

# 2023-2024

# Amar Shaheed Chetana Sansthan

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                         Tehsil – Barhaj , District - Deoria  
                         Pin 274603 ( UP )

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## Nutrition and Pre-schooling program

Project Objective – To provide resource for income generation and access to schools and provision of milk for children.

Organizer- Amar Shaheed Chetana Sansthan ,Vill-Gangevee , Post – Madhuban , Mau

Support – Jiv Daya Foundation

Amar Shaheed Chetna Sansthan Madhuban provides 150 ml. milk and 2 pieces of Parle G biscuits per day to the children Musahar (forest dweller) community of the age group of 06 months to 5 years under the nutrition and Pre Schooling program. The above program is conducted in 5 gram panchayats of 4 blocks of Fatehpur Mandaw, Doharighat, Kopaganj and Ghosi district Mau. The women from the community at designated center in each village carried out nutrition activity daily.

### Objective-

- The objective of the program is to ensure availability of adequate amount of nutrition to the children of the community.
- To develop mind of children, their future become bright, changes in their behavior, lifestyle and speech with daily nutrition and Pre-schooling program among the children.

At the beginning of the program, growth monitoring of all the selected children was done in which their weight, height and photographs were collected.

The work was started in total 05 Gram Panchayats from October 2022.

From April 2023 to 31 March 2024, a total of 53454 children consumed milk and biscuits, after which their growth monitoring was done again after 6 months, in which an increase of 2 to 3 kilograms in the weight of the children was recorded.

S.N.	Village Name	Block	Total Child	Distributions	
				Dress ( Pant Shirts)	Shoes & Socks
01	Nandaur Sidhahilaspur	Fatehpur Mandaw	42	42	42
02	Karaudi Naryanpur	Doharighat	76	76	76
03	Semari Jamalpur	Ghosi	53	53	53

04	Raisa	Kopaganj	50	50	50
05	Mansoorpur	Fatehpur Mandaw	49	49	49
	Total - 05	04 Block	270	270	270

Dress delivery-To bring equality among all the children, the institute distributed dresses, shoes and socks to all the children consuming milk at the milk center.

### Rahat Support Program

Organizer-Amar Saheed Chetana Sansthan , Gangeveer, Madhuban ,Mau

Support - Jiv Daya Foundation

Project Objective- Hunger alleviative initiative & rural poverty eliminating initiative

Amar Saheed Chetna Sansthan Madhuban provide Rahat support to Musahar (forest dweller) community of 5 gram panchayats of 4 blocks of Mau district i.e Fatehpur Mandav, Dohrighat, Kopaganj and Ghosi, whose main source of livelihood was cutting wildwood from their ancestors and selling it in the market. They have been making plates from collecting leaves and selling them in markets and shops, and also hunt wild animals for their livelihood. After this, when the forests and big trees were destroyed and after plastic and other types of sheets were introduced in the market, when their means of livelihood ended, this community started working as labor.

And the labour which lasts only for 3 to 6 months in a year is that of making bricks in the kilns and doing other work in the kiln. Because any ordinary family, after seeing their innocent behavior, lifestyle, eating habits etc. and due to social discrimination, hesitates to give them labor, at their home, even today if we talk about the education of their family members, then it is zero. There has been change in other parts of the society, but social change is still not visible among the people of this community.

During Rahat support program, Information about the economic condition of families was obtained through visits to villages, meetings with them and door to door contact. And after observing their food habits and lifestyle, for immediate assistance to these families.185 families were identified and 25 kg wheat, 25 kg rice and 1 kg salt were distributed door to door.

S.N.	Village Name	Block	No of Beneficiary (Family)
01	Nandaur Sidhahilaspur	Fatehpur Mandaw	25
02	Karaudi Naryanpur	Doharighat	49

03	Semari Jamalpur	Ghosi	35
04	Raisa	Kopaganj	32
05	Mansoorpur	Fatehpur Mandaw	44
		Total	185

## Target Intervention

**District – Ballia**

**Organizer- Amar Shaheed Chetnan Sansthan**

**Support – Uttar Pradesh State Aids control Society, Lucknow**

### 1. Goal and Objectives

#### i. Define the Goal of the Intervention

**Reduction in incidences of HIV/AIDS, IDUs amongst population with high-risk behavior, so as to reduce morbidity, mortality and impact of epidemic in the District Ballia.**

#### ii. Defining the Objectives

- 100% of IDUs, MSM, FSW, HIJRA, HIJRA, HIJRA, HIJRA population in the project area will be reach with services 6 Month.
- 100% of IDUs, MSM, FSW, HIJRA population in district **Ballia** will have accurate information on STD/HIV/AIDS within the period of one year through Behavior Change Communication (BCC).
- 35% of IDUs, MSM, FSW, HIJRA population in district - **Ballia** will have received quality STI care through SCM approach.
- 30 % of the IDUs, MSM, FSW, HIJRA will receive STI care through SCM approach for 1 times in a one year.
- 100% of IDUs, MSM, FSW, HIJRA population in the project area will use condom correctly and consistently.

