

Annual Report 2015-16



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Message from the Director

It is my great honor to share with you the Annual Report 2015-16. This report comes to you with pride, as it is a collection of our most significant accomplishments and our most special stories from the past year. In the financial 2015-16 IMPART has reached out to thousands more children in partnership with Save the Children and moved a few steps closer to realizing its vision of seeing that all children in India, irrespective of their background, receive an excellent health education that enables them to reach their potential and transform themselves, their communities, and their country.

Influencing policies, and programs in favor of impoverished has been the guiding principle of IMPART. The objectives of imparting awareness, combined with creation, dissemination and application of knowledge, are being met in an integrated manner.

We in IMPART fosters and nurtures communities capable of making difference in their own lives through empowerment. IMPART's perspective and strong community linkage contribute to bringing best practices to sustainable development, through training programs as well as action research and consulting. IMPART has consistently focused on designing participatory learning and capacity building initiatives, driven by our strong community interface. In order to fulfill its mission in new and powerful ways, each member of IMPART strives to achieve excellence in every endeavor of sustainable development.

In the financial year nutrition, health and health determinants related interventions have been in greater focus. These interventions includes District Asha Resource Center, HRIDAYA and targeted intervention (TI) project to prevent HIV-AIDS, Rural Drinking Water, and Micro Insurance, Training and Capacity Building of Aganwadi Workers under AWTC and stop diarrhea initiatives in partnership with Save The Children.

Thank you all for your continued support on our journey and expect your ongoing support and contribution to build up this beautiful institution.

Sincerely,
Siddhartha

About the Institute: IMPART

In the year 1995 Dr. Mahendra Kumar Mishra founded IMPART with his vision of committed social services for upliftment of rural and urban communities in selected areas of U.P and Uttarakhand. IMPART is a registered under Societies Registration Act 21, 1860, FCRA, 12 A & 80G of IT Act. IMPART has been actively engaged in facilitating safe drinking water, environmental sanitation, community health services, women empowerment, income-generating activities and agriculture development etc., through capacity building and participation of SHGs, PRIs and communities in district Agra, Saharanpur, Haridwar and Udham Singh Nagar of Uttarakhand and U.P with a special focus on women and children.

Till now IMPART has implemented various projects in selected areas of Uttarakhand and Uttar Pradesh, some of them are Adolescent Reproductive Sexual Health (ARSH), HRIDAYA, Targeted Intervention (TI), U. P. Rural Water Supply and Environmental Sanitation (SWAJAL) Project, Joint Forest Management Project, U.P. Diversified Agriculture Support Project, Sector Reform (Jal Nidhi) Project, Sector Reform (Swajal) Project, Capacity Building Projects for other NGO and village level institutions capacity building of Panchayati Raj Institutions of Uttarakhand, State level Seminar and Exposure visits on Production Technique of Kharif Vegetables, The Micronutrient Program, National Environmental Awareness Campaign, Bio-mass assessment project, Uttarakhand Mahila Utthan Pariyajana, Study on Rural Water Supply and Consumption, U.P and Uttarakhand. IMPART has been designated as mother NGO for reproductive and child health, District ASHA Resource Center , Asha Worker Training and Adolescent Reproductive Sexual Health (ARSH) since 2008 and implementing Targeted Intervention Project, Sector Program, ICDS Training (District level Anganwadi Training Center), Swaran Jayanti Gram Swarojgar Yojana, Total Sanitation Campaign, and Micro insurance etc. in selected district of Uttarakhand and U.P, Stop Diarrhea initiatives with **Save the Children**.

Mission:

IMPART's mission is to act as a catalyst to facilitate sustainable improvement in the quality of life of vulnerable communities especially, the women and children.

Vision:

Develop and manage IMPART as centre of excellence; contributing significantly in urban and rural development.

Objectives:

- Promote equal opportunity to all
- Undertake and implement development projects in field of health, education, natural resource management through facilitation and capacity building.
- Create social awareness among rural and urban communities on environmental pollution, community health, HIV-AIDs and other communicable diseases, women rights and various rural development programme of Govt. of India.

- Promote agricultural, environmental and technical innovation in view of social welfare and national interest.
- To select, test, adopt and diffuse the appropriate agricultural technology for agriculture production and promote subsidiary enterprises such as sericulture, mushroom cultivation, agro forestry etc.,
- To make women (the back-bone of society) and child (the future of society) empowered.
- To give active support to government run programs e.g. family welfare, child development, women development, health, income generating activities, etc. to bring about an all round development of the rural or tribal communities.
- Facilitate sustainable improvement in the quality of life of disadvantaged communities specially women and children.
- Promote all kinds of arts e.g. dance, singing, theatre, fine arts, films, photography.
- Use artistic medium to reach people and create awareness through dramas, stage shows and documentary films.
- Provide consultancy to GOs, other NGOs, CBOs, and PRIs etc.

Area of Focus:

- Integrated Child development & Nutrition
- Reproductive and Child Health
- RTI/ STI – HIV AIDS
- Training and Capacity Building
- Women Empowerment & Gender
- Water and Sanitation
- Poverty eradication
- Agriculture Development
- Art, Culture, Drama, Theater and Film making

Headquarter & Administration:

IMPART headquarter is located at Kishanpur, Haldwani Bypass Road, Kichha, District Udham Singh Nagar. It lies 14 km east of Rudrapur city, the district Headquarter of Udham Singh Nagar (Uttarakhand). IMPART has been working in district Nainital, Udham Singh Nagar, Haridwar (Uttarakhand), Agra, and Saharanpur, (Uttar Pradesh).

Organizational Structure:

The institute constituted an Advisory Committee consisting of renowned scientists and sociologist. Apart from this, the institute has an Executive Committee for effective coordination of its programmes. The institute has various sections equipped with competent staff members, headed by experts of the relevant subject.

Financial Management:

The accounts of the funds received and expenditure incurred are maintained properly and audited every year by Chartered Accountant.

Our Donors/ Partners:

- Save the Children
- Uttarakhand Academy of Administration, Nainital
- The World Bank for assisting SWAJAL, JFM and Sector Reform program
- Department of Health and Family Welfare, Government of Uttarakhand & NRHM
- Department of Integrated Child Development Services (ICDS), Government of Uttarakhand
- UPDASP, the World Bank Assisted program
- NEDA
- National Horticultural Research and Development Foundation, New Delhi.
- Department of Panchayati Raj
- Ministry of Forest and Environment, GoI
- Alliance India
- NCAER, New Delhi
- MOST India/ USAID

Project Wise Report

Partnership with Save the Children: Stop Diarrhea Initiatives

Save the Children is a leading NGO and child rights organisation. As of 2015, it works in 18 states in India. Started in 2008 in India, and registered as '**Bal Raksha Bharat**', Save the Children has since changed lives of more than 6.1 million. In 2015, we reached 13.47 lakh children and 1.39 lakh children and adults during emergencies such as natural disaster or humanitarian crisis.

Every child deserves the best chance for a bright future. That's why Save the Children is fiercely committed to ensuring



children not only survive, but thrive. Bold in our ambition and powerful in its care, Save the



Children do whatever it takes to save the world's children.

In India and around the world, Save the Children is on the ground – every day and in times of crisis. Our pioneering programmes address children's unique needs, giving them a healthy start, the opportunity to learn and protection from harm. When crisis strikes, Save the Children always amongst the first to

respond and the last to leave. Save the children is an outspoken champion for children, ensuring their voices are heard and their issues are given top priority. Drawing on a century of leading

expertise, Save the Children take on the toughest challenges facing the hardest-to-reach children – especially those unfairly excluded from the world's progress.

Save the Children is the world's leading expert on children, delivering lasting results for millions of vulnerable girls and boys. By saving the world's children, Save the Children transform their lives and the future we share.

Save the Children works for and with children, it works for equality, equal education, equal nutrition, equal health, equal opportunities, gender equality, humanitarian situations and relief during natural disasters.

Save the Children's core focuses apart from working on the ground is Advocacy and influencing policy. Save the Children believe that unless they continuously work with Government, National and International bodies to raise issues that need resolution or policies that need change, their work will not be complete.

Save the Children spends funds collected where it is most needed, by spending in programmes across India that help improve the health and education situation of children as well as take them out of child labour, child marriage, child pregnancies, abuse and emergency situations.

Save the children believe that if there is one fund in which Indians should donate, it is Save the Children. Save the Children has a strong base of over 115000 individual supporters who donate money; it has 35 corporate and 38 Institutional supporters. But there remains a huge gap between funds required and funds available, therefore we urge you do donate whatever you can. More donations mean, a better future for more children and thereby a better future for India. Below are some markers of the current situation that Save the Children is fighting.

Save the Children is registered as 'Bal Raksha Bharat' in India under the Societies Registration Act, 1860. All donations made to Save the Children are tax exempted under section 80G of the Income Tax Act, 1961.

Project Progress: Stop Diarrhoea Initiatives

In this financial year IMPART has implemented stop diarrhoea initiative program in partnership



with Save the Children in Sitarganj block of Udham Singh Nagar. This year 10 Gram Panchayat of Sitarganj i.e. Shadhunagar, Tukari, Bitchwa, Barkidandi, Gidhor, Salmata, Dohara Anjaniya, Gotha Baruabagh, and Pipliya were adopted under the program. Brief Progress of the program is as follows:

- In month of March 2016 district has focused on

campaign for Community and Service provider level awareness on the benefit of ORS and complete course of Zinc in case of diarrhea.



- Organized social mobilisation events around World Water Day in the intervention area and covered 10 GPs of 39 villages
- In this month organized 03 mega meeting for ODF status & Facilitate communities to apply for NGP to

attain certified.

- In this month Facilitate water quality monitoring and surveillance covered 10 GPs of 39 villages. Water testing (Chemical & Biological) 197 hand pump with the help of Swachhatadoot & community health volunteers in monitoring of district project management unit Swajal P.M. 1 sample of every of every G.P. water testing by Jalsansthana.
- We have completed training of routine immunisation and strengthen village level micro plan with the help of WHO SMO .Training of nurses and community health workers on breast feeding practices at the delivery points in district hospital J.L.N Rudrapur with the help of District hospital manager. Conduct training of trainers for NGO partners on CHV training on child-friendly and participatory approaches, 7 point plan, and diarrhoea prevention and control (including hand washing with soap, and referrals to health service provider) with the help of DMAI Resource persons
- We have completed the all remaining hardware activities.

2- Key Achievements

- 1- One G.P Baruabag certified ODF status
- 2- 03 existing community toilet user groups and toile management



committee self manage motor pump and bore well in community toilet & sustained maintenance of community managed toilets

3- Water testing of 197 hand pump.

