status as per present subsidy norms.
- iii. Organize NHGs and SHGs for PLHIVs under the auspicious of Kudumbasree. Enable them to get financial assistance from Kudumbasree to start up group level income generation programmes and micro-enterprises.
- iv. Those engaged in sex work can be organized under SHGs for alternate employment opportunities.
- v. Provide necessary support to PLHIVs and HRGs engaged in self-employment activities.

## 9. Facilities in treatment and care centres

All facilities and equipments required for ART (Ushus), ICTC (Jyothis,) STI Clinic (Pulari )and PPTCT (Sneha) centers in District-Taluk Hospitals should be equipped with medical equipments, seating arrangements, private testing rooms, drinking water etc. Local Governments should take necessary steps to make these arrangements.

## 10. Basic facilities for service providers

KSACS is managing more than 52 Targeted Intervention Projects (Suraksha) throughout Kerala as part of targeted interventions. Each project is having sub-centers as well. Local Governments can provide space for counseling services, building facilities for setting up sub-centers etc.

## 11. General Instructions

- i. If there are eligible persons in Grama Panchayats and ULBs for services as specified in the guideline, Local Governments are mandated for providing the same. If necessary, formulate special projects and include in Local Government Plan.
- ii. Fund for carrying out the activities specified above could be allocated from plan fund or own fund of the Local Governments.
- iii. Beneficiary identification and distribution of benefits for PLHIVs shall not be done in public functions or through public announcements. Steps should be taken to observe the principle of confidentiality. Procedures relating to beneficiary selection shall be completed by considering them as “those eligible for special care”. The certificate issued by concerned doctor from ART centre/District / Taluk hospital should be treated as necessary proof of one’s HIV status for giving eligible benefits.
- iv. High Risk Behaviour Groups like Female Sex Workers, Men having Sex with Men, Injecting Drug Users, Migrant Labourers, Truck Drivers, Hijaras, etc. are to be equally treated with HIV infected and affected people for receiving the services mentioned in this guideline.
- v. Experience sharing of PLHIVs (Positive speaking) shall be included in all HIV/AIDS awareness programmes.
- vi. In order to monitor the implementation of programmes mentioned in the guidelines, a committee could be constituted as below:



Chairperson	President of Local Government
Vice –chairpersons	1.Health-Education standing committee Chairperson
	2.Welfare Standing Committee Chairperson
Convener	Medical Officer, PHC/CHC/Taluk Hospital/ District Medical Officer
Joint Conveners	Secretary of the Local Government
	District Social Welfare Officer/CDPO/ ACDPO/ ICDS Supervisor
	CDS Chairperson
	Expert nominated by KSACS
Members	Two volunteers working in this sector (One must be a PLHIV)

- vii. The activities proposed above shall be carried out in association and consultation with KSACS and its supporting mechanisms. Kerala State AIDS Control Society shall provide technical expertise to the local governments based on their request.

## 12. Monitoring

- i. Monitoring of activities proposed above shall solely be with the above mentioned committee. Committee will meet once a month to review the activities.

District level monitoring of the above mentioned activities are to be done by District Planning Committee. For this, a district level committee is to be formed which will meet once and month to review the activities.

Chairperson	District Planning Committee Chairperson
Vice –chairpersons	An elected representative of a ULB who is a member of DPC
Convener	District Collector
Joint Conveners	District Medical Officer (Allopathy)
	District Medical Officer (Homeopathy)
	Superintendent, District Hospital (Allopathy)
	District Social Welfare Officer
	One Expert nominated by KSACS
Invitees	Representative of Prathyasha Kendra (DIC for PLHIVs)
	Representative of an NGO ( KSACS funded Project)
	PLHIV- A Male and a Female



12704  
29/9/15



GOVERNMENT OF KERALA

Abstract •

Social Justice Department – Transgender Policy - approved - orders issued.

SOCIAL JUSTICE (B) DEPARTMENT

G.O.(Ms) No. 61/2015/SJD

Dated, Thiruvananthapuram, 22.09.2015

Read: Letter No. D1/25733/15 dated 03.08.2015 from the Director of Social Justice,  
Thiruvananthapuram.

**ORDER**

As per the letter read above, the Director of Social Justice has submitted the Draft Transgender Policy of the State, formulated based on a rights-based framework in tandem with the judgment of the Hon'ble Supreme Court of India in WP(C) 400/2012 and the Report of the Expert Committee constituted by the Ministry of Social Justice & Empowerment on issues related to Transgenders.

2) Government have examined the matter in detail and are pleased to approve the Transgender Policy of the State as appended to this order.