- 60% of external stakeholders will be involved in project activities during the first year of the project through regular interaction.
- 80% IDUs, will receive fresh needles and syringes for intravenous drug use during the project year.
- 100% of MSM, FSW, HIJRA will receive Condom for intravenous drug use during the project year.
- 25 % of the sites will have core committee.
- To form crisis management committee.

## **2. Brief District profile-**

The origin name of the District Ballia, has been a long matter of dispute. It has been said locally that the word 'Ballia' is derived from the name of the Sage Valmiki. Valmiki Ji is the author of the 'Ramayan' which is the famous religious epic of the Hindu. Another belief about the origin of the name is that it has been derived from the sandy nature of the land of place, locally known as "Ballia" (Balu means sand).

## **The history of need Assessment Area-**

The history of the District Ballia begins from the year 1879. Asif Ud Daula, the Navab warrior of Awadh made a formal session of the sovereignty of the province of Banaras (Varanasi) to the East India Company in 1775. The track was included in the Jamindaari Pratha of the RAJA and Remainder in his actual possession till 1794. When RAJA Mahip Narayan Singh surrendered it control to the Govt. General by the agreement of the month Oct. 27th of that year in 1818. The Pargana of Dowaba, which has been a part of Ballia in District Sahahabad of Bihar, was transferred to revenue subdivision of Ghazipur. Which shortly afterward was separated from Banaras (Varanasi) and become an independent district and the comprised the hole of the Ballia also. In 1832 a redisribucation of territory was made and Pargana Shikanderpur and provably Bhadon wear assigned to Azamgarh and again in 1837. Person of Kopachit and Harid. Where assigned to the some district for some tine no further changes tuck place and the Bllia Tahshil comprising the Ballia, Dowaba and Kharid Pargana formed a sub division of Ghazipur. On Nov. 1st 1879 a new district that of Ballia was Created by adding to the old sub division the Parganas of

Lakhanapar, and Kopachit from the Rasara Tahasil and those of Bagon and Shikanderpur from Tahashil Azamgarh. These Parganas constituted a new Thashil with Headquarters at Rasra. On April 10th 1883, a Tahsil, Bansdih, was formed out of Pargana Kharid and 225 villages of Shikanderpur, to which was given the name of Shikanderpur East. At the same time 212 villages of Kopachit were transferred to Ballia and made into the new Pargana of Kopachit east. On April 1st 1883, a further addition was made by uniting Tappa Dhaka of Paragana Zahurabad with shikanderpur west and a year later on November 18<sup>th</sup>, 13 villages of Lilkhnesar, lying on the right bank of the Saryu and surrounded by some villages of Ghazipur, were given back to that district. The last important changes took place on March 9th, 1892, when 168 villages of Pargana Garh, together with Saraikota of Muhammadabad, were made over to Ballia and included in the Ballia tahsil. This transfer was supplemented in July of the same year by extending the boundary of Garh so as to include the large village of Narainapur and two others. On June 9th 1892 the village of Diara Khawaspur was transferred from Bhojpur in Bihar to Ballia as the Ganga had left it on the bank and on January 9th 1896, a still larger area including the four villages of Bijapura, Sital Patti, Sheopur, and Belsipah, was made over to Ballia from Bhojpur. In 1931, under the deep stream rule, 39 villages of Pargana Ballia, 11 of pargana Dwaba and 15 of Pargana Garga lying on the Banks of the Garga were transferred from Ballia to district Bhojpur of Bihar, when 10 villages were also transferred from District Bhojpur (Bihar) to Ballia.

According to the census of 1991, the population of this District was 22,62,273, in which the Males numbered 11,62,307 and females 10,99,966 giving a sex ratio of 946 females to 1,000 males. The area of District is 3168 sq. kms. According to the area and population, the density of population in the District is 725 per sq. kms.