4- Study among communities mapping as vulnerable to seasonal diarrhoea in Sitarganj block.



The Study used qualitative methods and focused aged 0 – 5 year's child from BPL/Antodaya /ST/SC communities - HTR areas/river banks, PRA with community

to map seasonal out breaks for the purpose of this study. The participants involved in the study comprised. Used FGDs and community mapping exercises to obtain the perspectives of

mother's. The FGD focused on the Diarrhoea experiences of mothers in the study community and related risk and protective factors. During the community mapping exercise, participants drew a map of their village. Community mapping and FGD with one category of participants were



completed over the course of two hours a day. A total 4 FGD exercises were conducted in Sirarganj block, Udham Singh Nagar

- 5- Organized 8 G.P. level campaign for Community and Service provider level awareness on

ओ०आर०एस पर डेमो करते हुये



the benefit of ORS and complete course of Zinc in case of diarrhea & 01 block level mega event. 152 male, 669 female 230 children participate in this campaign

- 6- Organized block level culmination event on world water Day 2016 on 22 March 2016 In this event PRI's, ABDO,

Gram Pradhan, Swachhatadoot, community health volunteer participated in this event.

- 7- SDI team participate in district level mega event which is organize by 10 T.I. NGOs with the

help of Uttarakhand state AIDS Control society. In this event SDI team have a stall for awareness on the benefit of ORS and complete course of Zinc in case of diarrhoea, In this event participate as a chairperson SmtDiptibaisya ADM U.S.Nagar. CMO U.S.Nagar, DTO U.S.Nagar,

श्री मेहन्द्र जी
Save the children
समुदाय को
संबोधित करते
हुये की स्टॉप
डायरिया से
कैसे लड़ा जा
सके



DD T.I. Uttarakhand state AIDS Control society, Team leader TSU Uttarakhand state & other Govt officer's present & above 500 people participate in this event.

- 8- Organized 03 mega meeting for ODF status & Facilitate communities to apply for NGP to attain certified. 68 male & 184 female participate in this meeting.
- 9- 10 big dustbin distribute in 10 primary school In our intervention area.

10-10 Demonstration of ORS preparation at the community level to the mothers/caregivers during VHNDs and immunisation days. Total beneficiaries 336 attended.



11-03 Demonstration of ORS preparation at the facility level to the mothers/caregivers at the PHC/CHC. Total beneficiaries 177 attended.

12-10 Meeting organised for Support and supervise WASH cadre to facilitate understanding and provide counselling to the community on safe water handling

practices, water quality issues, sanitation related issues and hygiene behaviour. Total 177 beneficiaries counselled in meetings.

13-05 Meeting for Support and build capacity of existing user groups in sustained maintenance of community managed toilets. Total 135 member participated in this meetings

14- Construction work of 20 individual toilet, 5 CMT, 6 non-functional hand pump Rehabilitate, 05 school toilets Rehabilitate & 03 pilots child friendly school sanitary block has been Constructed with hand wash system.

15- Organizing one day routine immunisation micro planning workshop for CHC Sitarganj ANM. 37 participant has participated in this training

16- Organizing one day training of staff nurses and community health workers on breast feeding practices at the delivery points in District hospital. 22 participant has participated in training



- 17- Conducted two day training of trainers for NGO partners on CHV training on child-friendly and participatory approaches, 7 point plan, and diarrhoea prevention and control (including hand washing with soap, and referrals to health service provider) 32 participant has participated in this training.

3- Challenges and Key Learnings

- 1- Selection of existing non-functional bore wells, hand pumps to Rehabilitate



- 2- To complete Hardware related all construction work



1. Next Steps

- To Start base line survey in next G.P
- In month of Dec.15 district has focused on hardware activity and initiated construction work



as 2 community managed toilet, 4 school toilet rehabilitation, 3 hand pump rehabilitation and 5 individual toilet out of them 5 individual toilet and 4 school toilet has been completed and CMT will be completed till 10-15 January.

- Our priority for the month of Jan.16 will be to start the all rest hardware activity and educational

campaign on safe water as well as on district level coordination and meeting and DWSC meeting

- Discussion with CDO Udham Singh Nagar district team has decided to make at least three ODF village within this financial year.

- After discussion with health department block level routine immunisation microplanning has been finalised and proposed on 28rdJan.16
- We have completed training of SN/AN on IYCF , training of ANM/SN on counselling of mothers/care givers breast feeding with the help of health department and one batch of hand pump mechanic and masons and one batch training of Paraprofessional .



• **Key Achievements**

- 12 meeting conducted on Hygiene education to mother on safe disposal of child faeces and promoting hand washing with soap. Total 374(M-29, F-345) beneficiaries has participated
- 02 meeting organized in 03 G.P. to Facilitate communities to apply for NGP to attain certified ODF status total 328 (145male & 183 female) people has participated.
- 3 mother to mother support group meeting organise total 75 female and 1 male participant



attended this session

- 10 Counselling sessions on breastfeeding practices during VHND's by ANM/ AWW conducted. total 237 female beneficiaries participated this meeting
- 6 Demonstration of ORS preparations at the community level to the mothers / caregivers during VHND and RI day conducted. Total beneficiaries 140 (9 male & 131 female) attended.
- 10 Demonstration of ORS preparation at the facility level to the mothers/caregivers at the PHC/CHC and Sub enters conducted. In (29 male & 208 female) participated.
- 13 Meeting organised for Support and supervise WASH cadre to facilitate understanding and provide counselling to the community on safe water handling practices, water quality issues, sanitation related issues and hygiene behaviour. Total 264(M-122, F-142) beneficiaries counselled in meetings.

- 6 Support monthly meetings organised for Support of Mothers' groups led by AWWs to address the 7 point plan of Diarrhoea Prevention & Control. 121 female and 13 male has participated.
- 01 Orientation session of school teacher, SMC and student has been conducted and in this meeting 126 people participated
- 06 CCHCs on health & hygiene practices for diarrhoea prevention and control through drawing competition. 119 children participated,
- 05 meeting to build capacity and sensitize VHSC / VHNC committees on roles and responsibility in Diarrhoea Prevention and Control including importance of ODF village has been organised. Total 96 (50 male & 56 female) people were participated.



- 06 Meeting conducted for VHSCs / VHSNCs to contribute to prepare and present village plans at GP level during meeting 131 (43 male & 88 female) were participated
- 08 SMC members to ensure inclusion of WASH issues in their regular meeting agenda, SDP development and school monitoring mechanism meeting conducted. Total SMC 88 member



participated in this meetings (Male-41, Female-47)

- Construction work of 5 individual toilet, 2 CMT, 4 School's toilet rehabilitation and 3 and pump rehabilitation has been initiated
- One batch of hand pump mechanic and masons training completed. 32 participant has participated in this training

- 1 batch of training of SN/ANM on counselling of mothers/ care givers on breast feeding has been completed -31 participant



- 1 batch training of SN/ANM on IYCF (BPNI module) from delivery point and other ANM of block has been completed – 39 Participant
- One batch training of paraprofessional

on 7 point has been conducted. 19 (Male-15, Female-4) participant were participated in this training.

- Order for procurement of Water monitoring test kit has been placed and delivery of the same is expected till 10 Jan.16
- Guideline of Ten steps of successful breast feeding display has been ready and to be displayed by 6 Jan.16

• **Challenges and Key Learnings**

- Land for community managed toilet
- Less stock of ORS at block level that is affecting the ORS preparation demonstration.
- Next Steps

- Hardware related all construction work to be start in Jan month
- RI microplanning at block level is proposed on 28 Jan.15
- Rehabilitation of 10 hand pump
- Follow up with CDO and PM SWAJAL for nomination as membership in DWSC.



- Block level Coordination meeting among the government is proposed on 18 Jan.16
- Kits for CCHCs to provide and implementation in community

- Educational campaign for safe water to be start

KPI		TARGET									BENEFICIARY					
List of Activities		No . of units	S													
			A pr	M ay	Ju n	J ul	A ug	Se p	O ct	No v	D ec	Ja n	Fe b	M ar	Tot al	Varia nce
Output 1.1 Access to quality diarrhoea prevention and treatment services for at least 80% households in target locations by the end of the programme																
1.1.2	Establish new or revitalised water and sanitation committees in nine locations (rural and urban)	1	0	0	0	0	0	0	0	0	0	0	1	0	1	0
1.1.3	Rehabilitate existing non-functional bore wells, hand pumps and other ground water sources	15	0	0	0	0	0	0	0	0	2	1	1	2	6	9
1.1.4	Facilitate water quality monitoring and surveillance	10	0	0	0	0	0	0	0	0	10	0	0	0	10	0
1.1.5	Train laboratory technicians and community workers on water quality monitoring	2	0	0	0	0	0	0	0	0	0	1	1	0	2	0
1.1.6	Conduct educational campaign on safe water, treatment, chlorination and water handling	2	0	0	0	0	0	0	0	0	0	2	0	0	2	0
Output 1.2: Access to adequate sanitation increased for at least 80% households in target locations by the end of the programme																
1.2.2	Construct pilot latrines in targeted communities	5	0	0	0	0	0	0	0	0	2	2	1	0	5	0
1.2.3	Construct pilots child friendly school sanitary blocks	2	0	0	0	0	0	0	0	0	0	1	0	2	3	-1
1.2.4	Rehabilitation of school toilets in urban and rural schools	5	0	0	0	0	0	0	0	0	4	0	0	1	5	0
1.2.5	Construct pilot latrines for the most marginalised and disable communities	20	0	0	0	0	0	0	0	0	5	10	5	0	20	0
1.2.7	Hygiene education for mother on safe disposal of child faeces and promoting handwashing with soap	45	0	0	0	0	0	0	0	12	12	12	9	0	45	0

