" We will make the defence "



I am pleased to present the annual report of Victory India National Organization (TIP) Nalagarh District Solan (HP) for the year of 2013-14. This is the time to see what has been achieved what were the targets and goals what lesson are learned and what are the challenges ahead. The Victory India National Organization is a non- Governmental organization working in the field of social welfare. VINO working hard to achieve its objectives of making health a reality to the people.

### **Profile of the Organisation:**

The Victory India National Organisation (VINO) was established on 4<sup>th</sup> November 2003 and registered on 24<sup>th</sup> November 2003 with the registration No.22/MA/2003 under the Societies Registration Act of 1860. The organisation came into being for the Social, Education, Environment and rural Up-liftment of the masses.

It is working towards the achievement of sustainable development in rural area with the help of micro financing. To involve the educated but unemployed youth in various Rural Development works, thereby using their technical knowledge and energy for welfare of the community. The organisation aims to help in creating the environment for building up people's health movement through effective networking, campaigning and public affair related activities. It also works for the development of villages through Integrated Rural Development Approach and to disseminate acquired knowledge & technology in the field of agriculture, medicine and education for the economic and social upliftment of the society. The organisation wants to bring awareness amongst the weaker sections of the society about their role in Rural Development and also ensure their co-operation in the developmental activities.

Besides this, the organisation also aims to create the environment for identifying and mobilize local and external resources including promotion of Micro-finance. They also seek to formulate, mobilize and promote the women self help group and to bridge the Gender-gap in the community.

Name of the Organization	:	Victory India National Organization
Formation of Organization	:	November 2003
Legal Identity	:	Registered under Societies Registration Act, 1860
Nature of Organization	:	Social

# **Vision**

Prosperity to all through sustainable means so as to build self-reliant community.

# **Mission**

To promote Self-reliance through ecologically sustainable, economically viable and socially acceptable initiatives.

# **Approach**

- We recognize that stronger local-level development organizations are indispensable for the success of development initiatives in the Himalayan States.
- We believe that a strong network can play a vital role in pooling expertise and resources otherwise impossible for small organizations to avail, developing capacities and in turn articulating the collective voice to impact larger issues

# Aim & Objective

- To achieve the sustainable development in rural area with the help of micro financing.
- > To give importance to every aspect of Social Work.

- To involve the educated but unemployed youth in various Rural Development works, thereby using their technical knowledge and energy for welfare of the community.
- To help in creating the environment for building up a people's health movement through effective networking, campaigning and public affair related activities.
- > To develop the villages through Integrated Rural Development Approach.
- To disseminate acquired knowledge & technology in the field of agriculture, medicine and education for the economic and social upliftment of the society.
- To aware the weaker sections of the society about their role in Rural Development and also ensure their co-operation in the developmental activities.
- To create the environment for identifying and mobilize local and external resources including promotion of Micro-finance.
- To formulate, mobilize and promote the women self help group and to bridge the Gender-gap in the community.

# **Targeted Intervention Project during 2013-14**

# **Targeted Intervention Projects**

Targeted Interventions are preventive interventions working with high risk groups in a defined geographic area. Targeted Intervention projects (TIs), implemented by NGOs, work with both core HRGs (FSW, MSM, TG and IdU) as well as Bridge populations and provide preventive interventions through a peer-led approach. Targeted interventions provide HRGs with the information, means and skills needed to prevent HIV transmission and improve their access to care, support and treatment services. These programmes also focus on improving sexual and reproductive health (SRH) and general health of the HRG clients.

