

ACTIVITY REPORT

2012-13

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. The organization's annual turnover in the **Financial year 2012-13** .

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 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.

The organization inspires thorough the help of ASHA/ANM/ANGANWADI WORKER pregnant women, HRGS to undertake HIV test in ICTC/PPCTC and ART, those found positive carriers of HIV are referred to DIC (Drop in centre) for their proper treatment. ASHA/ANM/ANGANWADI WORKER act as link between the HRGS and PATH. The organization also provides to the pregnant mothers iron and calcium tablets through district Mahila Hospital, for their and their unborn babies better health.

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.

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.

Activity	April, 2012	May,2 012	June, 2012	July,2 012	Aug,2 012	Sep,2 012	Oct, 2012	Nov,2 012	Dec,2 012	Jan, 2013	Feb,2 013	March ,2013
	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	500	498	500	500	497	500	499	496	498	499	489	499
Regular Contact	500	498	500	500	497	500	499	496	498	499	489	499
STI Checkup	97	91	101	112	66	99	14	99	189	170	180	114
RMC	97	91	101	112	66	99	14	99	189	170	6	114
Syndromic	3	4	11	19	0	0	0	0	0	0	6	0
Followup	3	4	11	19	0	0	0	0	0	0	6	0
ICTC actual	69	66	59	82	125	37	36	89	71	14	01	0

testing												
ART Linkage done	0	0	0	0	0	0	0	0	0	0	0	0
Counseling	97	91	101	112	125	99	36	99	189	170	180	114
N/S Distribution	5664	6654	7480	6440	6838	6905	7070	7245	6920	6987	7158	6876
Return of N/S	4467	4453	5140	5184	5871	6296	6430	6280	6220	6444	6417	6230
Condom Demand / Distribution	13290	12987	13830	15635	15675	15651	14960	15393	15013	15325	15160	15272
DIC Meeting	4	4	4	4	4	4	4	4	4	4	4	4
Community Event	1	0	0	0	0	0	0	1	0	0	0	0
Advocacy Meeting	7	5	4	7	3	8	6	7	5	8	6	5

3. Provision of commodities such as condoms, needle and syringes and lubes to ensure safe sex/injecting practices

4. 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 elicit their involvement in the HIV prevention programme

5. 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

Achievement of Targeted Interventions for the year 2012-2013

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 Bangladesh 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 depraved. 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 creating 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 offspring i.e. the future of every country the young generation or prone to all 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.

IMPLEMENTATION OF TRANSIT MIGRANT INTERVENTION PROGRAMME:

PATH has also been given the responsibility of implementing Transit Migrant Intervention Programme in the district Azamgarh.Uttar Pradesh.It includes providing information on risk and vulnerabilities of HIV/AIDS to spouses of migrants,out going of migrants(male and female) to UPSACS/NACO.The programme entails sensitization and involvement of local community and other stakeholders like officers of Dept.of Railways and Transport,rickshaw pullers,hawkers etc.We also provide monitoring and supervisory support and ensure reporting as per requirements of UPSACS.Last but not the least PATH ensure convergence of activities under Migrant Intervention with HRG TIs in the area.

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.

STREET CHILDREN EDUCATION & REHABILITATION PROGRAMMES:

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. The organization has done .

The organization took positive steps in implementing street children education programme in Lucknow, Bareilly and Varanasi. The target children were provided the guidance and counseling for their livelihood skills so as to improve their power of communication, self respect and developing positive attitude towards life. A group of street children and rag pickers from Railway Station and various localities of the city were chosen as targets. Free books and clothes were distributed after inter active session with them to change their mindset.

PEER EDUCATOR TRAINING:

PATH has also undertaken the onerous task of training of peer educators of FSW's, MSM & IDU's in Dist. Azamgarh in which special emphasis was placed on capacity building of peer educators through lectures, seminars, workshops . They were trained about documentation also. DLN representatives gave presentation during the training period.

POVERTY ERADICATION PROGRAMME :

The organisation has also executed the SECP programme under the Social Welfare Ministry Of U.P. Govt. under the aegis of SUDA . The programme entailed the major objective of poverty eradication in the target Slum areas of identified districts. i.e. Jaunpur & Chandauli & Barabanki, Bahraich. PATH undertook the task of development of slum infrastructure and activities of capacity building of the target population.