Ballia District near Gazipur District almost opium field growing. Far this agriculture they have gotten license by the Govt. Near This district opium's intoxication uses in ancient period. But Slowly-Slowly on opium sellers the Govt. has been taken action and arrested them. Habitual persons have been taken intoxication by the help of needle to drugs. Main reason to it that it is easily available and get it few paisa, meanwhile heroin is not available in time. In ballia district intoxication usages last year in 1995 to 2010 is coming. This intoxication is shared in ballia people by Mumbai. Other Type of intoxication has come to see Just like cutting by snake's, To draw the Roasted lizard ashes etc.

### **3. Review of Past 1 Year Work**

After the completion of Project, organization had organized a staff meeting and self appraisal of previous year work was initiated. Besides all above challenges we have achieved almost every target and we can see achievement in the following table –

**FSW, MSM, IDU**

No .	Area	Indicator	Target	Result
1.	Out reach	Estimated No. of HRGs (based on mapping)	300 FSW	• # of 783 FSW Registered. Active population is 343 only. New Registration during Years 41.
			150 TG	• # of 361 TG Registered. Active population is 225 only New Registration during Years 36.
			150 MSM	• # of 306 MSM Registered. Active population is 152 only New Registration during Years 81.
			300 IDU's	• # of 643 IDU's registered. Active population is 343 only New Registration during Years 52.
2.		No. of HRG ever contacted (at least once) with project services.	100 % of the target (As per MOU). 300 FSW	• # of 343 FSW contacted
			100 % of the target (As per MOU). 150 TG	• # of 222 TG contacted
			100 % of the target (As per MOU). 150 MSM	• # of 227 MSM contacted
			100 % of the target (As per MOU). 300 IDU's	• # of 343 IDU's contacted
3.		% Regular contacts (HRG met and given any project services at least twice in a month)	80% for TIs in 3 <sup>rd</sup> year of implementation 240 FSW	• # of 328 FSW regular contact with us.
			80% for TIs in 3 <sup>rd</sup> year of implementation 120 MSM	• # of 149 MSM regular contact with us.
			80% for TIs in 3 <sup>rd</sup> year of implementation 120 TG	• # of 209 TG regular contact with us.

			80% for TIs in 3 <sup>rd</sup> year of implementation  240 IDU,s	<ul style="list-style-type: none"> <li>• # of 325 IDUs regular contact with us.</li> </ul>
4.		% of hotspot sites have updated micro plan	All hotspots have a micro plan updated on quarterly basis	<ul style="list-style-type: none"> <li>• # of 32 hot spots site of FSW have updated in 4 Micro Plan During 3 Month at hotspot level</li> </ul>
			All hotspots have a micro plan updated on quarterly basis	<ul style="list-style-type: none"> <li>• # of 15 hot spots site of MSM have updated in 4 Micro Plan During 3 Month at hotspot level</li> </ul>
			All hotspots have a micro plan updated on quarterly basis	<ul style="list-style-type: none"> <li>• # of 18 hot spots site of TG have updated in 4 Micro Plan During 3 Month at hotspot level</li> </ul>
			All hotspots have a micro plan updated on quarterly basis	<ul style="list-style-type: none"> <li>• # of 42 hot spots site of IDU's have updated in 4 Micro Plan During 3 Month at hotspot level</li> </ul>

5.	NSEP	% of HRG who are injecting daily are provided at least one needle and one syringe every day	100% of injecting daily identified HRG  300 IDUs estimated	<ul style="list-style-type: none"> <li>• # of 99455 syringes and 176430 needle distributed in community for safe injecting.</li> <li>• # of 325 IDUs regular contact for one needle and one syringe but 343 IDUs has been provided NSEP service for this year.</li> <li>• # of 10000 Swab distributed to 343 HRG</li> </ul>
6.		% of needle syringe returned– “needle and syringe exchange rate”	80 % for TIs in 3 <sup>rd</sup> year of implementation	<ul style="list-style-type: none"> <li>• # of 83.87 % needle and syringe returned by HRG.</li> <li>• # of Syringe 109678 &amp; needle 121709 returned against distribution.</li> </ul>
7.	STI	% of HRG visited STI clinic	35 % for TIs in 3 <sup>rd</sup> year of implementation in FSW	<ul style="list-style-type: none"> <li>• # of 19 FSW HRG treated and checkup to syndrome case .</li> </ul>
			35% for TIs in 3 <sup>rd</sup> year of	<ul style="list-style-type: none"> <li>• # of 2 MSM HRG treated and checkup to syndrome case .</li> </ul>