# Key attributes of Targeted Intervention Projects (TIs)

- Peer-led approach people from the high risk community engaged to deliver services and act as agents of change
- Targeting high risk behaviours and practices and not the identity
  / individual choices
- o Linking with services and commodities provision
- Dissociating risk from behaviours e.g. risk of STI and HIV infection from sex work
- Involving communities and their issues within the broader frame work of interventions
- o Adapting to the cultural and social milieu of the target audience
- Focus on making most efficient use of limited resources
- Acknowledging that people who are at risk of HIV infection are often marginalized, stigmatized and discriminated against by the larger community and face critical barriers to accessing health-care services

# Services offered under the Targeted Intervention Programme :-

• Detection and treatment for Sexually Transmitted Infections (STIs)

- Condom distribution (except in TIs for bridge population)
- Condom promotion through social marketing
- Behaviour change communication
- Creating an enabling environment with community involvement and participation
- Linkage to Integrated Counseling and Testing Centres
- Linkage with care and support services for HIV positive HRGs

# **Background of the TI project**

The NGO –"Victory India National Organisation" initiated implementing Targeted Intervention Project amongst the migrants in Nalagarh and surrounding areas since Sept 2011. The organisation has a target of 15000 Migrants.

The main intervention area is the slums of Nalagarh and surrounding of District Solan, H.P. i.e about 16 Kms. The NGO has adopted both the outreach strategy of residence based and the industry based to reach out to the migrants. They have a total of 20 hotspots of which majority are residential (slums) and a few are industry based sites, including a few residential complexes inside the industrial units.

HIV/AIDS Awareness Programme in Himachal Pradesh.

- \* Targeted Intervention Project in and around Nalagarh & its surrounding.
- Target Beneficiaries includes Migrant population and general population of targeted area.
- Services during targeted Intervention :
  - Counseling on HIV testing
  - Referral to HIV Testing center ICTC
  - Ensuring that targeted populations check their HIV status through HIV test.
  - If any of them reactive, then referred to nearest ART center for

their HIV care.

 $\checkmark$  If any ANC women found reactive then, during her delivery ,

assist to provide neviropine to mother –baby pair.

Also referred to Sexual Transmitted Diseases Clinic (STD) for

STI/RTI treatment.

Behavior Change Communication (BCC) done .

FGD and Advocacy meeting done with major stake holders.

# **Area Covered**

Under this targeted Intervention programme Victory India National Organization (VINO) covered Migrated population of Nalagarh and surrounding area of District Solan of Himachal Pradesh which is one of the largest Industrial hub of Himachal Pradesh.

Goal

To preventive new infection of HIV among Migrant Population of Nalagarh & surrounding.

### Intervention Package

Migrants falls under bridge population, in this intervention following is the package of services ( as above figure shows) will be delivered to the targeted

population. Key package of services that will be delivered during the intervention.

- Prevention Package
- Treatment and Care package
- Enabling Environment Services

**Prevention Package** 

# **Information Services:-**

**Information Service:** Information that would influence behaviour change will be made available through standard activities such as one to one, one to groups, peer education, mid media campaign, information booth at the contractor's office or in the DIC etc.

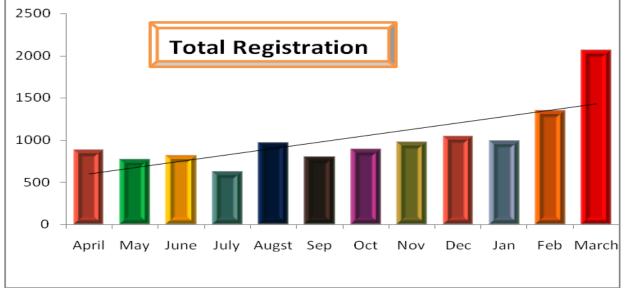
•	Inter Personal Communicat	ion: Through peer leaders
	and outreach workers, one	to one and one to
	group sessions will be given to	Peer Education: Peer Leaders from among the
		migrants operating in the destination will be selected and trained for conducting one
		to one and one to group sessions, providing lay
		counselling etc. Each peer volunteer will be given a BCC kit that would contain flip
n	nessages will be related to	charts, condoms, list of centres for HIV related services, condom demonstration models etc. The training content and the package
	perception focusing on	for the peers is expanded in detail in the
	chapter on Capacity	

Consequence of risky behaviour,

condom, treatment behaviour, key services and programmes etc. This will be an intense process requiring repeated interaction with the primary stakeholder focusing on behaviour modification.