By order of the Governor,  
**A.Shajahan**  
Special Secretary

To

The Director of Social Justice, Thiruvananthapuram.  
The Principal Accountant General (Audit), Kerala, Thiruvananthapuram.  
The Accountant General (A&E), Kerala, Thiruvananthapuram.  
The Accountant General (DB Cell), Kerala, Thiruvananthapuram.  
General Administration (SC) Department  
Web and New Media (for publishing in the web site)  
Stock file, O.C.

Forwarded/By order

  
Section Officer

# STATE POLICY FOR TRANSGENDERS IN KERALA, 2015

I. Background& Introduction	3
II. Summary Analysis of TG Issues in Kerala	5
Access to Capabilities, Economic Opportunities, Assets And Services	5
Right to Dignity & Violence Against TG	6
Right to Expression	6
III. TG Policy of the Kerala Government	7
A. Goals and Objectives of TG Policy	7
B. Policy Approaches	9
C. Strategies and Responsibilities in Implementing the Policy	9
D. Policy Implementation Arrangements	14
E. Monitoring and Evaluation of the Results of the State's Gender Policy	17
Table 4: Results framework and Sample Associated Indicators	18

## STATE POLICY FOR TRANSGENDERS IN KERALA, 2015

### I. BACKGROUND& INTRODUCTION

1. The Honorable Supreme Court of India (vide Judgment dated 15<sup>th</sup> April, 2014) has firmly established the right to equality and equal protection for transgender persons (TGs) under Articles 14<sup>1</sup>, 15<sup>2</sup> and 16<sup>3</sup> by prohibiting discrimination on the ground of gender identity. It has expanded the scope of the term 'sex' in Articles 15 and 16, which till recently referred only to binary genders of male and female, to include TG as a third gender. The Court has unequivocally declared that TGs cannot be discriminated against on the ground of Gender.

2. The judgment also explains that Article 19(1)<sup>4</sup> of the Constitution states that all citizens shall have the right to freedom of speech and expression, which includes one's right to expression of his self-identified gender. Self-identified gender can be expressed through dress, words, action or behaviour or any other form. No restriction can be placed on one's personal appearance or choice of

<sup>1</sup>Equality before law-The State shall not deny to any person equality before the law or the equal protection of the laws within the territory of India.

<sup>2</sup>Article 15(2): No citizen shall, on grounds only of religion, race, caste, sex, place of birth or any of them, be subject to any disability, liability, restriction or condition with regard to—(a) access to shops, public restaurants, hotels and places of public entertainment; or (b) the use of wells, tanks, bathing ghats, roads and places of public resort maintained wholly or partly out of State funds or dedicated to the use of the general public.

<sup>3</sup>Article 16: Equality of opportunity in matters of public employment—(1) There shall be equality of opportunity for all citizens in matters relating to employment or appointment to any office under the State.(2) No citizen shall, on grounds only of religion, race, caste, sex, descent, place of birth, residence or any of them, be ineligible for, or discriminated against in respect of, any employment or office under the State

<sup>4</sup>All citizens shall have the right(a) to freedom of speech and expression; (b) to assemble peaceably and without arms; (c) to form associations or unions; (d) to move freely throughout the territory of India; (e) to reside and settle in any part of the territory of India; and(f) omitted(g) to practise any profession, or to carry on any occupation, trade or business

dressings, subject to the restrictions contained in Article 19(2) of the Constitution. The Article values privacy, self-identity, autonomy and personal integrity as fundamental rights guaranteed to members of the TG community and stresses that the State is bound to protect and recognize these rights.

3. The judgment has also directed the Centre and State Governments to grant TGs full legal recognition of their gender identity. This includes granting legal recognition to a person's self-identified gender, as male/female/third gender; treating transgender persons as socially and educationally backward classes of citizens and extending reservations in public education and employment; providing separate HIV *sero-surveillance* for transgender persons and appropriate health facilities, amongst others.

4. In addition, the Report of the Expert Committee constituted by the Ministry of Social Justice and Empowerment on issues related to TGs, (Chapter 13)- (22<sup>nd</sup> October, 2013) recommends that Transgender should be declared as the third gender, and a TG should have the option to identify as 'man', 'woman' or 'transgender', as well as have the right to choose any of the options independent of surgery/hormones. Only the nomenclature 'transgender' should be used and nomenclatures like 'other' or 'others' should not be used. It also recommends that a state level authority duly designated or constituted to issue certificates to TGs certifying their gender on the recommendation of a District level Screening Committee headed by the Collector/District Magistrate and comprising District Social Welfare Officer, psychologist, psychiatrist, a social worker and two representatives of transgender community and such other person or official as the State Govt/UT Administration deems appropriate. These certificates issued, the report noted should be acceptable to all authorities for indicating the gender

on official documents like ration card, passport, birth certificate, aadhaar card and so on.