	<b>Care</b>		implementation in MSM	
			35% for TIs in 3 <sup>rd</sup> year of implementation in TG	• # of 3 TG HRG treated and checkup to syndrome case.
			35% for TIs in 3 <sup>rd</sup> year of implementation in IDU's	• # of 7 IDU's HRG treated and checkup to syndrome case .
8.		% of HRG visited STI clinic for RMC	70% for TIs in 3 <sup>rd</sup> year of implementation 140 FSW estimated	• # of 1080 FSW HRG treated and checkup. 1 <sup>st</sup> time 43, 2 <sup>nd</sup> time 78, 3 <sup>rd</sup> time 109, 4 <sup>th</sup> Time 113, Not Tested 0 HRG RMC Don. • # of 579 FSW HRG treated in Govt. DH.
			70% for TIs in 3 <sup>rd</sup> year of implementation 70 MSM estimated	• # of 513 MSM HRG treated and checkup. 1 <sup>st</sup> time 12, 2 <sup>nd</sup> time 56 time 41, 4 <sup>th</sup> Time 43 , Not Tested 20 HRG RMC Don. • # of 268 MSM HRG treated in Govt. DH.
			70% for TIs in 3 <sup>rd</sup> year of implementation 70 TGs estimated	• # of 769 TG HRG treated and checkup. 1 <sup>st</sup> time 34, 2 <sup>nd</sup> time 79, 3 <sup>th</sup> time 54, 4 <sup>th</sup> Time 58, RMC Don. • # of 368 TG HRG treated in Govt. DH.
			70% for TIs in 3 <sup>rd</sup> year of implementation 175 IDUs estimated	• # of 1398 IDU's HRG treated and checkup. 1 <sup>st</sup> time 58, 2 <sup>nd</sup> time 67, 3 <sup>rd</sup> time 103, 4 <sup>th</sup> Time 115, Not Tested 4 HRG RMC Don. • # of 613 IDU's HRG treated in Govt. DH.
9.		% who come for syphilis screening at least once in the year	25% 75 FSW estimated	• # of 564 Time FSW tested. • # of 6 FSW found positive
			25% 38 MSM estimated	• # of 266 Time MSM tested. • # of 0 MSM found positive
			25% 38 TG estimated	• # of 427 Time TG tested. • # of 0 TG found positive
			25% 75 IDUs estimated	• # of 649 Time IDU's tested.
10.		Number of HRG who received abscess management in the month	10 % for TIs in 3 <sup>rd</sup> year of implementation 10 IDUs estimated	• # of 43 IDUs treated for abscess management
11.	<b>Condoms</b>	Percentage of HRG received condom from	100% of estimated demand 117789 approximate	• # of 104101 free condoms distributed in community • # of 0 CSM condoms distributed in community

		Project as per estimated demand	distributed of FSW	
			100% of estimated demand 29423 approximate distributed of MSM	• # of 45733 free condoms distributed in community.
			100% of estimated demand 39503 approximate distributed of TG	• # of 40224 free condoms distributed in community.
			100% of estimated demand 9757 approximate distributed of IDU's	• # of 8734 free condoms distributed in community
12.	<b>Linkages</b>	% of HRG referred twice during the year to ICTC	80% for TI in the 3 <sup>rd</sup> year of intervention 240 HRG estimated	• # of 579 Time FSW referred checkup to ICTC for checkup 100% achievable
			80% for TI in the 3 <sup>rd</sup> year of intervention 120 HRG estimated	• # of 268 Time MSM referred checkup to ICTC for checkup 100% achievable
			80% for TI in the 3 <sup>rd</sup> year of intervention 120 HRG estimated	• # of 368 Time TG referred checkup to ICTC for checkup 100% achievable
			80% for TI in the 3 <sup>rd</sup> year of intervention 240 HRG estimated	• # of 613 IDUs 1 <sup>st</sup> time referred checkup to ICTC for checkup 98% achievable • # of 47 IDU's Already positive.
13.		% of HRG tested twice for HIV at ICTC	60% for TI in the 3 <sup>rd</sup> year of implementation 90 HRG estimated	• # of 579 FSW tested to ICTC. • # of 3 found HIV positive. .
			60% for TI in the 3 <sup>rd</sup> year of implementation 60 HRG estimated	• # of 268 MSM tested to ICTC. • # of 4 found HIV positive.
			60% for TI in the 3 <sup>rd</sup> year of implementation 60 HRG estimated	• # of 368 TG tested to ICTC. • # of 1 found HIV positive.
			60% for TI in the 3 <sup>rd</sup> year	• # of 613 IDUs tested to ICTC.