### **Registration of Targeted population:-**

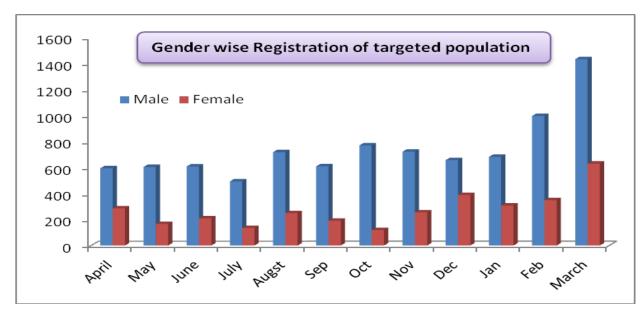
Through Pear Leader and out reach workers , one to one and one to group meeting conducted. Accordingly registration of targeted population done



(Total Registration of Migrant population)

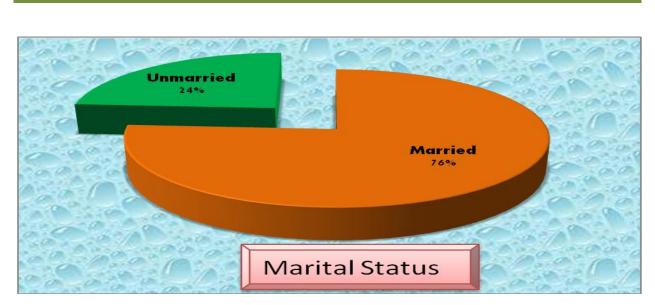
During the year 2013-14, total 15000 target of registration have been given and

in this year 12187 migrated population has been registered. As the above figure shows that in April month 881, in May 771, in June 818, in July 629, in August 968, in Sep 801, in Oct 890, in Nov 978, In Dec 1047, in Jan 991, in Feb 1347 and in the month of March 2014 2066 targeted population has been registered.



(Gender wise Registration of Migrant Population)

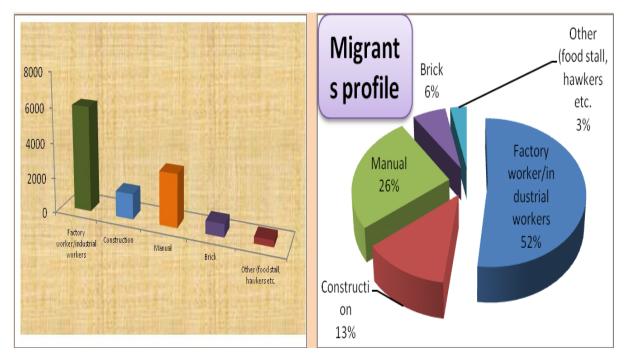
**Marital Status :-**



### (Marital Status of Targeted group)

As the above figure show that out of all registered population 24% migrated population are unmarried and 76% targeted population is married.

### **Migrant Economic profile :-**



#### (Economic Profile of Targeted Community)

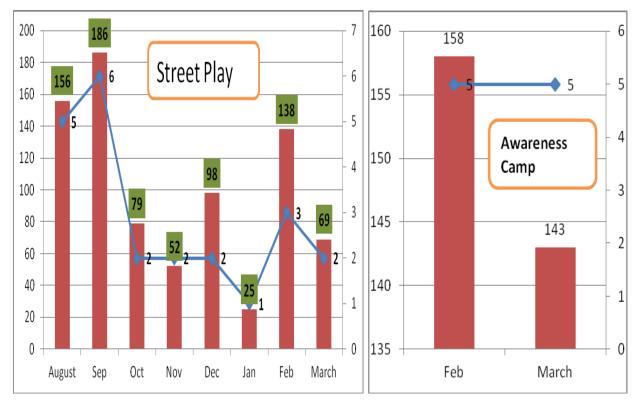
As the above figure shows the economic profile of targeted population which were registered during the previous year. 52% population are factory worker/ industrial worker, 26% population from un unorganized sector, 13% population from construction sectors, 3% population from Brick Bhaths and 3% population from other (food stall, hawkers etc)



(Registration of Migrant population))

Mid Media Campaigns: Mid media techniques will be used to create interest and generate awareness among large number of people. Mid media campaigns are excellent approach to provoke discussion and reflection among the community members on key issues related to HIV prevention and care. Mid media techniques will include: Street Theatre, Games, Traditional Folk Media, Exhibitions, Debates and discussions etc.

