Understanding the health scenario of the nation, CHAI on the occasion of its Diamond Jubilee celebrations in October 2003 spelt out “Universal Access to Health” as its long-term goal. CHAI has been working towards strengthening community health by evolving an affordable, accessible and sustainable health care system to meet the needs of the people as part of the Universal Access to Health. To help realize the overall objective of Universal access to health care, various innovative projects and programmes have been chalked out to suit the goal. Organizations and people sharing CHAI's philosophy and goals have been identified to journey together towards the goal.

HIV/AIDS Prevention: A community based organization approach in Mgbala, Nigeria

Nduka Ozor

In Mgbala Agwa community, no one is sure just how many people have died due to HIV/AIDS, but from every indication the level of knowledge about HIV/AIDS among the people is relatively low especially among the illiterate populace which forms more than 75% of the entire population. Until recently, little information has been available on HIV/AIDS in Mgbala Agwa because of little or lack of understanding and belief about some health issues in the community; the local HIV/AIDS awareness campaign organized by Mgbala Agwa Youth Forum, is the only source of HIV information for the people of Mgbala Agwa which is in Imo state where the HIV/AIDS prevalence rate is 4.2 percent out of a population of 3.3 million. There are several cases of HIV in Mgbala but the number of persons currently infected with the disease is not clearly known due to unavailability of a HIV testing centre. Poverty and lack of information are generally accepted to be two of the major factors contributing to the spread of the disease. Owing to the potential for rapid spread of the disease to the general population, it is necessary to intensify urgently the efforts to promote preventive measures and behavioural change throughout the Mgbala population particularly among young adults.

Voices of Invisible: Psychosocial and mental health issues of MSM (men having sex with men)

Apurva Pandya

This purpose of this paper is to share generic psychosocial and mental health problems, other than HIV/AIDS, identified during HIV/AIDS counselling intervention through case history analysis of self identified MSM. (N=250). Out of 250 cases, 190 (80%) of MSM experienced coming out with one’s sexual orientation to one’s own self, friends and family as a stressful situation. Around half of MSM experienced confusion/conflict of sexual orientation with gender. Pressure of heterosexual marriage and marriage of partner is experienced as psychologically and emotionally disturbing by 75% of the MSM clients. Difficulties in dealing with female partner in terms of interpersonal relationship and intimate relationship is added stress. Psychosocial factors often predispose MSM to Mental Health problems such as: More than half of the MSM experienced Anxiety particularly anxiety is developed as they feel worried about their sexuality and MSM activities. About 60% of MSM evidenced clinically diagnosable depression during counselling intervention. And 15% of them reported suicidal attempt and 10% of MSM had suicidal ideation. Some of the MSM (15%) evidenced self destructive behaviour This paper throws light on all these aspects of MSM counselling which is not just restricted to HIV and STIs.

Stakeholder Participation that is Working

John Pettit and Silina Tagagau

Stakeholder participation is working in maintenance management of school infrastructure at Lobunakoupa and Kuria Primary Schools in the Brown River area of Central Province, PNG. It is early days, as entry to the schools under the Basic Education Development Project (BEDP) is only one year old. However, entry for community mobilisation, which is most difficult, appears to have been very successful. Measures of success are: i) Evidence of a good understanding by Central Province Education Office staff and District Women Facilitators (DWF), of the aims of the Project, and the activities to be undertaken; ii) Board of Management Facilitator (BOMF) Teams which are committed to their roles, and which are undertaking visits to nearby and remote schools; and iii) Two schools in the Brown River area where communities are managing school infrastructure maintenance. At a briefing in the Central Province Education Office (PEO) the Provincial education staff and the DWFs clearly articulated the aims of the Project and activities that were being undertaken. All were on the same page in terms of understanding and all were committed to what was being undertaken. There was a demonstrable sense of purpose from all involved staff. This was remarkable as there was no conflict or obvious misunderstanding of the Project's intent and its means. At the briefing in the PEO, the BOMF Teams (each comprising a volunteer DWF and a Department of Education staff member) described their nearby and remote area schools visits programs. The Teams recounted their experiences of these "patrols" and the responses of communities visited. This appears to be a watershed in the Government's physical re-connection with rural communities, especially the visits to remote schools. Two schools in the Brown River area, one State the other Church agency, are practicing community management of maintenance of school infrastructure. The schools have functioning Boards of Management (BOM) with community links. The communities...