## II. SUMMARY ANALYSIS OF TG ISSUES IN KERALA

5. TG people face injustice at every turn: in their families and homes, in school systems that promise to shelter and educate, in harsh and exclusionary workplaces, at the markets and shops, the hotel front desk, emergency rooms, and at the hands of landlords, police officers, health care workers and other service providers.

6. To Understand The Issues Faced By Tgs, The Social Justice Department Conducted A State-Wide Survey Seeking Information On All Aspects Of Their Social And Personal Life. The Survey Questions Covered The Following Areas- (A) Basic Details, (B) Awareness About One's Body, (C) Civil Rights, (D) Self Esteem, (E) Access To Health Services And (F) Ability To Live With Dignity And With Freedom From Violence. It Also Included A General Section To Better Understand Their Aspirations, Needs, And Priorities. More Than 4000 Tgs Provided Feedback Of Which 99% Are Male To Female (m2f) Tgs And 63% Are Tgs Married To Females. Based On Snowballing Techniques, The Survey Estimates The Presence Of More Than 25,000 Tgs In The State. The Major Findings Of The Survey Are Provided Below:

### ACCESS TO CAPABILITIES, ECONOMIC OPPORTUNITIES, ASSETS AND SERVICES

- 58% percent of TG students drop out before completing 10<sup>th</sup> grade (24 percent of TG students drop out even before completion of 9<sup>th</sup> grade).

Reasons for this include:

- Severe harassment making studies impossible.
- Gender related negative experiences at school.
- Lack of poverty/special educational quota or reservation.

- Among those who had to leave school due to harassment, nearly half reported of having experienced a negative home environment;
- 51 percent of the respondents were denied equal treatment in doctor's offices and hospitals;
- 100% of them have had at least one experience of being denied job due to their gender identity.
- 54% of the respondents had a monthly income of less than Rs. 5000; Only 11.6% have regular jobs

#### **RIGHT TO DIGNITY & FREEDOM FROM VIOLENCE**

- 52% of the TGs face harassment from the police. 70.3% are not confident to face the police;
- 89% reported of being mistreated at worksite;
- 28% have been sexually harassed or raped, by partners within one year;
- 96% do not raise complaints against violence because of their gender identity.

#### **RIGHT TO EXPRESSION**

- 76% are unable to register gender identity the way they choose in the application form for an Id card or other services.
- 78% have not revealed their gender identity at work due to fear of discrimination.
- 51% hide their gender identity from the family;



- 44% have a sense of shame about the dissonance between their body and gender identity;
- 81% wish to change their identity but have no support from any person for the changes required in their physical appearance;
- 91% have not changed physical appearance through medicine/surgery.
- 41% of the TG population is of the view that they won't be accepted if their gender identity is revealed;
- 52% felt a need to change their physical appearance.

### III. TG POLICY OF THE KERALA GOVERNMENT

6. The genesis of the problems of TGs in India lies in the stigma and discrimination they face in the society, resulting in their exclusion from socio-economic and political spectrum. They are an outlier group of the society. TGs have unique needs, which are overlooked and ignored by society. In view of the systemic injustices that prevent this minority community from realizing equal rights, they are forced to live as second-class citizens in their own countries. To rectify this situation, the State Government issues this policy, to enforce the constitutional rights of TGs, taking into account the Supreme Court judgment (2014) and the findings of the Kerala State TG Survey.

7. This policy covers all the categories of TGs, including but not limited to Female to Male TGs, Male to Female TGs and Inter sex people. This policy emphasizes the rights of TGs to self identify as man, woman or TG as stated in the Judgment.

8. This document states that the Government of Kerala's policy on TGs, its goals and objectives, approaches, implementation processes, and highlights selected areas of focus given Kerala's socio-economic context. It explains the broad framework within which TG considerations will be integrated into development interventions in Kerala.

A. GOALS AND OBJECTIVES OF TG POLICY

9. The TG Policy supports the attainment of

- A just society where men, women, and TGs have equal rights to access development opportunities, resources, and benefits;
- The right to live with dignity and enjoy a life free from all forms of violence;
- The right to freedom of expression in all matters that affects them; and
- Right to equal voice and participation in key development decisions that shape their lives, communities, and the state.

The results framework for the Government's TG Policy is illustrated in Figure 1.

12.