During this year 2013-14, various awareness activities been carried out to sensitized targeted population. As the below figure show that in this year 23 street play been conducted to aware the population, in which 803 bridge population sensitized.



#### (Street Play)

#### (Awareness Camps)

As the above figure show that in this year 10 awareness camps has been conducted to aware the targeted population, in which 301 bridge population sensitized.

# Awareness Activities conducted to aware on HIV/AIDS



Awareness Activities conducted to aware on HIV/AIDS



Folk Media and street Play



#### Folk Media and street Play



#### **Press coverage**



#### Drop in Centre cum Information Booth:

Drop in Centre cum Information booth will be established at the key spots where the migrant groups would congregate depending on the sectors of employment being addressed to reach the migrant groups.

This will be a hub where services such as counseling as well as HIV related information will be made available to the high risk migrants groups. There will be opportunity for recreational facility within these centres which will attract the migrant to drop in and access services. Migrants will be given a resource kit<sup>16</sup> that will broadly cover the following:

- a. Information on HIV/AIDS/STI
- b. Condom packs
- c. Names and other contact information details of support agencies at destinations / sites for that source destination pair
- d. Details of ICTC / ART Centre at destinations sites for that source destination pair
- e. Information on welfare / insurance schemes for migrants

### • Linkages with HRG interventions:

Focused activities will be undertaken by the intervention team to ensure regular sharing of information with TI HRG interventions in the same locality regarding the following:

- Barriers to condom use
- Knowledge and attitude of migrants clients towards risk acts
- Attitude towards STI and ICTC
  - Information about the profile of migrant clients for triangulation

of information within the destination as well as with source.

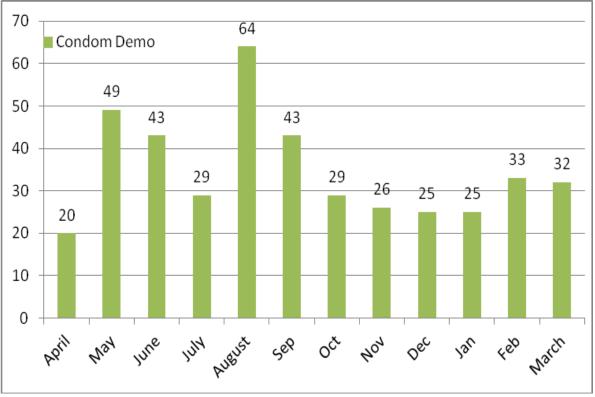


(Counseling session)

(Counseling on Condom use, STI /RTI treatment, attitude of migrants clients towards risk acts and referral to ICTC for HIV testing by counselor of the organization)

### **Condom Programme:**

Condom services will be provided through establishing condom outlets and providing seed fund for social marketing. Effort will be made to increase the access to condoms by starting condom outlets in the shops in the destination points and ensuring regular supply through the organization. Following are some of the key steps in promoting condoms at destination:



(Month wise condom demostration performed)

During this year 2013-14 total 418 condom demonstration has been performed in targeted population to motivate them to use condom which will reduce STI/RTI and HIV.

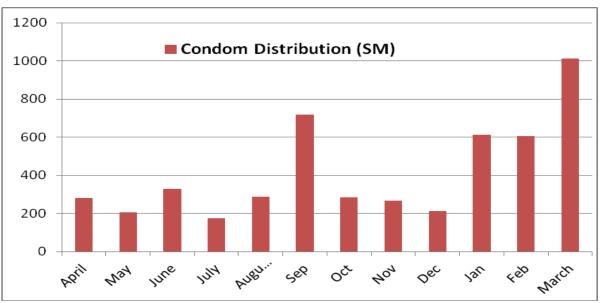


( Condom demostration performed with targeted population )

• Focus on demand generation for condom usage within the community through IEC activities.