1.2.8	Facilitate communities to apply for NGP to attain certified ODF status	11	0	0	0	0	0	0	0	2	3	0	3	3	11	0
Output 1.3: Knowledge, skills and practices of facility and community workers improved on diarrhoea prevention and treatment in target locations by the end of the programme																
1.3.1	Identify and train a cadre of paraprofessionals	60	0	0	0	0	0	20	0	20	20	0	0	0	60	0
1.3.2	Conduct annual training for local engineers on operation and maintenance of community WASH facilities	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
1.3.3	Conduct training of hand pump mechanics and masons at block level	2	0	0	0	0	0	0	1	0	1	0	0	0	2	0
1.3.4	Conduct training for district/block government staff on improvement of WASH services	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
1.3.5	Engage with the Govt. counterparts at State, District and Block level for training, advocacy and handholding	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Output 1.4: Access and utilisation of immunisation (rotavirus, measles) and Vitamin A supplementation services and breast feeding increased to at least 90% by the end of the programme																
1.4.1	Develop community-based networks by forming mother to mother support group	30	0	0	0	3	6	4	4	5	3	2	3	0	30	0
1.4.2	Counselling sessions on breastfeeding practices during VHND's by ANM/ AWW	80	0	0	0	8	10	14	10	12	10	10	6	0	80	0
1.4.3	Strengthen routine immunisation and strengthen village level micro plan	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0
1.4.4	Community mobilisation with support from frontline workers	1	0	0	0	0	0	0	0	1	0	0	0	0	1	0
1.4.5	Support district H&FWD on effective planning and implementation of outreach immunisation activities	2	0	0	0	0	0	0	0	0	1	0	0	0	1	1
1.4.6	Support Health Family Welfare Department to develop innovative and improvised solutions for effective supply chain, such as alternate vaccine delivery mechanisms	12	0	0	0	0	0	0	0	1	1	5	0	0	7	5

	engaging local transporters in hard to reach areas.															
1.4.7	Improving knowledge and skills of health service providers through training on IYCF	1	0	0	0	0	0	0	0	0	1	0	0	0	1	0
1.4.8	Implement the "Ten steps to successful breastfeeding" models at all facilities at district and block level	1	0	0	0	0	0	0	0	0	1	0	0	0	1	0
1.4.9	Training of nurses and community health workers on breast feeding practices at the delivery points	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0
1.4.10	Capacity building of the ANM for counselling of the mothers/caregivers	1	0	0	0	0	0	0	0	0	1	0	0	0	1	0
1.4.11	System strengthening redressed and referral mechanisms in case of adverse events following immunisation at all levels	1	0	0	0	0	0	0	0	0	0	1	0	0	1	0
1.4.12	Sensitisation of private medical practitioners on prescribing zinc and ORS in case of diarrhoea	1	0	0	0	0	0	0	0	0	0	1	0	0	1	0
1.4.13	Counselling sessions on breastfeeding practices during VHND's by ANM/ AWW to antenatal and postnatal	1	0	0	0	0	0	0	0	1	0	0	0	0	1	0
Output 1.5: Access and utilisation of ORS and Zinc increased to at least 80% of children with diarrhoea in the target areas by the end of the programme																
1.5.1	Create preparedness among communities mapped as vulnerable to seasonal diarrhoeal outbreaks	1	0	0	0	0	0	0	0	0	0	1	0	1	2	-1
1.5.2	Demonstration of ORS preparation at the community level to the mothers/caregivers during VHNDs and immunisation days.	80	0	0	0	0	0	0	3	16	6	20	20	10	75	5
1.5.3	Demonstration of ORS preparation at the facility level to the mothers/caregivers at the PHC/CHC and district hospital	40	0	0	0	0	0	0	0	7	10	8	4	3	32	8

1.5.6	District level campaign for Community and Service provider level awareness on the benefit of ORS and complete course of Zinc in case of diarrhoea	2	0	0	0	1	0	0	0	0	0	0	0	1	2	0
Output 2.1: Community awareness, knowledge and practices on diarrhoea prevention and control improved for at least 80 % households																
2.1.1	Support and supervise WASH cadre to facilitate understanding and provide counselling to the community on safe water handling practices, water quality issues, sanitation related issues and hygiene behaviour	120	0	0	0	12	12	10	10	16	13	10	10	10	103	17
2.1.6	Organise social mobilisation events around IDCF, HW Day, World Toilet Day, World Water Day in collaboration with identified agency	3	0	0	0	0	0	0	1	1	0	0	0	1	3	0
2.1.8	Conduct training for NGO partner on participatory community mobilisation and community score card to be used with User Groups, Youth Clubs and Mother's Groups (with technical support from local partner if appropriate)	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0
2.1.9	Orientation of ICDS supervisors on participatory approaches used in mother's groups	1	0	0	0	0	0	0	1	0	0	0	0	0	1	0
2.1.10	Support monthly meetings of Mothers' groups led by AWWs to address the 7 point plan of Diarrhoea Prevention & Control	60	0	0	0	6	12	8	4	10	6	9	5	0	60	0
2.1.11	Support exchange of experiences meeting between Women's Groups, User Groups, Youth Clubs, and CHHCs on VHNDs to review successes, challenges and lessons and ways forward in community efforts for	1	0	0	0	0	0	0	0	0	0	1	0	0	1	0

	diarrhoea prevention and control																
Output 2.2 Effective participation of children as change agents for diarrhoea prevention and control increased in at least 80% of villages in target urban and rural locations increased																	
2.2.1	Develop/procure CHHC kits (stationery, games, balls, puppets, etc.) and hygiene kits (soap, portable hand washing facility) for schools	10	0	0	0	0	0	0	0	0	0	0	0	10	0	10	0
2.2.3	Conduct training of trainers for NGO partners on CHV training on child-friendly and participatory approaches, 7 point plan, and diarrhoea prevention and control (including hand washing with soap, and referrals to health service provider	2	0	0	0	0	0	0	0	0	0	0	0	2	2	2	0
2.2.4	Conduct training of CHVs on child-friendly and participatory approaches, 7 point plan, and diarrhoea prevention and control	2	0	0	0	0	0	0	1	0	0	0	0	1	2	2	0
2.2.5	Conduct orientation sessions at school level for SMCs, teachers and children on 7 point plan, and diarrhoea prevention and control	10	0	0	0	0	3	2	2	0	1	0	2	0	10	10	0
2.2.7	Support BEO to organise an annual get-together for cluster of children's clubs for learning, sharing, reflecting – transportation, refreshments, games, using DoE/DoH venue; clubs conduct annual self-appraisals, reviewing, scoring and	1	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0

	ranking against other clubs' performance and presentations and award for best school health cabinet															
2.2.8	Support CCHCs in communities to implement poster/quiz competition / street theatre on health & hygiene practices for diarrhoea prevention and control	30	0	0	0	0	0	5	3	6	6	5	5	0	30	0
Output 3.1: National, state level strategic framework and implementation plan for diarrhoea prevention and control around the 7 point plan are developed, resourced and operationalised Sand scaled up at all levels enhanced by the end of the programme																
3.1.1	Train WASH committee members on WASH accountability issues using specific modules	1	0	0	0	0	0	0	0	0	0	0	1	0	1	0
3.1.2	Conduct quarterly advocacy meeting with CCDU and WSSO to ensure accountability at their ends (for rural locations).	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4
3.1.3	Conduct quarterly meeting with DWSC and VWSC at district and village level respectively (for rural locations)	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4
3.1.5	Conduct quarterly meeting with the Ministry of Education at National/state level to ensure that every school has separate toilets for boys and girls with hand washing facilities and soap	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4
3.1.6	Conduct meeting with Ministry of Health and family welfare at National/state level to ensure better supply chain of ORS and Zinc	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Output 3.2: Provincial and district institutional capacity strengthened for effective diarrhoea prevention and control																
3.2.2	Set up TAG at state level and ensure that they adopt the strategic framework on 7 point plan in their advocacy plans	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3
3.2.4	Quarterly coordination meeting amongst all stakeholders at block and	4	0	0	0	0	0	0	0	0	0	2	0	0	2	2

	district level															
Output 3.3: Community structures are functional and strengthened to influence planning and decision making at all levels of governance																
3.3.1	Conduct functionality assessments of VHSCs / VHSNCs	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
3.3.2	Build capacity and sensitize VHSC / VHNC committees on roles and responsibility in Diarrhoea Prevention and Control including importance of ODF villages (as per government guidelines)	10	0	0	0	0	0	0	0	5	5	0	0	0	10	0
3.3.3	Support VHSCs / VHSNCs to contribute to prepare and present village plans at GP level	30	0	0	0	0	0	6	6	4	6	4	4	0	30	0
3.3.4	Facilitate inter-sector (both government and non-government) communication between Health, Nutrition, Education and WASH, and support annual planning and decision making processes, and adequate resource allocation at block and Municipal Corporation level through NGO partner	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
3.3.6	Printing of pamphlets / wall paintings to display and disseminate entitlements on Health and WASH, what community members can complain or feedback on, the system of redressed, and the helpline number	45	0	0	0	0	0	0	0	0	0	0	0	33	33	12
3.3.7	Support and build capacity of existing user groups in sustained maintenance of community managed toilets	20	0	0	0	0	0	0	0	0	4	3	5	5	17	3
3.3.8	Facilitate quarterly meetings of SMC members to ensure inclusion of WASH issues in their regular meeting agenda, SDP development and school	40	0	0	0	0	0	6	5	4	8	9	8	0	40	0

	monitoring mechanism.															
Output 3.4: Use of systematic evidence and quality assurance mechanisms to inform decision making and planning increased																
3.4.12	Technical support from individual consultants	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2

भोजन से पूर्व हाथ धुलाई



पिपलिया गाँव, इस परिवार ने समुदाय शौचालय के लिए अपनी ज़मीन दान की



शोचालय बनाओ, जिंदगी बचाओ





स्टॉप डायरिया इनिशिएटिव में समुदाय की भागीदारी
पंचायत पिपलिया.....सितारगंज

2. District ASHA Resource Center (DARC): Partnership with NRHM

Since 2005 Government of India has been implementing National Rural Health Mission to carry out necessary architectural correction in the basic health care delivery system. The Mission adopts a synergistic approach by relating health to determinants of good health viz. segments of nutrition, sanitation, hygiene and safe drinking water. It also aims at mainstreaming the Indian systems of medicine to facilitate health care. The Plan of Action includes increasing public expenditure on health, reducing regional imbalance in health infrastructure, pooling resources, integration of organizational structures, optimization of health manpower, decentralization and district management of health programmes, community participation and ownership of assets, induction of management and financial personnel into district health system, and operationalizing community health centers into functional hospitals meeting Indian Public Health Standards in each Block of the Country. The Goal of the Mission is to improve the availability and access to quality health care by people, especially for those residing in rural areas, the poor, women and children.

Goals:

- Universal access to public health services such as Women's health, child health, water, sanitation & hygiene, immunization, and Nutrition.
- Reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR)
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases
- Access to integrated comprehensive primary healthcare
- Population stabilization, gender and demographic balance

Mission:

- Its aims to trained ASHA on public health
- She will be capable to facilitate preparation and implementation of the Village Health
- Plan alongwith Anganwadi worker, ANM, functionaries of other Departments, and Self Help Group members, under the leadership of the Village Health Committee of the Panchayat
- She will be trained to use Drug Kit containing generic AYUSH and allopathic formulations for common ailments.