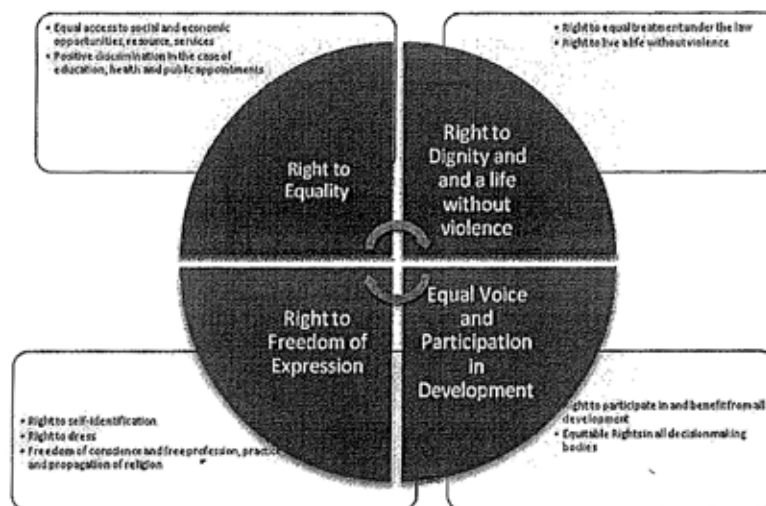


FIGURE 1: RESULTS FRAMEWORK FOR TG POLICY

Right	Proposed Activity	Responsibility
Right to Equality	o Ensure all Government Departments and public authorities to extend a non-discriminatory treatment to TGs.	o Overall responsibility: TG Justice Board who will seek annual reports from all relevant agencies
	o Provide barrier-free access to education, public	o All Service Providing Entities to

	transport, health, social security, and other services.	implement guidelines
	<ul style="list-style-type: none"> <li>Government agencies, including LSGs managing public places must ensure equal access to TG community</li> </ul>	<ul style="list-style-type: none"> <li>All Government agencies</li> </ul>
	<ul style="list-style-type: none"> <li>In order to ensure equal access to all services, include TG as a third gender in all application forms for services, employment, and other benefits</li> </ul>	<ul style="list-style-type: none"> <li>Each Service or benefit Provider</li> </ul>
<b>Freedom of Expression</b>	<ul style="list-style-type: none"> <li>Addressing stigma, discrimination and violence faced by TG people:</li> <li>Take steps to prevent TGs from being punished or harassed for cross-dressing and their gender-specific behavior.</li> </ul> <p>Encourage TG cultural activities through:</p> <ul style="list-style-type: none"> <li>Providing opportunities for enhancing their artistic skills as well as facilitate their participation in state and other festivals to perform</li> </ul>	<ul style="list-style-type: none"> <li>Law Department, Police, and Justice officials to take steps to raise awareness of their employees and contractors</li> <li>Department of Culture</li> <li>Department of Tourism</li> </ul>
<b>Right to Dignity and Life without Violence</b>	<p>Statutory Requirements as necessary to protect Rights of TG including:</p> <ul style="list-style-type: none"> <li>Provide free legal aid to be provided to TG seeking redress against discrimination and violence.</li> <li>Every police station should amend forms to record and compile statistics of crime against TGs.</li> <li>TG help line (24x7) and crisis management centre – run by the Social Justice Department with the help of NGOs (working in the field of TGs) and CBOs.</li> <li>Action against parents who desert or abuse their gender non-conforming children and against doctors who undertake any kinds of unethical conversion therapy</li> <li>Sexual assault, sexual harassment and domestic</li> </ul>	<ul style="list-style-type: none"> <li>Law Department and TG Justice Board</li> <li>Department of Home</li> <li>Director-General of Police</li> <li>Local Self Government Departments</li> <li>KELSA to expand services for TG</li> </ul>

	<p>violence laws should be TG inclusive. The State Government should take action to ensure that laws against gender-based violence are made TG-friendly.</p> <ul style="list-style-type: none"> <li>o The Juvenile Justice Act should also address the concerns of gender non-conforming children and therefore the Act should be suitably modified/amended</li> <li>o Criminal and disciplinary action against delinquent police official in cases of violations of human rights of TG persons</li> <li>o Ensure the rights of TGs regarding marriage, partnership, living relationship and parenting.</li> <li>o Ensure separate toilet facilities for TGs.</li> </ul>	
Right to Employment	<ul style="list-style-type: none"> <li>o Self-employment grants must be made available to TG to initiate activities related to raise incomes as well as TG Interests</li> <li>o Workplaces/ offices in public and private sector need to sensitize employers and employees on issues of TG. Anti-discrimination policies must be instituted and meaningfully implemented in the processes of hiring, retention, promotion and employee benefit schemes. Workplace sexual harassment policies should be made TG inclusive.</li> </ul>	<ul style="list-style-type: none"> <li>o Department of Labor and Department of Industries</li> </ul>
Right to Equal Access to Education Services	<ul style="list-style-type: none"> <li>o Educational institutions/Universities should issue a TG Policy to address issues gender non-conforming students and TG students as well as establish an anti-discrimination cell to monitor any form of discrimination/harassment.</li> <li>o Educational institutions/Universities must include an option for transgender along with male and female in all forms.</li> <li>o Raise awareness of school students towards TGs,</li> </ul>	<ul style="list-style-type: none"> <li>o Department of General Education and Higher Education</li> </ul>