•Identifying and prioritizing spots for initiating condom outlets

- Improved accessibility to condom by opening more number of condom outlets
- Social Marketing:- Under this programme behabiour of community being changed through counseling, condom demonstration and motivate them to use condoms. Condom social marketing being promoted by developing condoms outlets with helps of pear leaders in targeted area, which ensure the accessibility of condoms.



( Month wise detail of social marketing of condoms )

During this year 2013-14, total 5402 condoms sold under social marketing concept to change the behaviour of targeted population.

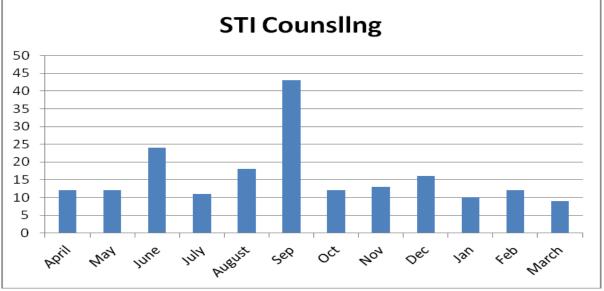
#### **Health Care Services:**

Health care services focused on prevention and care of HIV will be provided through the linkages established with the existing health care system. Primary focus would be to provide these services through existing services through strengthened referral system. Following are some of the health care services that will be made available within the project.

#### STI treatment and Management:

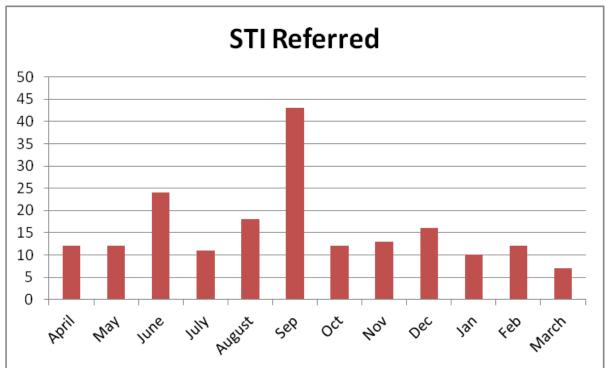
STI treatment service will be provided through the existing government public health delivery system. The Peer Leaders will be trained to provide counseling related to management and prevention of STIs.

Linkages with Preferred Providers for STI services: A chain of preferred providers has been selected and trained by State AIDS Control Societies and they are available for providing treatment services. Besides, social marketing of STI drug kits is being implemented through these providers and the migrant interventions can be linked to this programme.



( Month wise STI/RTI counseling )

(Out of total counseling, counselor counseled on STI/ RTI treatment to targeted group, during this year total 192 person counseled on STI/RTI and referred to STI/RTI clinic (PPP Doctor/ Designated STI/RTI Clinic/ Govt Hospital) for treatment.)



### ( Month wise STI/RTI referral for treatment )

(STI /RTI treatment done during camps)



During this year 2013-14, total 192 person from targeted group has been treated for STI. As the below figure shows the monthwise data of STI/RTI treatment of bridge population from targeted area.



#### **Capacity Building:**

Capacity of staff is being build up with the help of various training for Project Director, Project Manager, Out Reach Workers, VPL, Accountant and M&E Officer of TI.TI level activities were also carried on to build their capacity and know their performance during this year 2013-14.

# **Monthly Meeting:-**

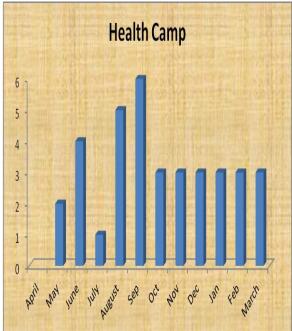
During this year total 19 Monthly Staff meeting were conducted at TI office Nalagarh in 2013-14. During this meeting targets were given relating to intervention programme to staff and match their performance

# **Review Meeting:** -

Time to time review meeting were conducted to know the performance of staff and programme. During the year 2013-14, total 38 review meetings were organized with staff member at project office Nalagarh in this period.

