

# ANNUAL ACTIVITY REPORT

**2011-12.**

The organization has a visualization of an integrated rural development in a long-term perspective. Reorganizing the village economy in line with the self-reliance is according to the organization, the only visible alternative of development against the challenges of so called industrial development.

**A brief statement of ongoing activities and their impacts are given below.**

## **HIV/AIDS TARGETED INTERVENTION PROGRAMME:**

**The Organization is successfully running the Targeted intervention programme in Azamgarh district under the able guardianship of U.P. SACS/NACO since last four financial years. The organization has been involved in providing care and support, addressing stigma and of course successful intervention through co-operation of ASHA/ANM/ANGANWADI WORKER.**

Under the Targeted Intervention following activities are undertaken:

### **1. Behaviour Change Communication:**

This component involves understanding and assessment of individual and group practices/behavior which can pose risk to HIV infection.

Development of context specific strategies/activities to address the risk of infection through peer counseling, counseling through counselors, creating enabling environment to reinforce safe practices. The Peer educators/ peer leaders and Out Reach Workers/ Health educators lead activities under this component through one-to-one sessions and group sessions among the community. Information Education and Communication (IEC) materials are developed to further augment behaviour change.

### **2. Access to services for treatment of sexually transmitted infections (STI)**

This component is aimed at improving access to STI services as STI (both symptomatic and asymptomatic) pose greater risk for HIV infection.

Access to STI services is provided through three different approaches i.e. Project Based Clinics, Fixed day and time – Fixed time out reach clinics and Referral clinics either with private or public facility. Also health camp based approach is adopted for interventions working with migrants.

All IDU projects are required to establish a static clinic within the DIC for abscess management, STI treatment and treatment of common physical co-morbidities. Where as FSW and MSM TIs would have their DICs attached to project office or as decided in the contract. The migrant TIs would have 3 DICs in place preferably at the worksite, residences and project office or as decided in the contract. Under TI budget there is provision for one part time doctor and one ANM / Counsellor per TI.

- 2. Provision of commodities such as condoms, needle and syringes and lubes to ensure safe sex/injecting practices**
- 3. Enabling Environment through structural intervention The interventions focus on creating an environment which facilitates access to information, services and commodities by the high risk groups. The interventions carry out advocacy with key stakeholders and ellicit their involvement in the HIV prevention programme**
- 4. Linkages to ICTC, ART, Community Care Centre, RNTCP Programme, Government OST centre, Detoxification services (for IDU projects) . Some of NGO projects working with IDUs may be required to implement Opioid Substitution Therapy directly in addition to the other preventive services**

## **5. Achievement of Targeted Interventions for the year 2011-12:**

### **Targeted Intervention Project -**

Activity	April 2011	May, 2011	June, 2011	July, 2011	Aug, 2011	Sep, 2011	Oct, 2011	Nov, 2011	Dec, 2011	Jan, 2012	Feb, 2012	March, 2012
	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
Estimate no. of HRG	500	500	500	500	500	500	500	500	500	500	500	500
Contact	403	489	500	492	499	491	493	500	500	499	497	500
Regular Contact	403	489	500	492	499	491	493	500	500	499	497	500
STI Checkup	65	66	84	185	63	64	74	69	92	69	95	147
RMC	65	66	84	185	63	64	74	69	92	69	95	147
Syndromic	00	00	06	5	2	4	2	5	0	2	0	5
Followup	00	00	06	5	2	4	2	5	0	2	0	5
ICTC actual testing	56	21	38	29	34	3	25	86	107	70	94	97
ART Linkage done	00	00	00	00	1	1	0	0	0	0	0	0
Counseling	65	66	84	43	63	64	74	86	107	77	94	147
N/S Distribution	3330	3990	2850	4290	3990	4634	4710	5386	4928	4974	4980	5320
Return of N/S	2434	2330	2678	2830	3678	4033	4556	4987	4576	4723	4566	4998
Condom Demand / Distribution	8790	9870	10200	12000	14398	16070	17460	15955	19940	16510	16771	13445
DIC Meeting	4	4	4	4	4	4	4	4	4	4	4	4
Community Event	0	1	0	0	0	0	0	0	1	0	0	0
Advocacy Meeting	2	4	4	4	4	4	8	7	5	7	6	8

Under targeted intervention, various activities are carried out by PATH staff in coordination with HRGs, Stakeholders and district level officials, by conducting 1-1, 1-group and FGD sessions with Key Population(HRGs) on STI/HIV/AIDS; conduct capacity building trainings on BCC, communication skills, peer education, select and train peer educators, STI CARE by trained outreach staff to identify STI and SCM, counseling HRGs,STI treatment by our referral doctors,development of referral cards and documentation systems for STI treatment, procurement of necessary drugs as per the NACO protocol, Treatment of Key Population(HRGs) with STI along with counseling support, Organization community activities i.e. health camps, hotspot meetings, DIC level meetings, networking with the existing government facilities for STI and ICTC referral, regular reporting on monthly basis and report to SACS, identification of health providers, orientation of health providers on Syndrome Case Management for quality care.