Activities:

- Establish District ASHA resource centre and act as mentor for the ASHAs of the district
- Conducted baseline survey on sample basis (based on identified RCH indicators) related to ASHAs.
- Identified gaps in the trainings being imparted to ASHAs and provided feed back to SARC and District CMO/District Nodal officer and liaison with district health system for capacity building of ASHAs.
- Worked as technical/training resource centre in the district.
- Made coordination with PHC/CHC/district health system regarding information related to ASHAs.

- Conducted interaction with ASHAs through meeting/FGD/interview at CHC/PHC/SC level.
- Organized DARC Mentoring Committee meeting to ensure mentoring mechanism on 6 month interval.
- Conducted end line survey.
- Developed/adopted and disseminated IEC material.
- Organized workshop(s) for selected ASHAs.
- Celebrated village health and nutrition day by ASHAs in their respective villages.
- Imparted training to ASHA worker on 5th module
- Participated in every monthly meeting organized by CMO office and quarterly meeting by HIHT, state Asha Resource Center
- Established linkages and coordination between health and ICDS functionaries.

Asha Workers' Training and Capacity Building:

During the FY – 2015-16 following training and capacity building program were conducted under the DARC.

Measoprostol Training

Sl	Name of the Block	ASHA training Description			AF Training Description		
		No. of Asha	No. of trained ASHA	Untrained ASHA	Total AF	Trained AF	Untrained AF
1	Khatima	189	183	6	11	11	&
2	Sitarganj	176	175	1	10	10	&
3	Rudrapur	268	265	3	17	16	01
4	Gadarpur	127	125	2	07	07	-
5	Bajpur	146	144	2	07	07	-
6	Kashipur	183	168	15	11	11	-
7	Jaspur	146	137	9	09	09	-
	Total	1235	1197	38	72	71	01

Training on Drug kit

Sl	Name of the Block	ASHA training Description			AF Training Description		
		No. of Asha	No. of trained ASHA	Untrained ASHA	Total AF	Trained AF	Untrained AF
1	Khatima	189	175	14	11	09	2
2	Sitarganj	176	169	7	10	10	-
3	Rudrapur	268	267	1	17	16	01
4	Gadarpur	127	123	4	07	07	-
5	Bajpur	146	140	6	07	07	-
6	Kashipur	183	176	7	11	11	-
7	Jaspur	146	144	2	09	09	-
	Total	1235	1194	41	72	69	03

Training on RBSK

Sl	Name of the Block	ASHA training Description			AF Training Description		
		No. of Asha	No. of trained ASHA			No. of Asha	No. of trained ASHA
1	Khatima	189	187	2	11	11	-
2	Sitarganj	176	173	3	10	10	-
3	Rudrapur	268	264	4	17	16	01
4	Gadarpur	127	121	6	07	07	-
5	Bajpur	146	135	11	07	07	-
6	Kashipur	183	180	3	11	11	-
7	Jaspur	146	143	3	09	09	-
	Total	1235	1203	32	72	71	1

Training on HBNC

Sl	Name of the Block	ASHA training Description			AF Training Description		
		No. of Asha	No. of trained ASHA			No. of Asha	No. of trained ASHA
1	Khatima	189	187	2	11	11	-
2	Sitarganj	176	174	2	10	10	-
3	Rudrapur	268	266	2	17	16	01
4	Gadarpur	127	121	6	07	07	-
5	Bajpur	146	143	3	07	07	-
6	Kashipur	183	178	5	11	11	-
7	Jaspur	146	144	2	09	09	-
	Total	1235	1213	22	72	71	-



ASHA SAMMELAN under NRHM:

Under NRHM there are various activities has been carried out by District Asha Resource Centre (DARC),



IMPART, US Nagar. These activities mainly focus on training, capacity building, supportive supervision monitoring and motivational support to ASHA worker working at cutting edge. ASHA Sammelan is one of the activities to motivate the Asha worker for greater contribution to bring up maternal and child health indicators.

In continuation, IMPART Udham Singh Nagar, Uttarakhand celebrated 8th March 2014 (International Women's Day) as ASHA Sammelan. The objectives of Asha Sammelan were

as follows:

- Develop healthy competition amongst the ASHA workers
- Motivate Asha Workers
- Experience sharing amongst the ASHA workers

This event was participated by 233 Asha workers alongwith the functionaries of NRHM, health department and IMPART, including Patron, Smt. Indera Mishra. The Chief Guest CMO US Nagar, inaugurated the event. In his inaugural speech the CMO appreciated the efforts of ASHA workers in improving maternal and child health indicators in Udham Singh Nagar.



district. At the end of the event, certificates and token prizes were distributed to excellent contributors (ASHA workers) jointly by CMO, Smt Indira Mishra and functionaries of NRHM, and IMPART. Subsequent to this, vote of thanks was given by the Secretary Smt. Indira Mishra.



3. ICDS Training Program: District Level Anganwadi Training Centre (AWTC): An Introduction

IMPART has been working as district level training centre (AWTC) for ICDS department since 2003. The Integrated Child Development Services (ICDS) Scheme was conceived in 1975 with an integrated delivery package of early childhood services so that their synergistic effect could take full advantage. The Scheme aims to improve the nutritional and health status of vulnerable groups including pre-school children, pregnant women and nursing mothers through providing a package of services including supplementary nutrition, pre-school education, immunization, health check-up, referral services and nutrition & health education. In addition, the Scheme envisages effective convergence of inter-sectoral services in the anganwadi centres. ICDS Scheme represents one of the world's largest and most unique programmes for early childhood development. ICDS is the foremost symbol of India's commitment to its children – India's response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other.

Objectives of scheme are:

- To improve the nutritional and health status of pre-school children in the age-group of 0-6 years;
- To lay the foundation of proper psychological development of the child;
- To reduce the incidence of mortality, morbidity, malnutrition and school drop-out;
- To achieve effective coordination of policy and implementation amongst the various departments to promote child development; and
- To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

To achieve the above objectives, the ICDS aims at providing a package of services, consisting of

- Supplementary Nutrition;
- Immunization;
- Health Check-up;
- Referral Services;
- Non-formal Pre-school Education; and
- Nutrition & Health Education.

IMPART is working as an District Level Anganwadi Training Center (DLTC) for district Udham Singh Nagar and Nainital. The training programme of ICDS functionaries is being concurrently run to ensure the efficient delivery of services.

Objectives:

To build up the capacity of ICDS grass root level functionaries to ensure efficient delivery of services

Participants:

Anganwadi worker and helper of ICDS department of district Udham Singh Nagar & Nainital.

Activities:

There are three types of training program for AWW and two types for AWH i.e. induction, on the job and refresher training. The training duration and module was decided by NIPCCD.

Training center imparted training as per guideline issued by the department of women empowerment. The following subject covered under the training program:

- Situation of women & children in India
- Infrastructure of ICDS
- Social issues concerning children & women
- Program and policies for development of children and women
- Status of girl child and meena initiative
- Women empowerment through self help group
- Setting up an AWC
- Role and job responsibilities of Health & ICDS functionaries
- Communication & counseling skills
- Early childhood care and development
- Nutrition & Health
- Communication, advocacy and community participation
- Organization and management
- Management of an anganwadi center
- Supervised practice
- Evaluation and concluding

S.N.	Name of Training	AWW Trained	AWH Trained
1	Job Training	301	-
Total		301	

Impact:

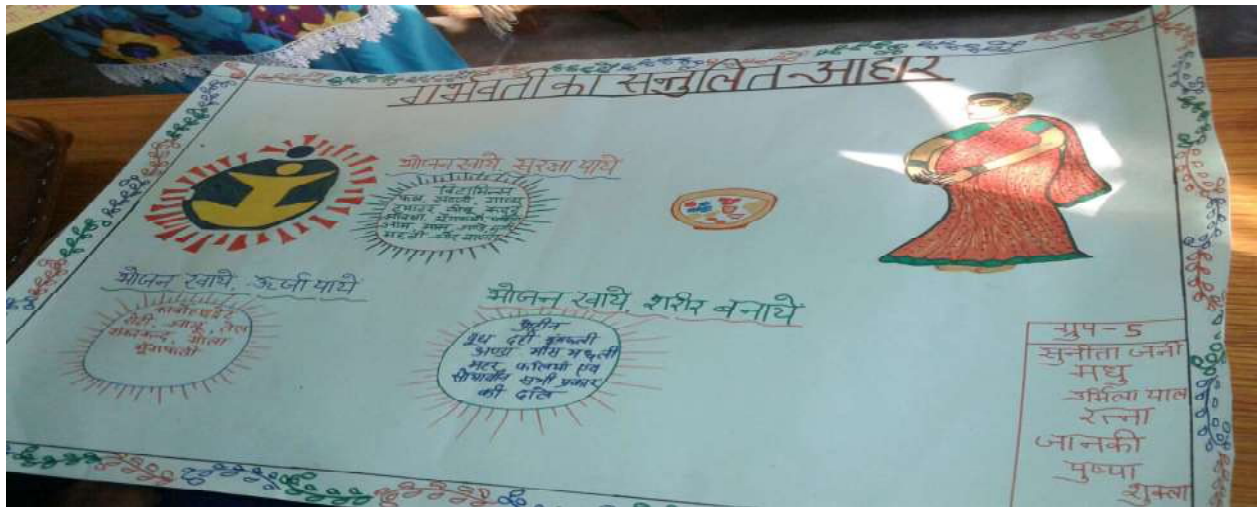
In order to evaluate the entry behavior of the participants they were pre evaluated and then after completing training post evaluation exercises has been conducted. There has been major change found in knowledge, skill and attitude of the participants.

Monitoring:

Training program has been monitored by District Program Officer and their representatives.









Kishori Shakti Yojna (KSY):

Kishori Shakti Yojana (KSY) seeks to empower adolescent girls, so as to enable them to take charge of their lives. It is viewed as a holistic initiative for the development of adolescent girls. The programme through its interventions aims at bringing about a difference in the lives of the adolescent girls. It seeks to provide them with an opportunity to realize their full potential.

This scheme is a redesign of the already existing Adolescent Girls (AG) Scheme being implemented as a component under the centrally sponsored Integrated Child Development Services (ICDS) Scheme. The new scheme dramatically extends the coverage of the earlier scheme with significant content enrichment, strengthens the training component, particularly in skill development, aspects aimed at empowerment and enhanced self-perception. It also fosters convergence with other sectoral programmes, addressing the interrelated needs of adolescent girls and women.