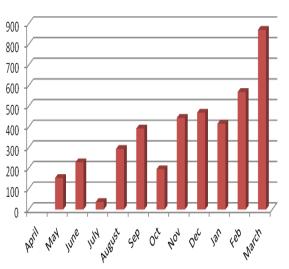
#### Health Camps:

Health camps will be organized with the support of Peer leader, Outreach staff etc for identifying and treating any STIs/RTI/ others in the community. The health camps will be for treatment of general illness, but doctor will be trained to identify symptoms of STI and treat. This will be used as an opportunity to provide information on HIV and other STIs.



(No of Health camps)

No of person Attended Health Camps



( No of person attended health camps)



During this year 2013-14, total 36 health camps has been organised to treat STI/RTI and other illness of targeted community. Health camps were organised

in various area of intervention . During this year 2013-14 total 4064 person attended health camps.



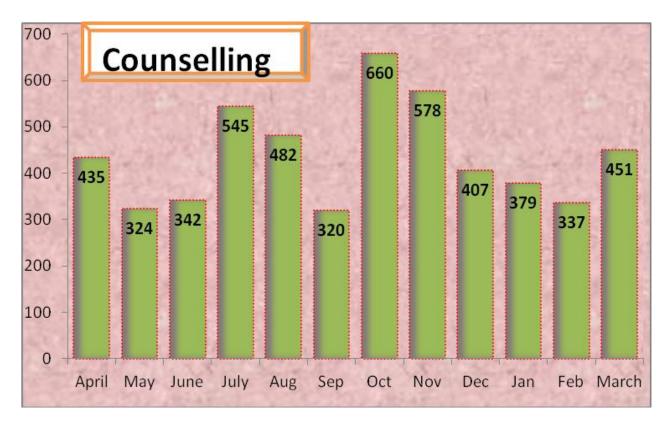
# 2. Treatment and Care Package

Health Care Service Linkage and referral

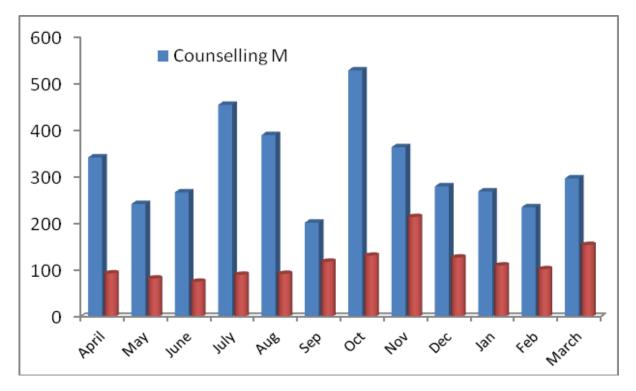
• Active referrals for treatment services related to HIV: In the intervention programme multiple counseling of targeted group is under taken.

### **Multiple Counseling:-**

In the year 2013-14, total 5260 person has been counseled for ICTC referral to HIV testing, out of these 3872 male migrants were counseled and 1388 female migrants were counseled during this year (as shown in figure below)



### (Total Counseling)



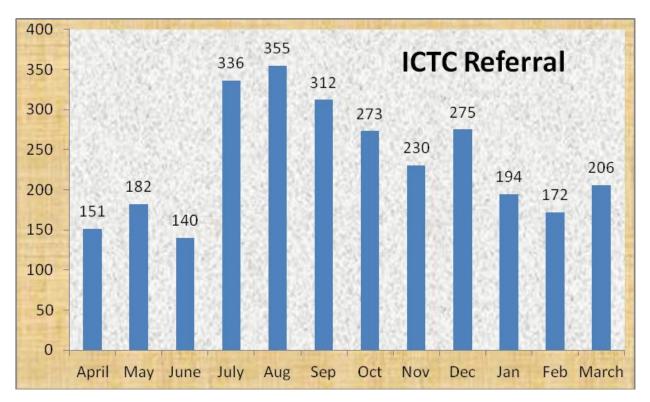
### (Gender wise Counseling)