	starting with the upper primary level.	
Right to Equal Access to Health Services	<p><b>Schemes for Healthcare</b></p> <ul style="list-style-type: none"> <li>○ TGs should be included in the Rashtriya Swasthya Bhima Yojana and provided health insurance.</li> <li>○ Self Help Groups or Societies of TGs should be able to avail the benefits under the Comprehensive Health Insurance Scheme (CHIS) also. Health insurance card should be issued to the TGs.</li> <li>○ A fund, should be established for Sex Reassignment Surgery (SRS) in Government hospitals.</li> <li>○ All Govt. hospitals should have policies on registration and admission of TGs, training and sensitization of health care providers about TGs and their health issues.</li> <li>○ Directives should be issued by the Department of Health to all hospitals to provide health care facilities to them without any discrimination, so that they can access all hospitals without hesitation.</li> <li>○ Proper counseling to TGs about options available in relation to gender transition and proper post-operative follow-up counseling and support, should be given.</li> <li>○ Separate HIV Sero-surveillance Centres should be established to address several sexual health issues faced by TGs.</li> </ul>	Department of Health, Department of Social Justice
Right to Voice and Participation	<ul style="list-style-type: none"> <li>○ Equitable rights in public decision making bodies that affect TGs</li> <li>○ Establish Shelter homes in different parts of the State for the exclusive use of TGs according to the population of TGs in those areas.</li> <li>○ Under housing schemes including Indira Awaas Yojana subsidy must be set aside to TGs for constructing houses. The assistance given for housing of TGs can be a combination of grants, subsidies, loans depending on the income of the</li> </ul>	Department of Social Justice Local Self Government Department



	<p>beneficiary</p> <ul style="list-style-type: none"> <li>o Day care centres for elders should be repositioned to accommodate the interests of TGs.</li> <li>o Establish capacity development of counselors, Anganwadi workers, ICDS, ICPS, DCPOs and other frontline service providers to be responsive to the needs of TG children</li> <li>o Ensure that institutional staff of short-stay homes, orphanages, adoption and fostering services are sensitive to the needs and concerns of such children addressing the concerns of gender non-conforming children and TGs.</li> <li>o <b>Monthly Pension scheme for Destitute TGs</b> – Financial assistance should be provided as monthly pension for destitute TGs and those above the age of 55.</li> </ul>	
	<ul style="list-style-type: none"> <li>o <b>Scheme on Provision of Food</b> – BPL Ration Cards under Public Distribution System should be given to the TGs to provide food at free/subsidized cost.</li> </ul>	Department of Food and Civil Supplies
	<ul style="list-style-type: none"> <li>o Set aside an equitable amount of funds for addressing TG Issues</li> <li>o Open a grant window for accredited NGOs working with TG community to implement schemes and programmes to develop the capacity and skills of TG.</li> <li>o All Departments must ensure that all Government forms include TG in addition to male and female,</li> </ul>	All Departments

13 The above together provide a cohesive and comprehensive results-based framework for TGs to achieve their Constitutional rights and live as equal citizens in the State. The results framework will guide all institutional stakeholders in designing their contribution to TG Justice. Capacity development and gender issues will form crosscutting issues in all four dimensions.

## B. POLICY APPROACHES

The basic approaches of the Policy are the following –

- Ensure that all rights of TGs are protected and enforced, including the right for self-identification of gender as man, woman or TG and the right to expression.
- Ensure equal access to all services of the Government;
- Support positive discrimination to address inequities in areas of education, health, and public appointments.
- Raise public awareness of TG rights and develop capacity of relevant stakeholders to enforce rights.
- Provide proper mechanisms to ensure equal access to all services and benefits as well as effective mechanisms to address issues of violence and harassment faced by TGs.
- Effective implementation and monitoring that TG rights are being protected and implemented and fine-tuning policy when required.