Objective: The broad objectives of the Scheme are to improve the nutritional, health and development status of adolescent girls, promote awareness of health, hygiene, nutrition and family care, link them to opportunities for learning life skills, going back to school, help them gain a better understanding of their social environment and take initiatives to become productive members of the society.

Coverage: Total no. of blocks in the country: 6118

Number of blocks covered under KSY: 6118

Target Group Adolescent Girls (11-18 yrs.)

Infrastructural facilities Existing ICDS infrastructure

Financial Norms Rs. 1.10 lakh per ICDS project per annum

No.	Name Of Scheme	Kishori Shakti Yojna
1	When Did the scheme commence	Keshori shakti yojana was implemented in I.C.D.S. blocks since 16-2-2001
2	Purpose of the scheme	Improvement in nutrition and health among adolescents of 11 to 18 Years. They shall be given know ledge of earning from home industries. They should be given knowledge on health, cleanliness nutrition, family welfare, responsibilities of the house, child realign. They may be get married after 18 years.
3	Informed on the scheme	To give supplementary nutrition to adolescents of 11 to 18 years. They are given training in home industries for financial earning. They may be provided I.F.A. tablets in every Wednesday.
4	Who may avail benefit of the scheme? Who should be contacted? Give details	Adolescents from 11 to 18 year are given benefit of the scheme. Anganwadi female workers of anganwadi centre may be contacted for if. According to the target of the state govt. 10 adolescents are given benefit per anganwadi.
5	Eligibility of the beneficiary	Unmarried adolescents from 11 to 18 years below poverty line are given benefit of the scheme.

The earlier adolescent girls scheme has now been modified as various baseline surveys clearly reveal that the health, nutrition, education and social status of adolescent girls are at sub-optimal level. The surveys also reveal that the adolescent girls do not have adequate access to vital health and nutrition information/Services/Programmes aimed at improving the nutritional and health status of adolescent girls and promoting self-development, awareness of health, hygiene, nutrition, family welfare and management. It is well recognized, that these programmes when provided, could significantly improve the health and nutritional status of women and children and promote the decision making capabilities of women. There has also been persistent demand from the State Governments/UT Administrations on the urgent need to provide cover of ICDS to adolescent girls in all the ICDS Projects. In view of this, a need has been felt to extend the coverage of the scheme with content enrichment, strengthen the training component particularly in vocational aspects aimed at empowerment & enhanced self perception and bring about convergence with other programmes of similar nature of education, rural development, employment and health sectors. Accordingly, now revised guidelines have been given to State Governments/UT Administration for implementation of AG scheme as a component of ICDS Scheme by renaming the scheme as Kishori Shakti Yojna in all 35 ICDS Projects.

The objectives of the scheme are as follows:

- To improve the nutritional and health status of girls in the age group of 11-18 years.
- To provide the required literacy and innumeracy skills through the non-formal stream of education, to stimulate a desire for more social exposure and knowledge and to help them improve their decision making capabilities.
- To train and equip the adolescent girls to improve/upgrade home-based and vocational skills.
- To promote awareness of health, hygiene, nutrition and family welfare, home management and child care, and to take all measure as to facilitate their marrying only after attaining the age of 18 years and if possible, even later,
- To gain a better understanding of their environment related social issues and the impact on their lives and
- To encourage adolescent girls to initiate various activities to be productive and useful members of the society.
- Thus, all adolescent girls in the age group of 11-18 years will receive the following common services:-
- Educational activities through non-formal & functioned literacy pattern.
- Immunization
- A general health check up every six months
- Treatment for minor ailments
- De worming
- Prophylaxis measures against anemia, goiter, vitamin deficiencies etc.
- Referral to PHC/District Hospital in the case of acute need

- Convergence with Reproductive Child Health Scheme.

All unmarried adolescent girls in the age group of 11-18 years and belonging to families whose income is below Rs.6400/- per annum in the rural areas will be eligible to receive additional services under the scheme.

GIRL TO GIRL APPROACH (FOR GIRLS IN THE AGE GROUP OF 11-15 YEARS)

In each selected Anganwari area 2 girls in the age group of 11-15 years will be identified. These adolescent girls would be provided with a meal on the same scale of the pregnant women or nursing mother namely one that would provide 500 calories of energy and 20 gms. of protein. The 2 girls so identified are to receive in service training at the Anganwari from the worker and supervisor over a period of six months to become fully equipped individuals, capable of managing the center on their own, so as to fully realize the objectives in all aspects, of the Anganwari worker, including management of stores, the organization of the feeding programme, immunization schedules, weightment of children, home visits, pre-school activities etc.

BALIKA MANDAL (FOR GIRLS IN THE AGE GROUP 15-18 YEARS)

While it is essential to concentrate on the adolescent girls from the earliest stages i.e. from 11 years onward, the crucial age from the point of view of her transformation to adulthood starts from the time she nears 15 years. Thus scheme has more focus on social and mental development of girls mainly in the age group 15-18 years. Special emphasis would be laid to motivate and involve the uneducated groups belonging to this age group in non-formal education and improvement and up gradation of home based skills.

PERIOD OF ACTIVE ENROLLMENT

The need is to provide non-formal education, develop literacy skills and improve the home based skills among adolescent girls. The period of an adolescent girls active enrollment in the Balika Mandal would vary from the one adolescent girl to another, depending upon her previous educational background, her power to grasp, her possessions of a home based skill and allied factors. For the purpose of calculating the financial requirement, however, it is presumed that, on an average, an adolescent girl may be active in a Balika Mandal for a period of six months with an average attendance of about 20 adolescent girls, each Balika Mandal may cater to about 40 adolescent girls in a year.

OBJECTIVES

The objectives are to make the adolescent girl understand and learn the significance of personal hygiene, environmental sanitation, nutrition, home nursing, first aid, health and nutrition education, family life, child care and development etc., apart from the facilities for recreation and entertainment. In addition, efforts have to be made to improve and upgrade home based skills popular in trades or having potential, in the local areas.

FOCAL POINT

The existing Anganwarai center is to be used for the activities of the Balika Mandal as well, if that center does not have adequate space, efforts would be made to enlarge the center, or to have separate accommodation with the community's contribution wherever practicable, or with assistance under the Development of Women and Child in Rural Areas, Jawahar Rozgar Yojna etc. Timings of Balika Mandal are other than those of anganwari and are decided as per convenience of the adolescent girls.

The scheme for adolescent girls was put into operation w.e.f. 1st November, 1991. Now the scheme has been renamed as Kishori Shakti Yojna. As no separate budget is available and nutrition is to be provided from the State Sector, the beneficiaries are provided supplementary nutrition through ICDS under the Supplementary Nutrition Programme.

In NCT of Delhi, 3 rural projects have been selected for implementing the scheme which are as under with number of anganwaris in each ICDS/Projects. 1. Kanjhawala - 113 Anganwari 2. Mehrauli - 150 Anganwari 3. Alipur - 115 Anganwari

From the current financial year, this scheme will implement in all 35 ICDS projects. There is a physical target of 8800 beneficiaries to be covered under this programme. It is proposed to provide supplementary nutrition @ Rs.2.20/- per day from the Plan Funds.

Kishori Shakti Yojan at IMPART, Udham Singh Nagar, UK

This training was conducted for adolescent girls of Rudrapur block of US Nagar, in which 20 girls from different villages participated in two separate set of training program i.e. first one is orientation training on health, personal hygiene, sanitation, life skills education. This was a six days training course. Subsequent to this the selected girls undergone for 15 days professional training on beautician, in which they learnt several beautician tips and hands on experience and finally become good beauticians; who can resume the course as their profession.

4. Sector Program: SWAp (Drinking Water and Sanitation)

Government of India has launched reforms in the water supply and sanitation sector and as a part of the reforms initiative, demand responsive, community-centered programmes. The basic principle of the reforms is of community participation in the planning, implementation, operation and maintenance in the water supply and sanitation schemes, of its preference and affordability. The programmes implemented in a demand responsive manner, where the community is the forefront of decision making process.

Objectives:

To improve the effectiveness of rural water supply and sanitation services through decentralization and increased role of PRIs and local communities in the state of Uttarakhand. The project is also expected to bring associated benefits, including improved health resulting from reduced water borne diseases, environmental sustainability through protection and management of water catchments areas and well being of the rural population, especially women through time saving in fetching water and community development activities. From a low water supply service coverage estimate of 50% , the program envisages achieving 72% coverage of the rural population by the end of the project. The target beneficiaries are about 20% of the 6.4 million rural populations that live in habitation categorized as NC or PC.

Haridwar:

Under SWAp Programme Planning of Water Supply Scheme is now completed and implementation phase has started in village Sunhara (Roorkey Block), Jaisawala (Baghdadabad Block), and Sharkhere Shajahanpur (Bhagwanpur Block).

Impact:

- Demand responsive approach adopted by the community.
- Full participation of the communities by involving them in the market survey, implementation, control of finances, and management arrangements of the drinking water schemes.
- Full ownership of community on drinking water assets.
- Operation and Maintenance of the water supply schemes and collection of tariff decided by the Panchayats/committee/communities.
- Behavioral changes regarding use of drinking water, health and hygiene.

Monitoring:

The program was monitored by the organization and DPMU, seeing their records, MPR, regular visits and timely reporting to DIA.

5. Micro Insurance: Partnership with LIC

Introduction: LIC offered micro insurance policy named Jeevan Madhur for poor and marginalized people living in rural and urban areas. The policy aims to insured those people who are unable to purchase a policy of big amount. This policy is very convenient in respect of minimum premium and easy installment.

Objectives: To motivate the poor people to get insured.

Beneficiaries:

Needy member of all communities

Activities: IMPART selected by LIC, Haldwani division for selling of micro insurance policy among needy community. Two motivator of IMPART get trained by LIC office. IMPART insured 3000 men and women of Rudrapur block. As of now 44 insured people has received death claims.

Monitoring: The insurance program was monitored by LIC office, Haldwani division.

6. Targeted Intervention (TI) Project:

According to UNAIDS the overall number of people with HIV infection India has an estimated very heavy count of HIV/AIDS infections, nearly 6 million, second largest in the world after Sub-Saharan Africa. United Nations population division projects that India's adult HIV prevalence shall peak at 1.9% in 2019. UN estimates that there were 2.7 million AIDS deaths in India between 1980 and 2000. During 2000-15 it projects 12.3 million AIDS deaths and 49.5 million deaths during 2015-2050. A 2002 report from CIA's National Intelligence Council predicts 20 to 25 million AIDS cases in India by 2010, more than any other country in the world. The number of HIV cases in India is difficult to determine and the subject of ongoing controversy as current estimates are based solely on sentinel surveillance conducted by public sites. Country has no national information system to collect HIV testing information from the private sector, which provides 80% of healthcare in India.