			of implementation 60 HRG estimated	<ul style="list-style-type: none"> <li>• # of 51 IDU's Already positive.</li> <li>• # of 14 found HIV positive.</li> </ul>
14.		% registered at ART (of those tested positive)	100% 67 IDUs estimated	<ul style="list-style-type: none"> <li>• # of 3 FSW, 4 MSM, 1 TG, 14 IDUs have been registered at ART center.</li> </ul>
15.		% registered at TB/DOTS centers (of those diagnosed)	100% FSW	<ul style="list-style-type: none"> <li>• # of 332 HRG / FSWs have been registered at DOTS center</li> </ul>
			100% MSM	<ul style="list-style-type: none"> <li>• # of 132 HRG / MSM have been registered at DOTS center and 1 HRT Treated.</li> </ul>
			100%TG	<ul style="list-style-type: none"> <li>• # of 231 HRG / TG have been registered at DOTS center</li> </ul>
			100% IDU's	<ul style="list-style-type: none"> <li>• # of 543 HRG / IDUs have been registered at DOTS center.</li> </ul>
16.	Detoxification	% of HRG referred to detoxification	5 % for TI in the 3 <sup>rd</sup> year of implementation	<ul style="list-style-type: none"> <li>• # of 42 IDUs have been follow-up detoxification by TI Counseling.</li> </ul>
17.	<b>Enabling Environment</b>	Crisis management team formed.	20% of violence reported have been addressed- for TI in the 1 <sup>st</sup> year of implementation (FSW)	<ul style="list-style-type: none"> <li>• # of 04 Program Management communities meeting healed with 143 FSW Join at DIC.</li> <li>• # of 12 DIC Management Community meeting healed with 98 FSW Join at DIC.</li> <li>• # of 12 Crisis Community meeting healed with 59 FSW Join at DIC. During the project period 12 crisis solved.</li> </ul>
			20% of violence reported have been addressed- for TI in the 1 <sup>st</sup> year of implementation (MSM)	<ul style="list-style-type: none"> <li>• # of 04 Program Management communities meeting healed with 87 MSM Join at DIC.</li> <li>• # of 12 DIC Management Community meeting healed with 67 MSM Join at DIC.</li> <li>• # of 8 Crisis Community meeting healed with 76 MSM Join at DIC. During the project period 8 crisis solved.</li> </ul>
			20% of violence reported have been addressed- for TI in the 1 <sup>st</sup> year of implementation (TG)	<ul style="list-style-type: none"> <li>• # of 04 Program Management communities meeting healed with 65 TG Join at DIC.</li> <li>• # of 12 DIC Management Community meeting healed with 45 TG Join at DIC.</li> <li>• # of 9 Crisis Community meeting healed</li> </ul>

				with 65 TG Join at DIC. During the project period 9 crisis solved.
			50% of violence reported have been addressed- for TI in the 1 <sup>st</sup> year of implementation (IDU's)	<ul style="list-style-type: none"> <li>• # of 04 Program Management communities meeting healed with 165 IDU's Join at DIC.</li> <li>• # of 12 DIC Management Community meeting healed with 231 IDU's Join at DIC.</li> <li>• # of 21 Crisis Community meeting healed with 87 IDU's Join at DIC. During the project period 21 crisis solved.</li> <li>• # 12 N/S Destroy Community healed with 154 IDU's at DIC.</li> </ul>
			Stack holder Participation in Crisis	<ul style="list-style-type: none"> <li>• # of 04 Program Management , 12 DIC Management, 32 DIC meeting, 26 N/S Destroy 16 Event,50 Crises communities meeting healed with 359 Stack holder at DIC.</li> <li># of 02 Stockholder analysis meeting done with 132 participation.</li> </ul>
			Advocacy	<ul style="list-style-type: none"> <li>• # of 93 FSW, 87 MSM, 74 TG and 143 IDU's participate joined in 30 Advocacy meeting.</li> </ul>
18.	<b>Community Mobilization</b>	% of hotspots where group meetings were organized with at least 10 HRGs.	In 80% of the FSW hotspots group meetings were conducted in	<ul style="list-style-type: none"> <li>• # of 213 participated joined in 189 hot spots groups meeting held in this year.</li> </ul>
			In 80% of the MSM hotspots group meetings were conducted in	<ul style="list-style-type: none"> <li>• # of 102 participated joined in 98 hot spots groups meeting held in this Year.</li> </ul>
			In 80% of the TG hotspots group meetings were conducted in	<ul style="list-style-type: none"> <li>• # of 109 participated joined in 102 hot spots groups meeting held in this Year.</li> </ul>
			In 80% of the IDU's hotspots group meetings were conducted in	<ul style="list-style-type: none"> <li>• # of 214 participated joined in 132 hot spots groups meeting held in this Year.</li> </ul>