## C. STRATEGIES AND RESPONSIBILITIES IN IMPLEMENTING THE POLICY

14. The strategies and responsibilities of different actors in implementing the policy are indicated in Table 1. This is not an exhaustive list, and others may be added as determined by the proposed TG Justice Board.

## D. POLICY IMPLEMENTATION ARRANGEMENTS

**15.Accountability Framework for Policy Implementation:** In order to ensure that the TG rights are protected, and to mainstream them into society, a State TG Justice Board and district TG Justice committees are to be established under the

Department of Social Justice, Government of Kerala. The TG Justice Board, Kerala is to be constituted by the Government of Kerala as detailed in Table 2.

Table 2: Members of the TG Justice Board	
Chairperson	<ul style="list-style-type: none"> <li>Honorable Minister for Social Justice</li> </ul>
Member Secretary	<ul style="list-style-type: none"> <li>Secretary, Department of Social Justice</li> </ul>
Members:	<ul style="list-style-type: none"> <li>Secretary, Department of Home affairs</li> <li>Secretary, Department of Finance</li> <li>Secretary, Department of Health</li> <li>Secretary, Departments of General Education</li> <li>Secretary, Department of Law</li> <li>Secretary Department of Culture</li> <li>Secretary Department of Local Self Government</li> <li>Director of Social Justice</li> <li>Director of Public Instruction</li> </ul>
Nominated Members	<ul style="list-style-type: none"> <li>One representative from an NGO, which has been working for the rights of TGs for a significant period of time. The representative should also have a good track record in this field.</li> <li>Five representatives from TG community</li> </ul>

16 At the district level, a TG Justice Committee will be established in each District. The district TG Justice committees are to be constituted by the Government of Kerala as detailed in Table 3 below:

Deleted: 1

Table 3: Members of the TG Justice Board	
Chair person	<ul style="list-style-type: none"> <li>District Collector</li> </ul>
Member Secretary	<ul style="list-style-type: none"> <li>District Social Justice Officer</li> </ul>
Members	<ul style="list-style-type: none"> <li>City Police commissioner/District Police Chief</li> <li>Rural SP</li> </ul>

	<ul style="list-style-type: none"> <li>• District Medical Officer</li> <li>• District Labour Officer</li> <li>• Deputy Director Education</li> <li>• District Child Protection Officer</li> </ul>
Nominated Members	<ul style="list-style-type: none"> <li>• One representative from a Community based Organization (CBO), which has been working for the rights of TGs for a significant period of time. The representative should also have a good track record in this field.</li> </ul>
	<ul style="list-style-type: none"> <li>• Four representatives from TG community</li> </ul>

**17 Functions of the TG Justice Board:** The functions of the TG Justice Board would be as follows

- i. TG Justice Board should monitor and oversee the implementation of the TG Policy. This would facilitate policy and institutional reforms that enable access to social, economic development schemes for the poor and other at-risk TG groups;
- ii. Ensure convergence of existing schemes across departments for a more targeted and focused approach towards well-being of TG community;
- iii. Issue guidelines as necessary to ensure equality and equity of TGs;
- iv. Ensure that sufficient and quality development projects, programmes, and schemes are formulated and adequate funds are allocated for effective implementation of TG Policy;
- v. Require every relevant Department to submit an annual report on steps taken to protect TG rights, budget expenditures, and results achieved from each Department be submitted no later than June 30th of the financial year; and

- vi. Facilitate awareness programmes, in association with NGOs and community-based organizations (CBO) to sensitize public about TGs through mass media and other method of publicity campaign.

18 The Gender Cell in the Department of Social Justice must support the TG Justice Board in undertaking its responsibilities. The functions of the Gender Cell in this regard include:

- o Implement measures or instructions by the TG Board; and
- o Issuance of gender identity certificate to a TG person, based on the recommendation of the District TG Justice Committee. The certificate issued by the Cell should have the self-identity that the individual chooses (male/female/ TG) which can be used to revise all the legal documents such as voter ID, Passport, drivers license, Aadhar. The certificate should be acceptable to all authorities for indicating the TG's gender on all official documents and to avail access to all eligible schemes and benefits.

#### 5. Functions of the District TG Justice Committee

19 The functions of the District TG Justice Committee would be as follows

- i. Has the responsibility of implementing and monitoring programmes for the social, economic, and political development of TGs
- ii. Constitute a screening committee for the verification of the application for the issue of gender identity certificate. The screening committee should be a subcommittee of the district TG Justice Committee, chaired by the District Medical Officer, with the psychologist, psychiatrist, the CBO representative and the 4 representatives from the TG community as members.