Apart from this Networking with various line departments/organizations/institution and conduct Workshops/Sensitization/Meetings for program implementation and delivery of services.

We Identify volunteers and train them to work with the community, regularly interact with vulnerable IDUs for promotion of NSEP, Providing needles and syringes to target population, procurement of needle syringes and condoms, Develop distribution channels/outlets for syringe, needles and condoms, Maintain records and documents related to the procurement, distribution, and report to UPSACS/TSU every quarter, providing optional livelihood to the HRGs by the formation of SHGs along with saving and credit activities.

## **PREVENTION OF WOMEN TRAFFICKING:**

As we all know U.P. is a source, transit and destination area for trafficking of women for commercial sex both within the country as well as across the border especially INDO Nepal and INDO NEPAL border. In U.P. the entry points are Bahraich, Shravasti, Maharaj Ganj and Gorakhpur etc.

The organization concentrated its study and survey in Lakhimpur district time tested method of questionnaire and tabulation were adopted to work out the direct and indirect causes of women trafficking. Aim was to create awareness through sensitization workshop and seminars on prevention, rescue, rehabilitation and reintegration and repatriation to provide moral support to victims.

## **FAMILY PLANNING AND CHILD HEALTH:**

The organization believes that no nation, no society, no planning, no administration and graph can show an upward movement, if its better half population that is the women are deprived and deprived. That is why it has identified many issues affecting the lives of women and trying to address them one by one. It was found that the women do not have control even on their reproductive health. Their consent is not taken in sizing the family. The organization has launched a multifarious activity in this regard. Apart from crating the awareness on reproductive health of women in the community, it is also providing different options to women for birth spacing and even tubectomy for permanent family planning. Children are also one of the major focus areas of the organization. It is trying for around development of children by ensuring a conducive environment at family and society level for their proper physical, social, mental and physiological growth and development.

Women in India are health wise in the most worst of conditions as a result of which their off spring i.e. the future of every country the young generation or prone to al kinds of infections, disease and malnourishment.

Our organization aims solely at women upliftment and child welfare because women progress leads to social progress. The organization aims to stand for better mental emotional and physical health of women by providing better services for nutrition reducing fertility better hygiene & care and also spread awareness about modern spacing methods, ANC care, infections during pregnancy (RTI, STI), ways to prevent such infection, much needed awareness about HIV and AIDS, Uterus and Breast cancer etc. and lastly to remove ignorance and myth in the minds of rural and urban BPL women. The organization also encourages women to boldly put forward their health related problems share their views and experiences and also boldly and confidently solved their problems with their own initiative by relating to health and clinical services provided by government is every nook and corner of the country. The organization is one of the links between rural and the urban poor and the government, it aims to realize governments aim of a healthy India in true sense.

## **RURAL YOUTH EMPLOYMENT PROGRAMME:**

Rural Development Training Programme was organized in Azamgarh District. Under this programme short and long duration training based on self learning by practical farmers women rural youth and school drop outs were organized for providing real experience to the participants an experience which was thoroughly enjoyed and liked by the participants.

## **NATIONAL HOLIDAY PROGRAMME:**

Our organization organizes various programmes on world Aids day viz.candle light marches,prabhat pheris,blood donation camps,nukkad natak with the support and school children & NCC cadets , staff of health dept.and active participation of HRG's make such programmes successful as print and electronic media reports show.events program with HRG's are also a major attraction of the day.We organize similar programmes on Republic and Independence day.

## **PULSE POLIO CAMPAIGN:**

As we are aware of Govt. aim to eradicate Polio by 2010 for which it declares selected Sunday's in the year as Polio day. Efforts to mobilize and encourage people to bring their children to Polio booth are undertaken and myth related to Polio drop are tried to be removed from the minds of rural poor urban slim inhabitations.

## **VOCATIONAL TRAINING TO WOMEN:**

P.A.T.H. has also undertaken the comprehensive programme for imparting vocational training to rural women folk in the districts of Barabanki ,Ballia , Mau and Azamgarh under S.G.S.Y. Programme of Ministry of rural Development ( Govtt. Of India) , District level monitoring by D.R.D.A. of the respective districts. We have successfully trained thousands of deprived and depraved women who in the process , were enlightetened enough to form SHG's , achieving economic self reliance.