The disease threatens to outgrow to unmanageable proportions if not checked in time. From urban to rural and back to cities it is spreading very fast and sooner we shall be the first country, or perhaps have already become so, to be having the largest population affected by this endemic. Situation is alarming as women population in reproductive age group is generally above one third of total population of any state. In case of this hilly state Uttarakhand, problem is compounded by the fact that its 80% population in reproductive age groups is rural settlers, mostly ignorant about the causes of the disease and the ways to protect them. The targeted intervention aims at minimize the further spread of HIV/AIDS/STD/STI infections and maximize the awareness about HIV/AIDS prevention and healthy behaviors by intervening through BCC, among Female Sex Workers (FSWs), Street Children, Men Having Sex with Men (MSM) and Injecting Drug Users (IDUs).

Goal of TI Program:

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



Objectives of TI program:

- To extend outreach services with 100% of population.
- To provide BCC services 100 % community for safer sex practices and safe injecting practice.
- To prevent and cure STIs among 100% of targeted population.
- To ensure 100 % HIV testing of HRG two time in a year.
- To ensure 100 % HRG will be counseled in every quarter.
- To promote safer sex practices among 100% HRG population.
- To create enabling environment among all stakeholders at project area of TI project.
- To establish linkages with care and support services for PLHA among target population.
- To mobilize HRG community for developing ownership.

Referrals and Linkages:

- Establishment linkages with DOTs/ ICTC/ ART/ CCC / DLN.
- Referrals to ICTC/ART/DOTs/CCC/DLN
- Follow-up.
- Linkages with other concerned Govt. departments

Monitoring and Evaluation:

The program was monitored by program manager, TSU, USACS and Project Director. Regular visits by PO, received valuable feedback for betterment of the project.





TI IMPART MONTHLY ACHIEVEMENT 15-16														Total Acheive ment
	MONTH	Apr -15	May -15	Jun- 15	Jul- 15	Aug -15	Sep- 15	Oct- 15	Nov -15	Dec- 15	Jan- 16	Feb- 16	Mar- 16	
S N	INDICATO RS													
1	TOTAL REG HRGs	41 1	41 3	41 8	42 1	42 0	44 6	44 8	45 1	44 7	44 7	43 9	434	434
2	TOTAL ACTIVE HRGs	41 1	41 3	41 8	42 1	42 0	44 6	44 8	45 1	44 7	44 7	43 9	434	434
3	REGULAR HRGs	37 7	37 9	36 9	37 1	36 4	38 4	38 8	39 7	38 9	39 5	39 4	397	397
4	NON REGULAR HRGs	34	34	37	49	55	1	60	54	58	42	45	37	58
5	NEW REG. HRGs	4	2	3	0	21	9	3	3	4	4	0	3	56
6	DROP-OUT HRGs	2	0	0	1	1	4	1	0	8	4	8	3	32
7	20 DAYS NSEP	32 9	32 7	33 4	31 9	31 8	31 8	28 9	30 9	30 7	28 8	28 3	281	19
8	NO. OF 1-1 CONTACT BY PE	64 53	74 13	75 32	63 48	58 92	63 08	62 96	65 80	64 77	64 34	64 82	6541	78756
9	NO. OF 1- GROUP BY PE	14 37	57 4	65 2	12 14	15 52	11 27	10 94	86 3	86 4	90 1	72 8	754	11760
10	SERVICE HRGs	38 0	38 5	36 4	38 1	37 4	39 5	40 2	40 4	40 7	40 5	40 3	405	4705
11	NO. OF HOT SPOT MEETING S	4	4	4	4	4	4	4	4	4	4	4	4	48
12	NO.OF PEER MEETING S	4	4	4	4	4	4	4	4	4	4	4	4	48
13	PARTICIP ANT(PEER MEETING S)	26	27	23	24	25	30	27	28	29	31	21	24	315
14	DIC MEETING S	2	2	2	2	2	2	2	2	2	2	2	24	46

15	PARTICIP ENT DIC MEETING S	42	34	43	49	39	4	44	47	43	46	47	46	484
16	DIC ATTENDE NCE	13 1	13 2	12 9	10 4	13 5	11 3	10 8	12 3	11 9	14 1	14 9	116	1500
17	TARGET COUNSEL LING	11	18 7	18 0	15 1	18 0	13 7	14 0	17 0	16 0	13 0	15 9	162	1767
18	TOTAL COUNSEL LING	14 8	18 7	16 1	14 7	17 6	12 7	13 7	15 2	15 2	12 8	14 5	139	1799
19	COUNSEL LING IN FIELD	64	62	62	42	70	37	32	46	90	33	17	30	585
20	COUNSEL LING IN DIC	44	51	42	48	29	50	37	43	52	70	47	29	542
21	COUNSEL LING IN CLINIC	40	74	67	57	77	40	68	63	10	55	81	80	712
22	SEXUALL Y ACTIVE HRGS s	21 6	21 6	21 8	20 8	20 9	22 6	21 8	21 8	21 8	21 9	21 8	218	2602
23	CONDOM DEMAND	13 56	13 56	13 20	14 44	14 44	15 20	15 24	15 24	15 24	15 88	15 76	1588	17764
24	FREE CONDOM DIST.	12 80	12 93	12 83	12 72	67 6	75 3	14 21	14 47	14 30	14 82	14 92	1526	15355
25	SMC CONDOM DIST.	33 5	26 5	20 0	0	36 0	37 8	30 0	22 0	27 0	13 2	0	360	2820
26	OUTLET DIST.	24 0	36 0	34 0	85	0	39 0	37 9	28 0	0	32 0	57 0	0	2964
27	NO. OF HRGs GET CONDOM AS PER DEMAND	20 0	19 9	19 7	0	10 1	19 0	20 7	20 1	20 9	19 5	19 6	210	2105
28	CLINIC VISIT TARGET	14 4	20 6	12 2	10 3	18 8	15 8	14 5	17 9	16 9	12 5	14 1	154	1834
29	CLINIC ATTENDE NCE	10 4	17 7	11 1	96	15 5	11 4	13 8	13 7	15 0	11 1	13 5	133	1561

30	RMC	10 4	17 7	11 1	96	15 5	11 4	13 8	13 7	15 0	11 1	13 5	133	1561
31	STI (CASE FOLLOW UP)	0	0	0	0	1	0	0	0	0	0	0	0	1
32	ICTC TARGET	97	72	66	14 5	14 3	13 5	11 7	18 0	16 4	10 6	76	52	1353
33	REFFERA L	70	64	61	93	10 9	92	68	82	10 2	89	73	51	954
34	HIV TESTED	46	45	49	42	70	68	5	66	91	84	70	49	685
35	HIV POSITIVE THIS MONTH	1	0	0	0	0	1	0	2	2	2	0	0	8
36	CUMULAT IVE PLUS HIV	55	55	55	55	55	56	56	58	60	62	62	62	691
37	ART LINK	1	0	0	0	0	0	0	2	3	3	1	0	10
38	TOTAL ART LINK	40	41	41	41	41	41	41	43	46	49	50	50	524
39	CD-4 TARGET	13	11	13	13	14	20	22	23	20	12	11	9	181
40	CD-4 ACHIEVE D	2	1	0	1	0	3	0	4	8	1	2	0	22
41	ON ART	11	11	11	11	11	11	11	11	11	9	9	0	117
42	VDRL TARGET	20 9	32 7	33 3	24 5	12 9	62	7	72	15 1	15 2	15 2	42	1881
43	VDRL TESTED	0	65	12 5	13 3	75	35	5	36	10 7	79	14 6	36	842
44	VDRL REACTIVE	0	0	0	0	0	0	0	0	0	0	0	0	0
45	CUMULAT IVE OST	14 7	15 4	16 3	16 5	17 3	18 8	20 0	20 6	21 0	21 5	21 8	221	2260
46	OST LINK IN THIS MONTH	2	3	4	3	8	4	4	6	4	5	3	4	50
47	REGULAR ON OST	41	42	47	49	49	57	62	68	75	79	78	81	728
48	DOT REFFERA L	0	2	1	2	6	5	4	0	6	0	0		26
49	TESTED	0	2	0	0	4	2	3	0	2	0	0	0	13
50	SRH	7	4	2	1	0	1	0	0	0	0	0	0	15

	SERVICES													
51	ICTC TEST FEMALE	4	6	3	3	7	49	0	0	1	0	0	0	73
52	SOCIAL ENTITLEMENT	2	3	98	0	0	2	5	4	4	0	0		118
53	ABCESS MANAGEMENT	0	0	1	0	0	0	1	0	0	0	0	0	2
54	ADVOCACY	1	1	0	0	1	1	0	0	1	1	1	1	8
55	STAFF MEETING	4	4	4	4	4	4	4	4	4	4	4	4	48
56	PD REVIEW MEETINGS	1	1	1	1	1	1	1	1	1	1	1	1	12
57	TRININGS	1	2	2	2	4	2	2	1	2	2	1	1	22
58	STI KIT -1	1	1	1	1	1	1	1	1	1	1	1	1	12
59	STI KIT -2	0	0	0	0	0	0	0	0	0	0	0	0	0
60	STI KIT -3	0	0	0	0	0	0	0	0	0	0	0	0	0
61	STI KIT -4	2	2	2	2	1	1	1	1	1	1	1	1	16
62	STI KIT -5	2	2	2	2	2	2	2	2	2	0	0	0	18
63	STI KIT -6	0	0	0	0	0	0	0	0	0	0	0	0	0
64	STI KIT -7	0	0	0	0	0	0	0	0	0	0	0	0	0
65	CONDOM STOCK	41 90	28 34	44 6	16	30 9	45 55	34 53	10 28	15 98	52 90	32 28	1342	28289
66	S STOCK	88 36	85 41	85 43	27 43	86 95	83 88	64 14	87 54	95 77	49 93	69 49	7969	90402
67	N STOCK	17 60 8	17 08 2	17 17 2	54 86	17 39 0	16 77 6	12 82 8	17 50 8	19 15 4	99 86	13 89 8	7969	17285 7
68	S DEMAND	88 20	88 64	89 23	80 48	80 48	81 08	69 24	69 24	69 36	65 80	65 24	6024	90723
69	N DEMAND	17 64 0	17 72 8	17 84 8	16 09 6	16 09 6	16 21 6	13 88 8	13 84 8	13 87 2	13 16 8	13 04 8	1204 8	18149 6
70	S DIS	79 08	79 41	79 46	72 16	69 74	67 05	58 04	58 30	57 71	55 84	55 44	1096 0	84183
71	N DIS	15 81 6	15 89 2	15 93 2	14 43 2	13 93 8	13 41 0	11 60 8	11 66 0	11 54 2	11 16 8	11 08 8	5480	15196 6
72	S RETURN	63 93	63 51	66 40	61 39	56 38	47 31	38 91	41 38	42 50	40 79	39 96	7668	63914

73	N RETURN	12 70 2	12 66 8	13 22 2	12 23 7	11 10 1	94 62	77 80	82 70	85 69	82 56	80 82	3804	11615 3
74	NO. OF HRG GET N/S AS DEMAND	36 1	36 3	36 4	37 0	36 4	36 8	37 6	38 2	37 6	38 6	38 5	386	4481



7. HRIDAYA Project: An Introduction

Hridaya Project specially based on Harm Reduction in India funded by Alliance India. This project is spanning in five countries (China, India, Indonesia, Kenya, and Malaysia), Working with a total of 35 IDU TI in three focus states namely Bihar (14 TI) Haryana (15 TI) Uttarakhand (6 TI), Community Action on Harm Reduction (CAHR) expands harm reduction services to more than 180,000 injecting drug users (IDUs), their partners and children. The programme protects and promotes the rights of these groups by fostering an enabling environment for HIV and harm reduction programming in these five countries. CAHR is supported by the Ministry of Foreign Affairs, Government of Netherlands.

