

# Activity Report

**2013-14**

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.

## **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 them and their unborn babies better health.

## **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 elicit 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 service**

## Achievement of Targeted Interventions for the year 2013-2014:

Activity	Apr, 2013	May, 2013	June, 2013	July, 2013	Aug, 2013	Sep, 2013	Oct, 2013	Nov, 2013	Dec, 2013	Jan, 2014	Feb, 2014	March, 2014
	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
Estimate no. of HRG	806	806	806	806	535	535	534	534	534	534	534	534
Contact	758	671	683	644	530	503	501	514	519	523	530	533
Regular Contact	708	631	636	502	528	498	488	503	506	506	530	533
STI Checkup	159	97	159	133	304	256	167	198	134	206	178	120
RMC	122	140	26	134	224	256	167	198	134	206	178	120
PT	111	96	16	78	198	241	7	0	0	0	0	0
Syndromic	0	11	0	0	5	4	13	5	3	2	2	6
Followup	17	17	10	5	6	7	13	5	3	2	2	6
ICTC actual testing	14	17	10	5	6	7	78	135	109	56	65	75
ART Linkage done	369	54	103	124	85	132	0	0	1	0	0	0
Counseling	93	39	97	64	77	96	167	198	134	206	178	120
N/S, Demand / Distribution							2912/2297	3042/321	2987/779	3213/592		
Return of N/S	121	140	103	80	209	187	91%	96%	97%	89%		
Condom Demand / Distribution	3504/2496	3456/2780	3326/2690	3280/2590	2986/2452		11045	10622	10863	10963	11000	10998
Crisis addressed	4926/82.10	5332/85.50	5040/83.77	5337/90.92	4973/91.45		1	0	2	1	1	1
DIC Meeting			Distribution				4	4	4	4	4	4
Community Event		1	addressed			1				1		
Advocacy Meeting	4	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.

### **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 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 offspring i.e. the future of every country is prone to all kinds of infections, disease and malnourishment.

### **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.

### **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, outgoing 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. 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 in 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.

### **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 slum inhabitants.

### **STREET CHILDREN EDUCATION & REHABILITATION PROGRAMMES:**

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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 interactive session with them to change their mindset.

### **CSC VIHAAN PROGRAMME -**

Treatment education for PLHIV provided at CSC Services such as nutrition education, healthy lifestyles, and psychosocial support provided to increase overall treatment success. In addition to one-on-one counselling, support group meetings to support community mobilisation of PLHIV to address specific challenges. Caregivers and family members to be given guidance on home-based care through CSC. Special attention for HRGs (FSWs, MSM, transgenders, hijras and IDUs) to support access and adherence. Service providers trained and provided with periodic feedback on service quality, to ensure responsive services for all PLHIV, including children, women and HRG. Regular coordination between ART centres and CSCs and strategic partner involvement. Early testing and diagnosis encouraged through counselling and peer support. Education and support for SR. Positive prevention and prevention of secondary infections to be part of staff training to educate PLHIV on safer sex and healthy lifestyle. Coordination with Early Infant Diagnosis grant to ensure support to young mothers and families, especially with children living with HIV. Linkages to social entitlements and social welfare schemes for PLHIV. Inter-department meetings to ensure sensitisation and involvement of other line departments in coordination with CDO for accessing social entitlement schemes. Local resource mobilisation by CSCs to ensure that children living with HIV are provided education, nutrition and health support. Work closely with ARTC/DAPCU/ICTC/DTO to organise regular inter-departmental meetings to address stigma as a barrier to treatment for PLHIV. Build strong management capacity of CSCs who are running Vihaan programme. Coordinate with DAPCU/DTO whenever stigma & dis. Sharing Lost to follow-up (LFU) track-out list with ARTC monthly basis. CSC monthly report share with ARTC monthly basis. Deployment of ORW at ARTC for follow-up on rotation basis. CSC (PC/Counsellor) participation in ART

coordination meeting on monthly basis and action taken report sharing with ART/DAPCU/SR/UPSACScrimination related issues ariseCSC will display signboard at ARTC which would be clearly mention address of CSC with services provided by CSCSupport Group meeting organized for PLHIV groups on agreed thematic area by NACO and SACSLFU tacking support system establish with ICTC/PPTCT/DLN/ARTCHaving Identity Card and dresses for CSCs ORW.

### **Link Worker Scheme District Jaunpur And Gonda -**

Create an enabling environment for PLHAs and their families by reducing stigma and discrimination through work with existing community structures/ groups, e.g. Village Health Committees, SHG, PRI, etc. Reach out to HRGs and vulnerable young people (men and women) in rural areas with information, knowledge and skills on STI/HIV prevention and risk reduction. Establish inter linkages between gender, sexuality and HIV and bring into focus factors that enhance vulnerability of young people and women, both in HRGs and the general population. Promote increased and consistent use of condoms to protect against STIs and unwanted pregnancy. Generate awareness and enhance utilization of prevention, care and support programs and services (especially STI, ICTC, PPTCT, ART, DOT and other health services).Facilitate the delivery of youth friendly health and counseling services through existing public health services/service delivery points. Facilitate the reintegration of HRGs into the community and work with families against trafficking of women and children.