19.		Number of meetings/event s held with more than 50% of the HRG	Twice in a year to FSW, MSM, TG and IDU's	<ul style="list-style-type: none"> <li>• # of 03 community event has been done in this Year.</li> <li>• # of 01<sup>st</sup> community held on 26<sup>th</sup> Januray 2022 as Community Meeting at DIC. 2<sup>nd</sup> community event held on 1<sup>rd</sup> Dec. 2021 and 3<sup>rd</sup> is 15<sup>th</sup> August 2021.</li> <li>• # Of 213 FSW, 132 MSM, 102 TG, 260 IDU's and 109 other population join during all 3 Community Event and awarded.</li> </ul>
20.		Meeting at DIC level	Two meetings per month in DIC with 30 – 40 HRGs with FSW, MSM and IDU's	<ul style="list-style-type: none"> <li>• # of 76 MSM, 92 TG and 113 FSW participant join 12 meeting have been held at DIC level.</li> <li>• # of 234 IDU's participant join 12 meeting have been held at DIC level.</li> <li>• # of 21 Staff join all DIC level meeting.</li> </ul>

**Learning:**

- i. How can manage meeting with transporting agencies.
- ii. Conducting meeting at administrative level.
- iii. Basic needs discussion attract them for participating in project activities.

**4. Brief District profile-(What do you proposed to do and what are your strategies for the different aspects)**

In 1865, new district Basti was carved out from Gorakhpur. The latter was further split up in 1946 to form new district Deoria. The third division of Gorakhpur led to the creation of district Mahrajganj in 1989. The ancient Gorakhpur, in addition to modern, comprised the districts of Basti, Deoria, Azamgarh and parts of Nepal tarai. These region, which may be called as Gorakhpur Janpad, had been an important centre of Aryan culture and civilization.

- **LOCATION OF THE PROJECT AREA:** Gorakhpur District of Uttar Pradesh is only 292 km away from the capital city of Lucknow. Spread over an expanse of 3483.8 sq. km. The area is known as Gorakhpur District. It Is located in the State of Uttar Pradesh. Mahrajganj & Shidarthnagar District Borders of the North Side, South by

Mau & Azamghar District East by Deoria & Kushinagar District), West by Santkabir Nagar District.

- **GENERAL INFORMATION:** In the District peoples of different culture linguistics and religion lives together with peace and harmony . They all live together and participate in each other festivals and organization. a Large population Including Hindu & Muslim followers. “Bojpuri is the basic language of the district”

Gorakhpur is a place of immense cultural and religious significance. Every year tourists and apostles of Lad Gorkhnath flock to this holy sanctum where Gautum Buddha attained Mahaparinirvana (salvation).

Agriculture forms Kushinagar’s economic backbone. The district grows sugarcane, paddy, wheat, fruits, and turmeric and also contains a few sugar mills. About 25-30% of the State’s sugarcane need is met with from this area.

With a population of 4,440,895 Gorakhpur has about 2,277,777 males and 2,163,118 females with a sex ration of 961. Around 63.2% of the population belongs to the scheduled castes. Muslims constitute around 61.1% of the population. The Literacy rate is low with a total literacy of 70.8% and female literacy less than 59.4%. There are a total of 11,337 inhabited People and the three major towns being Sewarhi, Padrauna and Gorakhpur.

The proportion of men and women who are aware of HIV-AIDS is 79.2 and 36.1 respectively. In terms of awareness of HIV-AIDS among men Gorakhpur ranks 251 among the 592 districts of India and ranks 405 in terms of the same among women.

As per the HIV Sentinel Surveillance 2006, Gorakhpur has been rated as “HIV Category District: C”. According to NACO, this means: Less than 1% ANC prevalence in all sites during last 3 years with less than 5% in all High Risk Group sites (FSW, MSM and IDU) with known hot spots (Migrants, truckers, large aggregation of factory workers, tourist etc). Category C districts have a great potential for the spread of HIV Epidemic and if sufficient attention is not given, they may progress to Category A according to NACO

For away from Gorakhpur approximately 3 Km Transport Nagar areas is located where monthly long distance truckers comes. Per day there visit numbers are around 500. Near to transport Nagar around 50 miters distance FSW Hotspot is available were the coming outside truckers and Dhaba contact with them which is else dangerous for both of them. For it satisfaction or for joy they go for unprotected relationship and sexual activities chance is more. So they risk chance for both of them like HIV, AIDS, STI and Hep-c is more. This infected transmitted to other people. So there is surely need of awareness and extra ordinary work on this topic like HIV/AIDS/STI and Hep-c for them