## **MAINSTREAMING OF HIV/ AIDS:**

There is an analogue: no mission can exist in isolation. Without the acceptance by society and without a variety of institutional and individual stakeholders taking ownership of it, no health issue can be truly mainstreamed. Mainstreaming is recognition of the reality that HIV/AIDS is not just a medical or public health issue, to be left to doctors and scientists. It has, both internal and external implications for each and every sector. Mainstreaming is a process that has an impact on and, therefore, necessitates response from all sectors.

### **Benefits of Mainstreaming -**

a.	Reduces large expenditure on health care & social welfare.
b.	Minimizes negative impact on programmes related to education, livelihood, social welfare, Women and Child Health.
c.	Saves loss of skilled employees.

### **Process of Mainstreaming –**

The process of mainstreaming is divided into two parts – internal and external. The internal mainstreaming is about adapting organizational policies and programmes in such a way that it reduces organizational susceptibility to HIV. The focus is on staff sensitization and adoption of workplace policies. While external mainstreaming entails using organizational outreach to take the prevention effort to vulnerable groups among the general population. Through Mainstreaming , technical and financial resources of the development partners are leveraged to achieve the desired results.

### **Various Department covered under Mainstreaming-**

Altogether 12 departments of the U.P.Government namely Woman and Child, Health-NRHM, Panchayati Raj Institution, Home, Rural Development, Urban Development, Jail, Administrative Reform, Transport, Social Welfare, Youth Affair have mainstreamed HIV/AIDS prevention plan. Each of these organisations has one dedicated HIV/AIDS unit with at least one focal person from staff.

### **STREET CHILD HEALTH, EDUCATION & REHABILITATION: PATH**

is moving forward in its aim to promote better and brighter future for our young ones moving around in streets of Azamgarh district because our motto of healthy and enlightened society is incomplete without healthy children. Our patron of TI (targeted intervention) NACO/UPSACS has vide its office order dated 07-04-10 has given us responsibility to educate & rehabilitate children of HRG'S in Azamgarh district. Our staff undertook a survey of street children & children of FSW's. We are running a Balwaadi programme in Kalinganj area which is a red light area of Azamgarh, children of FSWs used to roam around here and there indulging in shoplifting and other unbecoming activities to earn their pocket money. Our Balwaadi programme is not only enlightening and educating them but also creating faith and confidence among their mothers that society's outlook is changing and a day will come when their children will be a part of mainstream society. In TI our doctors not only undertake regular check-ups of FSWs but also their children, medicines are also distributed free of cost.

Path has also given Vocational training of six months to street children viz. Ramesh, Anil, Amir in skills like mason work, carpenter and electric works, after training they were employed in their respective fields in Aditya Infrastructure and Aing Enterprises Lucknow as we collaborated with them as they specialize in construction work.

CASE STUDY-Sunil and Chotelal were abandoned by their parents and were living as street children in Azamgarh. They became victims of child abuse as a result of which they became MSM (men having sex with men). Path has employed them as Peer Educator in TI project. Now they are aware of their rights and are economically independent as they are respectably paid salary approved by NACO/UPSACS.

### **PPP DOCTORS TRAINING :**

PATH has also spearheaded the programme of training of Doctors on PPP model (Private Public Partnership) under the TI scheme and under the sponsorship of UPSACS/ NACO. Under the scheme, doctors of 14 districts of Eastern U.P. were given specialized training on STI/RTI.

## **INTEGRATED WATER SHED MANAGEMENT PROGRAMME -**

It is important to mention here that we have collaborated with Dept.of Land Development and water resources of state of Uttar Pradesh for undertaking capacity building,institutional building and baseline survey in **Sant Kabir Nagar Chandauli & jaunpur district (U.P.) district under Integrated Watershed Management Programme for the yrs 2010-2011,2011-2012&2012-2013.**

## **POVERTY ERADICATION OF SLUM AREAS:**

The organization has since last year undertaken the noble work of providing safe drinking water through installation of India Mark 2 Hand Pump, total sanitation through construction of drains, construction of pathways and inter- locking roads in Nagar Panchayat Dariyabad in district Barabanki, Dewa in district Barabanki, Shiv Nagar , Shobha Purwa, Dasai Purwa in district Bahraich. All these measures aim at all round improvement of slum areas through able support and guardianship ministry of urban development and poverty eradication.