In India, CAHR is called Hridaya and is implemented by Alliance India in partnership with SASO, Sharan and a number of community-based harm reduction organisations and networks. This project has started from 2011. We have implemented this project from 25th August 2012.

Aims:

- Aims to strengthen civil society to implement more effective and impactful HIV interventions through harm reduction strategies.
- Increase access to services for IDU in under-served areas.
- Provide additional services in areas where services already exist.
- Escape IDU families from the risk behaviors.

Objectives:

Before the Hridaya Project, T.I. Project is running in IDU community from many years, this project only for IDUs but Hridaya Project team will train families on bed care, positive living, treatment preparedness and adherence. This project helps build the capacity of service providers, makes harm reduction programmes more gender-responsive, improves access to services and advocates for the rights of IDUs. In addition to providing services, Hridaya has a strong capacity building component to support advocacy, knowledge management and improved services for IDUs.

Service Packages:

- Positive prevention (Home based care)
- Peer Progression Support
- Strengthening Crisis Response
- Medical support (emergency situations)
- Life saving support (overdose)
- PLHIV emergency Support
- Drug Treatment Support
- Nutrition
- SRH
- OST follow up
- ICTC/Pre ART

- Hepatitis prevention education
- prevention & management of Overdose
- Legal Rights Education
- Outreach services focus on spouses, families of IDU (family meetings)
- Service demand generation through TI outreach
- Formation of peer support groups and network formation
- Sexual & Reproductive Health
- Social Entitlements
- Hepatitis testing
- CD4 testing
- Tuberculosis Management
- SRH/STI/TB

Home Base Care Meeting:

Under the program several advocacy meeting at different places. In these meeting we called of IDU families, stakeholders & general community of there. We gave them overview on T.I. & Hridaya project & discussed about HIV/AIDS, NSP (Needle/Syring Program), & OST (Opioid Substitution Therapy) etc.

Best Practices:

- IMPART have done Advocacy meeting for Program related Informations, Rights & Facilities for IDUs with Mayer, MLA, Representative and Banks (HDFC Bank, Indian Overseas Bank, Union Bank & State Bank of Hyderabad).
- Opened 356 A/Cs in our Community Event under “PM Jan Dhan Yojana”.
- Done 11 Hep. B & C Tests.
- Done Advocacy meeting for Program related Informations, Rights & Facilities for IDUs with Mayer, MLA, Representative and Banks (HDFC Bank, Indian Overseas Bank, Union Bank & State Bank of Hyderabad).

Challenges/ Gaps:

- New HRG attendance in Every Meetings is a Major challenge.
- Its very difficult work in between the IDU and illiterate people who are not going ready to listen a one single word.
- Stigma around the IDUs are contributing in increasing crisis against them by Police
- The effect of OST Drugs are not much visible in the community behavior
- To Refer For Detoxification is very difficult.
- The spouses of IDU are unable to convince them for use of condoms for the safer sex practice.
- IDUs, which are linked with OST CENTRE are unable to afford the travel cost i.e., they are dropped out by the OST Treatment.

ACHEIVEMENT BY HRIDAYA TEAM, IMPART IN THE YEAR 2015–16

Indicator : No	Core Indicator Description	Total Target	Total Achievements
Coverage			
1	Number of injecting drug users covered (Registered) with Hridaya-supported services		444
2	Number of project beneficiaries (close contacts with IDU) benefiting from Hridaya-supported services		2079
HIV/AIDS /Hepatitis/TB/SRH services			
3.1	Number of individuals referred to ICTC		186
3.2	Number of individuals tested for HIV		186
3.3	Number of individuals who received Integrated counselling and testing and received their results		186
3.4	Number of individuals tested as HIV reactive (Positive)		5
4	Number of Individuals (who are) registered at ART center		22
4.1	Number of individuals done CD4 test at ART center		80
4.1.1	New		24
4.1.2	Follow up		56
5	Number of individuals who initiated ART with the support from the project		22
6	Number of IDU and secondary beneficiaries who are benefiting from TB treatment		119
7	Number of Individual who are referred to SRH (Non STI) related services		59
8	Number of IDUs received treatment education for hepatitis		364
9	Number of IDU who are tested for hepatitis through referral service		13
9.1	Number tested positive for hepatitis-C		8
9.2	Number of IDU living with co-infection (of both HIV and Hep-C)		3
Social Entitlement			
10	Number of individuals linked for social entitlement services		467

Other Referral			
11.1	Number of of IDUs referred for OST		85
11.2	Number of IDUs who initiated OST through referral service by the project		85
12	Number of spouses/partners referred for STI diagnosis and treatment		136
13	Number of IDUs referred for De-toxification		12
13.1	Number of IDUs dropped out of de-toxification		8
13.2	Number of IDUs successfully completed drug treatment		4
Overdose & abscess Management			
15	Number of IDUs received education for Overdose, Prevention and Management		405
15.1	Number of overdose incidence reported (IDUs with Overdose reproted)		21
16	Number of IDUs covered under Overdose management and administered with Naloxone		21
Psychosocial Support			
18	Number of Individual receiving Counselling Services		528
18.1	Number of counselling sessions		528
19	Number of Individual received legal rights education		415
20	Number of individuals received Emergency Support-PLHIV		52
21	Number of individuals receiving Nutrition Support through referral service by the Project		1
Home based care			
22	Number of families receiving Family Councelling	290	296
22.1	Number of family members recieved family	1450	1054

	counseling		
23	Number of Home based Care counselling meeting conducted		37
Support Group			
24	Number of Support group formed		7
25	Number of Support Group meetings conducted		76
Crisis Response Team			
27.1	Number of crisis response teams (CRT) formed		1
27.2	Number of incidences of violence and trauma registered to crisis response team		17
27.3	Number of incidences of violence and trauma responded to by crisis response team		17
28	Number of Support Group Meeting For Family meeting conducted	4	4
29	Number of Support Group Meeting For PWID on ART & OST meeting conducted	4	4
30	Number of Support Group Meeting For PWID on ART meeting conducted	4	4

World AIDS Day Commemoration at IMPART: A Brief

Like previous years IMPART commemorated World AIDS Day under auspices of TI and Hridaya project this year too. On this day people unite to show their solidarity for people living with HIV and tribute those who have died with this catastrophe across the globe. Currently, according to the World Health Organization, 34 million people are living with HIV. As per the Department of Health and Family Welfare (DoHF) 336 cases are registered in US Nagar since 2001 to 2013.

On this occasion IMPART organized a grand rally in Kiccha town. The rally was marched jointly by Health and IMPART functionaries by cutting a red ribbon at 10.00 AM. The rally started from IMPART's office and routed to Kishanpur Adatya Chouk to Bangali colony to Kiccha Chouraha to Roadways station to Community Health Centre (CHC) to Police station to railway station to FCI godawn to Bandia to Sugar Factory to Krishna Vihar to Kishanpur and ended at IMPART office. The rally was participated by the around 450 total participants including 210 girls of Surajmal Degree College, Kiccha, 117 boys of Janta Inter College, Aganwadi Workers, 16 Asha Facilitators, 41 ASHAs of Kiccha area, Mrs. Indera Mishra, Patron Impart, Mrs. Binduvasini Secretary IMPART, Mr. Shyam Naryan Dubey, Project Director (TI), IMPART, Mr. Manoj Singh Community Mobilizer, District ASHA Resource Centre (DARC),

staff members of other projects like TI team, ARSH UDAN project team, AWTC team, HRIDAYA Team, 6 peer educators and 36 HRGs of TI project. Following are the slogans used during the rally.

- Nwus ls I;kj c<rk gS] ,M~l ughaA
- uk fdlh nwljs dh jkg] uk fdlh nwljs dh pkgA
- ,M~l dh ckr lcds lkFkA
- lgh vkSj iwjh tkudkjh] FkksMh le>nkjh A
- ladzfer fufMy@flfjat dk iz;ksx Hkwydj Hkh u djsaA
- ftUnxh ftUnkcknA
- ge lcus ;s Bkuk gS] ,M~l dks nwj Hkxkuk gSA
- ,M~l ls ?k`.kk djsa] ,M~l jksxh ls ugha A
- thou lkFkh ds izfr oQknkj jgsaA
- ,d NksVh lh Hkwy vkids thou esa va/kdkj yk ldrh gSA
- tkudkjh gh cpko gSA
- tkWpk gqvk jDr dk gh] bLrseky djsa A
- ,M~l dk Kku] cpk;s tkuA
- tkudkjh gh ,M~l ls cpko gS
- ubZ fufMy@flfjat dk gh bLrseky djsa]
- Getting to Zero, Zero New HIV Positive, Zero new AIDS Death
- bEikVZ dk ;s ukjk gS] ,p0 vkbZ0 oh0 nwj Hkxkuk gSA

This was followed by a lunch break arranged at IMPART Kiccha. Subsequent to this, a lecture session at Kiccha was organized to spread the correct knowledge to the participants on HIV -AIDS.

The lecture session begun with what is HIV -AIDS?

After getting the responses from students, HRGs and Peer Educator AIDS following content was delivered to the participants.