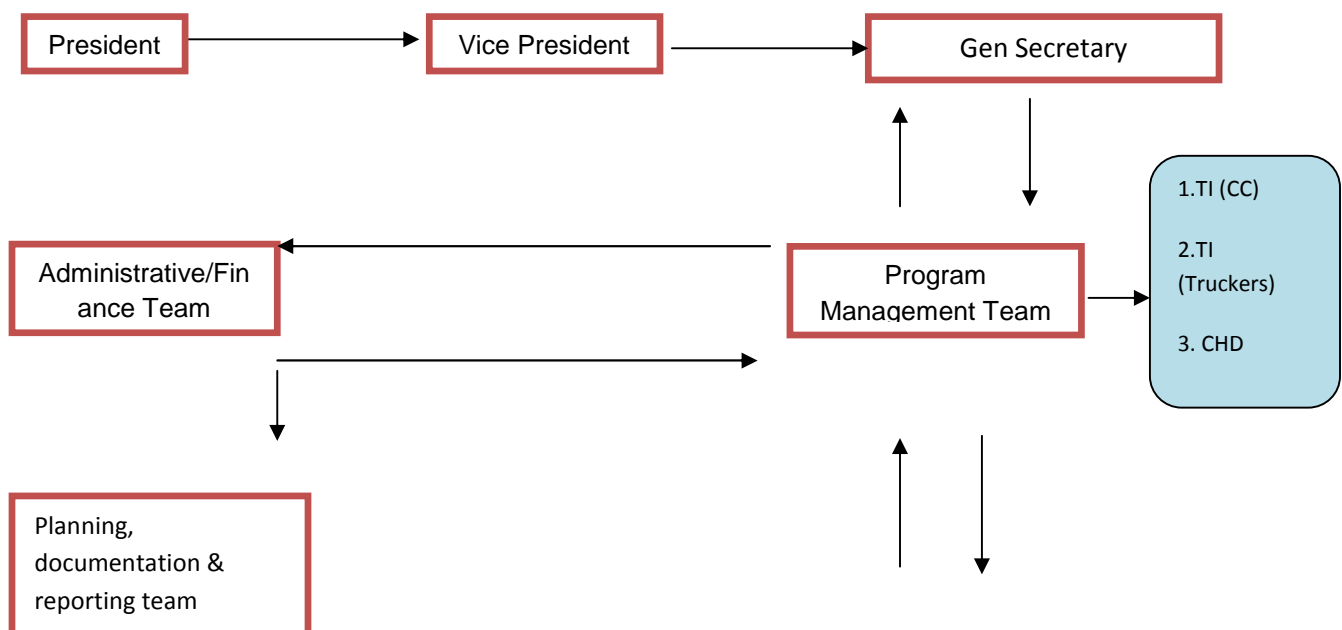
Organization is running TI Project at Ballia district from 2008. So Organization has long experiences and can run project very systematically and smoothly. So the organization has a capacity to work in a other district without any problem.