- iii. Issue recommendations to the TG Justice Board for gender identity certificate based on the reports of the screening committee.
- iv. Set up and monitor TG Support and Crisis Intervention Centres (TSCIC), on the model of Rape and Crisis Intervention Centers. The centre should undertake counseling programmes, mental health services, sensitization programmes and crisis intervention, with the help of CBOs. The centre should also function as an information centre and support centre for the TGs and the parents of gender nonconforming children. The centre should include qualified counsellors and community counsellor.

**E. MONITORING AND EVALUATION OF THE RESULTS OF THE STATE'S GENDER POLICY**  
**TABLE 2: SAMPLE RESULTS FRAMEWORK FOR GENDER EQUALITY & EMPOWERMENT IN KERALA**

20 The State Government gives high priority to monitoring and evaluation of policy results. Annex illustrates the type of outcome and outputs indicators associated with each of the four key dimensions. TG-aware monitoring and evaluation capacity development will be a module in the initial training conducted by Department of Social Justice. However, until systems are set up to integrate TGs into the monitoring system of the Government, annual monitoring surveys will be conducted to better understand the impact of the policy on TG community. Indicators in the Annex will be the basis of the monitoring tool. Utilizing a methodology agreed with TGJB, Department of Social Justice will also conduct a mid-term evaluation of policy implementation and results in 2018, three years after the initiation of the policy implementation.



## ANNEXE

### RESULTS FRAMEWORK AND SAMPLE ASSOCIATED INDICATORS

Goals/Impact Framework for gender equality	Universal Results Framework for gender equality	Equal and Equitable Rights	Freedom of Expression	Life with Dignity and Life without Violence	Voice and Participation
Outcomes/Objectives	Indicators	that demonstrate that TGs have equitable access to all public services.	TGs perceive that they have the freedom to wear the dress they like and to express themselves in any gender as they wish.	TG's perceive that their ability to live a life of dignity has improved after the issuance of the Policy.	Nominated member in Legislative Assembly and Parliament
{Outcomes are defined and understood as owned by the State; they reflect expected development changes in programme countries.)	Zero dropouts in schools and colleges on grounds of discrimination.	Increased TGs in public appointments.	Number of cultural activities organized with TG participation.		Equitable representation in democratic and public decision making bodies
Intermediate Outcomes and Outputs for TG Equality (results of different departments and	Reduced dropout rate among transgender	IEC Program on the rights of TGs undertaken by the Government of	National TG festival organized by state government	Raising awareness of Police employees on the rights of TG.	Process to incorporate TGs in democratic

19

agencies at the institutional level)	All service-related forms allow self-identification as TG in addition to male and female  Reservations for TGs in Public Appointments	Kerala covering different levels including schools, public bodies, communities, and state effectively influencing mindset changes to TGs.	Reduced discrimination by service providers at different levels of State Administration  Incidence of discrimination against TGs by public and partners reduced.	bodies
--------------------------------------	---	---	--	--------

## **A case study on Mankara**

### **The first HIV/AIDS literate Grama Panchayath in Kerala**

As part of Mainstreaming HIV intervention, Local Self Government Department, Govt. of Kerala has approved a policy and guidelines for implementing HIV related activities in Local Self Government Institutions (Panchayats, Municipalities and Municipal Corporations). According to this, local self Govt. institutions (LSGIs) can undertake activities for HIV prevention as well as for care and support of People Living with HIV (PLHIV). Grama Panchayath committee in Mankara has identified HIV /AIDS as one of the development issues in their area. The presence of some PLHIVs in the Panchayath and ongoing HIV / AIDS programs as part of NACP have contributed in developing this perspective. Elected Panchayath members took leadership in HIV related initiatives in the Panchayath. They collectively explored possibilities of identifying programs to support HIV prevention and providing care and support to those affected by HIV. HIV awareness programs by KSACS and local NGO Programs have improved Knowledge, Attitude and Practices in HIV /AIDS issues. Panchayath has started PLHIV supportive initiatives and government institutions Panchayath including schools have ensured a non stigmatizing attitude towards those infected and affected by HIV/AIDS.

Mankara Grama Panchayat has informed Kerala State AIDS Control Society (KSACS) that awareness level on HIV and attitude on issues related to HIV have reached saturation as a result of the joint initiatives by Panchayath, Primary Health Center and NGOs. In this context, the Grama Panchayat requested KSACS to declare them as 100 % HIV literate on the World AIDS Day 2014.