( Counseling conducted by counselors)

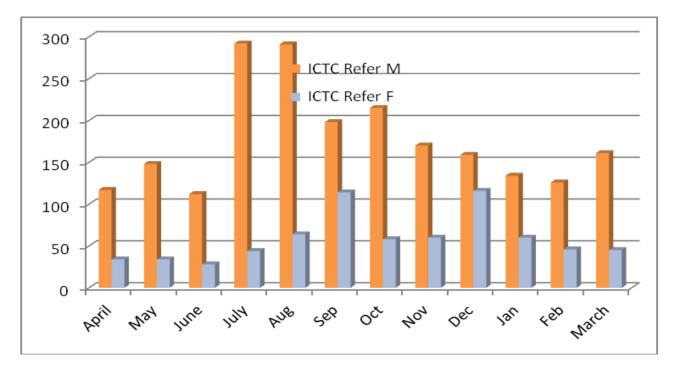
# ICTC Referral:-

During the year 2013-14 total 2830 person from targeted group were referred to ICTC to know their HIV status. HIV testing facilities has been free of cost at all ICTC centers.



(Total person referred to ICTC for HIV Test)

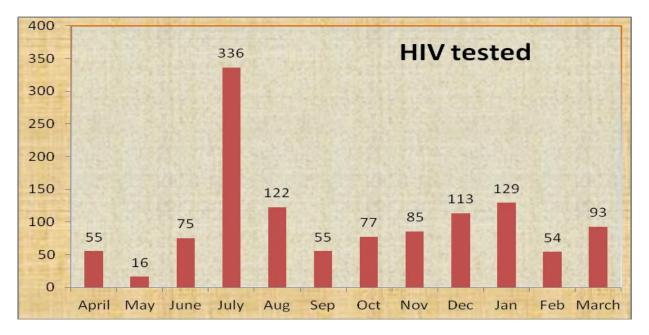
Out of these all, 2123 male migrants were referred to ICTC for HIV testing and 703 female migrants were referred to ICTC to know their HIV status ( as the figure shown below)



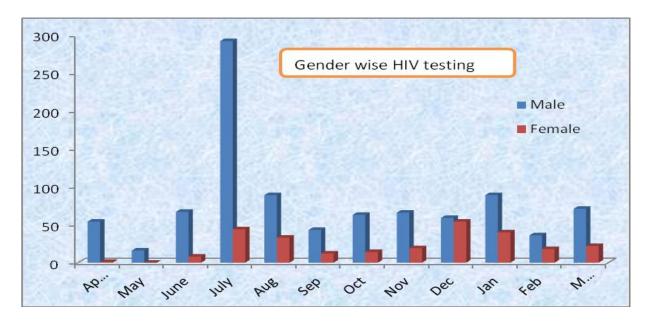
#### (Gender wise ICTC referral for HIV testing)

### **HIV Testing :-**

Targeted population referred to ICTC to know the HIV status of targeted population. During the year 2013-14 total 1210 migrants has been tested for HIV, which includes 945 male migrants and 265 female migrants.



(Total HIV test done)



(Month wise and Gender wise HIV tested)



(HIV test performed in Mobile ICTC Van)

#### b. Psycho-Social Support Services

Linkages also will be made with PLHIV networks so that infected migrants will be linked to various service components through the network. Through this linkage peer counseling support, group therapy, capacity building and financial support for livelihood options etc will be made more accessible.

# 3. Enabling Environment Services

#### **Enabling Environment through Advocacy and Linkages**

During this period 16 interaction one to one advocacy meetings organized and 20Group

Advocacy meeting organized by Project Manager with 117 migrants and other general

population.

## Hot Spot Meetings: -

Under this intervention programme various hotspot level meeting were conducted with targeted population. During these meeting , staff member discussed the various problem of targeted population.