AIDS (Acquired Immune Deficiency Syndrome) is a disease caused by a virus called HIV (Human Immune Deficiency Virus). The illness alters the immune system, making people much more vulnerable to infection and disease. This susceptibility worsens as the disease progresses.

HIV is found in the body fluids of an infected Person Semen and Vaginal fluids, blood and breast milk. The virus is passed from one to another through blood to blood and sexual contact. In addition, infected pregnant woman can pass HIV to their babies during pregnancy, delivering the baby during childbirth, and through breast feeding.

HIV can be transmitted in many ways, such as vaginal anal sex, oral sex, blood transfusion and contaminated hypodermic needles.

Both the virus and disease are often referred to together as HIV/AIDS. People with HIV have what is called HIV infection. As a result, some will then develop AIDS. The development of numerous opportunistic infections in an AIDS patient can ultimately lead to death.

Sign and Symptoms of HIV Infection:

- Fever
- Chill
- Joint pain
- Muscle ache
- Sore throat
- Enlarged glands
- A red rash
- Tiredness
- Weakness
- Weight loss
- Sweats (particularly at night)

In many cases, after the initial symptoms disappear, there will not be further symptoms for many years. During this time, the virus carries on developing and damages the immune system. This process can take up to 10 years.

The infected persons will experience no symptoms, feel well and appear healthy.

Diagnosis is made through blood test that screens specifically for the virus.

Prevention:

Safe sex, shun use of illicit drugs or shared needle/syringes, safe blood transfusion etc.

At the end of the session a quiz competition with the students of Janta Inter College, Kiccha, HRGs and Peer educators, in which token prizes were given to the winners of the quiz competition.

Thus, this was a grand event, in which we had invited all key stakeholders including government officials of health and ICDS department, and district administration, US Nagar

हल्द्वानी, 9 मार्च 2016 दैनिक जागरण | 7

बच्चे की परवरिश में मां के संस्कार महत्वपूर्ण



किच्छा में श्रेष्ठ आशा कार्यकर्त्री को सम्मानित करते सीएमओ।

संवाद सहयोगी, किच्छा : बच्चे की परवरिश में मां के संस्कार महत्वपूर्ण होते हैं। यदि मां अपने बच्चों को अच्छा संस्कार देगी तो महिलाएं विश्व के किसी भी कोने में असुरक्षित नहीं होंगी।

इम्पार्ट द्वारा आयोजित आशा सम्मान समारोह को संबोधित करते हुये जिला सेवायोजन अधिकारी अनुभा जैन ने कहा सर्वप्रथम मां की जिम्मेदारी है कि वह बच्चों को महिलाओं के प्रति सम्मान की भावना सिखाये। मुख्य चिकित्सा अधिकारी डॉ.

• बलविंदर को मिला श्रेष्ठ आशा वर्कर का पुरस्कार

एचएस जोशी ने कहा आशा कार्यकर्त्रियों के सहयोग से मातृत्व व शिशु जन्म मृत्यु दर में कमी आई है। इस दौरान आशा कार्यकर्त्री जसपुर की बलविंदर कौर, खटीमा की मीरा विश्वास, रुद्रपुर की शिव कुमारी आशा फैमिलीटेटर रुद्रपुर की लक्ष्मी गौड़, खटीमा की निर्मला कन्याल, काशीपुर की बसंती रावत को क्रमशः प्रथम, द्वितीय व तृतीय

गर्भावस्था के दौरान शुद्ध रखें घर का वातावरण

किच्छा : आशा सम्मेलन में गायत्री परिवार द्वारा अखंड संस्कारी बच्चे पैदा करने में उनकी भूमिका से अत्यंत कृतार्थ। प्रदेश समन्वयक अनुज अग्रवाल ने कहा गर्भावस्था के दौरान घर का माहौल साफ व शुद्ध होना चाहिये। बच्चे गर्भ से ही संस्कार ग्रहण करते हैं। उन्होंने अभिमन्यु का उदाहरण देते हुये कहा अर्जुन द्वारा द्यूह मेघने की कला उसने गर्भ में ही सीख ली थी। जिसके चलते वह अगे चल कर वीर योद्धा बना। आशा कार्यकर्त्रियां गर्भावस्था में आज महिलाओं की सबसे नजदीकी मित्र होती हैं। जिसका लाभ देश को अखंड और संस्कारी बच्चों के रूप में मिलेगा। इस दौरान गायत्री परिवार के अमित शर्मा, त्रिभुवन शर्मा, मनीष आदि मौजूद थे।

पुरस्कार से नवाजा गया। लक्ष्मी पोखरिया को श्रेष्ठ ब्लाक समन्वयक चुना गया। इस दौरान इम्पार्ट संरक्षक डॉ. इंदिरा मिश्रा द्वारा अनुभा

किच्छा : सुरजमल अग्रवाल कन्या महाविद्यालय में अंतरराष्ट्रीय महिला दिवस धूमधाम के साथ मनाया गया। एनएसएस छात्राओं ने रेली निकाल महिलाओं को अधिकार दिए जाने की मांग की। इस दौरान कालेज ट्रस्ट सचिव एसएन शर्मा, प्राचार्य डॉ. केके जोशी, डा. अनुष्मा मिश्रा, डा. बीसी जोशी आदि मौजूद थे। उधर किसानपुर में आयोजित कार्यक्रम में महिलाओं को सम्मानित किया गया। बीडीसी सदस्य राजीव सिंह ने कहा परिवार की दिशा महिलाएं ही तय करती हैं। शिक्षित महिला दो परिवारों को रोशन करती हैं। इस दौरान रेनु बाला, परविंदर कौर, शिवा राठौर, कमला भट्ट, बसंती देवी, कमला मेहता, सुमन सिंह आदि मौजूद थे।

जैन व सामुदायिक स्वास्थ्य केंद्र खटीमा की सीएमएस डॉ. सुनीता राठौड़ी को शाल ओढ़ाकर सम्मानित किया।

इम्पार्ट ने चलाया जनजागरण अभियान

किच्छा, 27 मार्च : स्वयं सेवी संस्था इम्पार्ट द्वारा सेवा दल चिल्ड्रन संस्था के सहयोग से टाचरिया की रोकथाम के लिए विकास खण्ड सितारगंज में विभिन्न कार्यक्रमों का आयोजन किया गया। उक्त विषय की जानकारी देते हुए संस्था सदस्य राम नारायण दूबे ने बताया कि संस्था द्वारा पाँच प्राइमरी विद्यालयों के पुराने शौचालयों का पुनर्निर्माण एवं बच्चों



हाथ धोने के लिए प्लेट फार्म निर्माण कराया, तीन विद्यालयों नये शौचालयों का निर्माण त ग्राम पंचायत में अत्यन्त गरीब विकलांगों के लिए 20 व्यक्ति शौचालयों का निर्माण करा गया। इसके अलावा निर्मल रा का दर्जा प्राप्त ग्राम पंचायतों सहयोग करते हुए 5 ग्राम पंचायतों में सामुदायिक शौचालय निर्माण कराया गया तथा ग्राम पंचायत के सुपुर्द किया गया। उनके अनुसार संस्था द्वारा विश्व चाटर डे के उपलक्ष में ग्राम पंचायतों के जन प्रतिनिधियों को आमंत्रित कर 225 हैण्ड पम्पों का वाटर टेस्टिंग व पेयजल की स्थिति को जन प्रतिनिधियों के साथ साझा कर हुए प्रत्येक ग्राम पंचायत से सामुदायिक कार्यकर्ताओं को प्रशिक्षित किया गया तथा पेय जल के विषय पर जागरूक किया गया। इस दौरान कार्यक्रम में सेवा दल चिल्ड्रन के जिला कार्यक्रम अधिकारी महेन्द्र भूषण उपाध्याय, चन्द्रतेज शामिल

Abbreviation

ASHA	Accredited Social Health Activist
AIDS	Acquired Immune Deficiency syndrome
ANC	Antenatal Checkup
ANM	Auxiliary nurse mid-wife
APR	Annual Progress Report
AWC	Angan Wadi Centre
AWH	Angan Wadi Helper
AWTC	Angan wadi Training Centre
AWW	Angan Wadi Worker
BCC	Behavioral Change Communication
BPL	Bellow Poverty Level
CBOs	Community Based Organization
CHC	Community Health Centre
CMO	Chief Medical Officer
DARC	District ASHA Resource Centre
DLTC	District Level Training Centre
DOTs	Direct Observe Treatment short service
DPMU	District Programme management Unit
DPO	District Programme Officer
DRDAs	District Rural Development Agency
DRHM	District Rural Health Mission
FGD	Focused Group Discussion
FNGOs	Field Non-Government Organization
FP	Family Planning
FRI	Forest Research Institute
FRUs	First Referral Unit
FSWs	Female Sex Worker
GoI	Government of India
GOs	Government Organization
GVESS	Gramin Vikas Evam Sodh Sansthan
HIHT	Himalyan Institute of Hospital Trust
HIV	Human Immune Virus
HRG	High Risk Group
ICDS	Integrated Child Development Services
ICTC	Integrated Counseling and Testing Centre

IDUs	Injected Drug Users
IEC	Information, Education, Communication
IMR	Infant Mortality Rate
JFM	Joint Forest Management
LIC	Life Insurance Corporation of India
MCH	Maternal Child Health
MMR	Maternal Mortality Rate
MNGOs	Mother Non-Government Organization
MOHFW	Ministry of Health and Family Welfare
MPR	Monthly Progress Report
MSM	Man sex to man
NCAER,	National Council for Applied Economic Research
NEDA	Non Conventional Energy Development Agency
NGO	Non Government Organization
NRHM	National Rural Health Mission
NIPCCD	National Institute for Public Cooperation and Child Development
ORS	Oral Rehydration Solution
PEJKS	Paryavaran Evam Jan Kalyan Samiti
PHC	Primary Health Centre
PO	Project Officer
PRIs	Panchayati Raj Institutions
QPR	Quarterly Progress report
RCH	Reproductive and Child Health
RRC	Regional Resource Centre
RTI	Reproductive Tract Infection
SARC	State ASHA Resource Centre
SC	Sub-Centre
SGSY	Swarn Jayanti Gram Swarajgar yojna
SOEs	Statement of Expenditure
STI	Sexual y Transmitted Infections
SWAP	Sector Wide Approach
T I	Targeted Intervention
TSC	Total Sanitation Campaign
TSU	Technical Support Unit
UCs	Utilization Certificates
UPDASP	Uttar Pradesh Diversified Agriculture Support Programme
USACS	Uttarakhand State Aids Control Society

USAID	United States Agency for International Development
VHSC	Village Health and Sanitation Committee
WHO's	World Health Organization