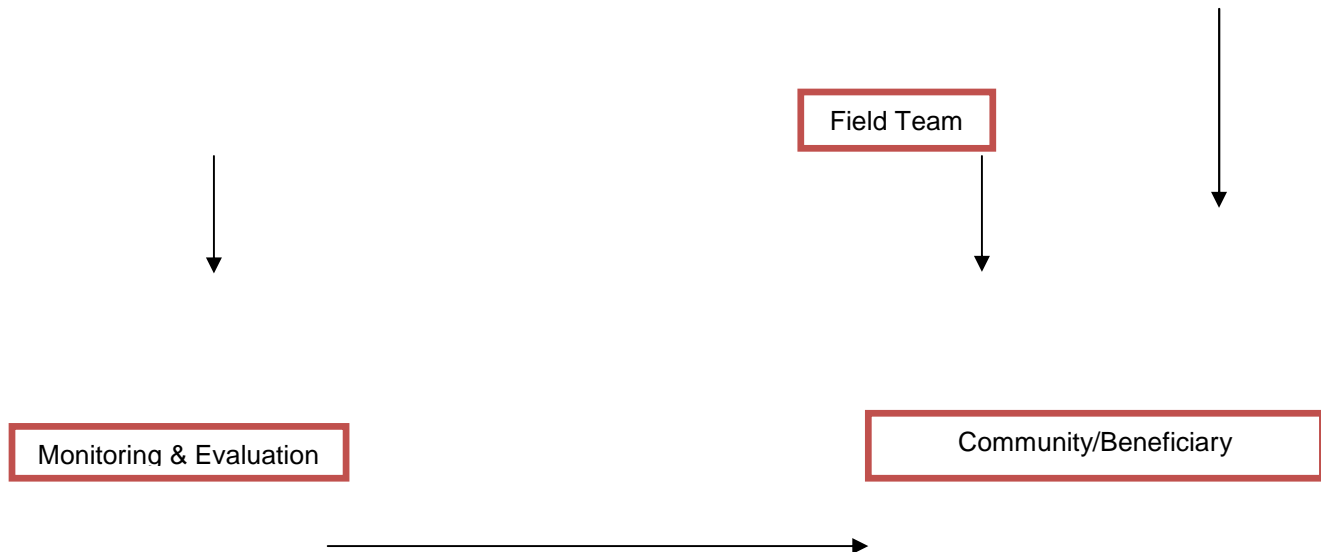
- **Strategies :**

- 1- Out reach
- 2- STI Care.
- 3- Condom Promotion.
- 4- STI Services.
- 5- Enabling Environment
- 6- Behavior Change Communication

## 5. Organizational Analysis-

The organization consists Board of members. President, Vice President, Secretary are the major posts of the organization. The board meets regularly on quarterly basis. Besides playing advisory role in the organization, the board members are also involved with thematic area of the organization. The board members having expertise in different field of activities such as Research studies, Education, Health, Vocational/skill development training, Agriculture development and various other Social development activities. As per the program need the board members provide ongoing feedbacks & support for the successful implementation of the programs.





The Project Management and project co-ordinator is responsible for the overall implementation of project deliverables including off and on field supervision of other project staff, organizing awareness activities, networking and liaising with stakeholders and reporting.

Different staff cadres have attended trainings/ orientations on data triangulation, management information systems MIS, program management and monitoring formats, counseling etc at various occasions during this project period. The project has conducted informal induction/ orientation trainings especially the hands-on induction trainings for the staff. Documentation of all trainings received by various staff cadre are recorded in the training registers and were available for verification.

Organizational Analysis can better be understood through **SWOT** Analysis which is as under :-

**Strength:**

- 1) We have loyal and skilled staff having Master degree in Sociology & Public Health. In addition, they have more than 8 years working experience in NRHM, Linkages of Health services / educational program. They are our real strength.
- 2) our 24 years past experience on Public Health Issues and Women welfare schemes is the key strength itself.
- 3) We believe in doing the task with the participation of various stakeholders, local bodies and government departments. True participation may lead to more effective results in completion of given task.



### **Weakness:**

- 1) Our major weakness is lacking of permanent Funds (capital).
- 2) Another constraint is training of few newly appointed staff.

### **Opportunity:**

- 1) we always generate a 'can-do' attitude, feel the impact of our work, and take pride in knowing we can make a difference. This attitude always makes many opportunity for us.
- 2) Few recent projects which can be viewed as recognition of our opportunity are the one's funded by, UPSACS / NACO, ALIANS India, Lucknow, etc.

### **Threat:**

- 1) One of biggest threat is the presence of various competitors (NGOs, CBOs etc) in the UP state
- 2) Sudden change in government policies also create a threat.

consistently in past 24 years, the organization has strengthen its capacity & expertise with the implementation of major awareness programs and activities pertaining to the empowerment of women and child, RCH, HIV/AIDS, poverty alleviation and other developmental issues. For the future too, the Amar Shaheed Chetana Sansthan has made its plan of action and strategy to make all the interventions successful and a sustainable one.

## **5. Goal and Objectives**

### **iii. Define the Goal of the Intervention**

**Reduction in incidences of HIV/AIDS, Truckers amongst population with high-risk behavior, so as to reduce morbidity, mortality and impact of epidemic in the District Gorakhpur.**

### **iv. Defining the Objectives**

- 100% of Truckers population in the project area will be reach within 1 year.
- 100% of Truckers population in district **Gorakhpur** will have accurate information on STD/HIV/AIDS within the period of one year through Behavior Change Communication (BCC).

- 35% of Truckers population in district - **Gorakhpur** will have received quality STI care through SCM approach.
- 30 % of the Truckers will receive STI care through SCM approach for 1 time in a one year.
- 100% of Truckers population in the project area will use condom correctly and consistently.
- 60% of external stakeholders will be involved in project activities during the first year of the project through regular interaction.
- 100% of Truckers will receive Condom for intravenous drug use during the project year.
- 25 % of the sites will have core committee.
- To form crisis management committee.