#### Support in Labour Settlement:-

The project team, with the support of labour unions will support and facilitate labour settlement and ensure unpaid wages are paid by the employer. This will increase the level of trust and credibility of the project to the migrant workers.

#### Congregation event :-

Organization time to time celebrates various festival with targeted community . During the year 2013-14, all staff of organization celebrated Holi festival with migrated population of targeted area.During this event organization distributed sweats to community .



# **Observation of World AIDS Day (1<sup>st</sup> December) :-**

On 1<sup>st</sup> December 2013 All BBN TIs organized a programme on World AIDS DAY at Govt. Senior Secondary School Baddi for migrants, general community and Students.DSP Nalagarh Mr. Nishchint Negi was the Chief Guest of the Programme along with SHO Baddi. In this programme near about 300 people were participated. In this programme all the TIs staff including peer leaders were present. First of all Anker DM of the school Mr. Chaman Lal welcome the chief guest. Then he told about the organizations that the organizations working regarding the awareness of HIV/AIDS among the migrant population and FSWs. After that one by one so many activities held on HIV/AIDS like Quiz competition between School's students, lectures on HIV/AIDS, Single Songs, Group Songs, Rajasthani Dance, Street Play On HIV/AIDS/STI played by Punjabi Theater Academy, Chandigarh. DSP Mr. N. Negi told the migrants/and other community that HIV can spread through only four reasons otherwise the virus of HIV cannot develop in the body of any people .HIV virus can spread through unprotected sex, unstralised needles, infected blood, and pregnant woman to their child. He also told the participants that this is the responsibility of every one to aware all the community and share the knowledge of HIV/AIDS. He told that all the people of community should make the test of HIV at ICTC center. Test of HIV is free of cost at all the ICTC centers. He also focuses on the treatment of STI which is permanently curable. After that Prize Distributed by the chief guest to students and street play team. At last each participant took the refreshment and Project Director Mr. Mahesh Kumar thanked to chief guest DSP Nalagarh, other guests TIs partners, and Health Department Nalagarh & Baddi, Principal and school staff for co-operation. At the end of the programme a large candle march made by the participants from GSS School to Vardhman Chowk Baddi.





(Observation of World AIDS dDay with colaboration of all TI in BBN area)



(Observation of World AIDS dDay with colaboration of all TI in BBN area)





(Candle march performed during the World Day Campaign)

# Quantitative Progress Report (Indicator Wise)

Sr No	Indicator	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1	FGD(ORW)	48/590	40/52 2	46/56 5	32/4 22	50/6 54	42/5 36	48/61 2	49/6 30	50/66 3	45/99 1	44/55 3	50/7 12
2	FGD (VPL)	400/395 2	400/3 351	400/4 258	360/ 3412	400/ 4181	400/ 4184	400/4 231	400/ 4239	400/4 182	400/4 218	400/4 229	400/ 4198
3	Health Camp	0	02/15 3	04/22 8	1/36	5/29 3	6/39 2	3/195	3/44 4	3/469	3/415	3/569	3/87 0
4	Street Play	0	0	0	0	5/15 6	6/18 6	2/79	2/52	2/98	1/25	3/138	2/69
5	Awareness Camp	0	0	0	0	0	0	0	0	0	0	5/158	5/14 3
6	Total Counselling	435	324	342	545	482	320	660	578	407	379	337	451
7	STI Counsling	12	12	24	11	18	43	12	13	16	10	12	9
8	STI Referred	12	12	24	11	18	43	12	13	16	10	12	7
9	STI Treated	12	12	24	11	18	43	12	13	16	10	12	7
10	ICTC Referred	195	140	251	405	355	312	273	230	275	194	172	206
11	ICTC Actual	55	16	75	336	122	55	77	85	113	129	54	93
12	Referred to DOT	0	0	0	0	0	0	0	0	0	0	1	1
13	Condom Demo	20	49	43	29	64	43	29	26	25	25	33	32
14	Condom Distribution Free	0	120	0	0	0	0	0	0	0	5000	0	0
15	Condom Distribution (SM)	280	204	330	175	289	717	283	268	212	611	604	1011