KSACS reviewed the request and considering potential of the program in the development scenario of Kerala, decided to undertake a rapid assessment using objective tools. Considering the professional expertise of the consortium partners of State Training and Resource Centre (STRC) was assigned with the task. They developed a study design and objective tools, got it approved by KSACS and undertook the assignment. Based on findings, report with recommendations was submitted to KSACS. Findings of the initial assessment revealed that there are certain gaps and at this stage Mankara cannot be declared as 100% HIV literate.

KSACS has taken a decision that in the context a Panchayath has voluntarily come forward to take innovative initiatives; it would be good to provide technical inputs to support them to reach the destination. Accordingly, based on the findings of the rapid assessment, KSACS has designed an intervention strategy with the technical assistance of the consultancy agency. The intervention included a health education component to improve KAP of the general public, institutional sensitization to improve the supportive attitude of the offices and an IEC component to ensure dissemination of HIV related information to every nook and corner of the Panchayath.

The consultant agency has developed a document on minimum eligibility criteria and Standard Operating Protocols for approving a Panchayath as 100% HIV literate Panchayat. This was discussed with the core team of Technical professionals from KSACS and finalized. The final assessment was made based on this criteria and protocols.

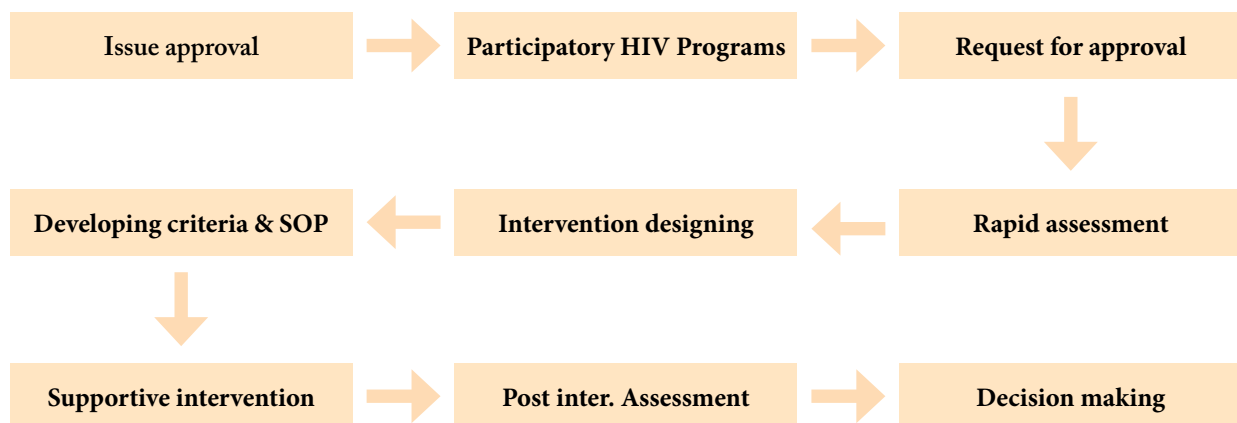
The details of the gaps identified in the rapid assessment and focus of supportive intervention were informed to the Panchayath committee and the officials of the Mankara PHC. The intervention implemented under the leadership of the Mankara Primary Health centre so that the service of the PHC staff will be used optimally. Panchayath committee has taken initiatives to mobilize

local resources from different institutions to implement the IEC campaign. During the phase of intervention, Panchayath could install and erect boards carrying HIV related messages in different parts of the Panchayath.

Post intervention assessment was done based on the eligibility criteria & SOP finalized by KSACS to ascertain KAP. Same methodology that was used in the rapid assessment was used. Tools were reworked to cover all the thematic areas covered in the rapid assessment. The field investigators were given one day orientation on basics on HIV/ AIDS and details of the tool and its administration. The field coordinator has taken the responsibility of collecting qualitative data.

The data analysis and interpretations based on the collected data was undertaken by the consultant agency. The report with findings and recommendations has been submitted to KSACS. It was discussed at KSACS level and decision for acknowledging Mankara Panchayath as HIV literate has been taken as the findings agrees with the criteria and SOP set for this purpose. The decision was intimated to the Panchayath. Having fulfilled a long cherished dream, the panchayath committee has scheduled a public meeting on in Mankara to make this declaration by the Honorable Chief Minister of Kerala. In a public meeting held at Mankara on 14th April 2015, Hon'ble Chief Minister has declared Mankara as HIV literate Grama Panchayat.

#### The process in nutshell







---

**KERALA STATE AIDS CONTROL SOCIETY**

Red Cross Road, Thiruvananthapuram-35 | Ph. 0471 2304992/2308686 | [www.ksacs.kerala.gov.in](http://www.ksacs.kerala.gov.in)