### Community HIV initiative at Indian state of Uttaranchal in the Himalayas

**Six month Report**

**PROJECT SUMMARY:**

Name of the Project : **Community HIV initiative at Indian state of**

**Uttaranchal in the Himalayas**

Name of the partner agency : Garhwal Community Development and Welfare Society.

Address : GCDWS/ Christian Hospital mussoorie road, Chamba District

Tehri Garhwal- State Uttranchal PIN-249145

Total beneficiaries : 39

Components of the Project : \* To increase the awareness in the community Distt Tehri Garhwal

* + - * + To ensure screening of high risk groups/suspected cases through volunteers
				+ Advocacy about existing govt program of HIV/AIDS to the community
				+ To provide care and support to 15-20 HIV positive people

**Goal:- To Prevent and control the spread of RTI/STI and HIV/AIDS and stigma attached.**

**Objective:-**

* **To increase the awareness in the community Distt Tehri Garhwal**
* **To ensure screening of high risk groups/suspected cases through volunteers**
* **Advocacy about existing govt program of HIV/AIDS to the community**
* **To provide care and support to 15-20 HIV positive people**

Strategy

Awareness meetings through gramin Jagruk Jathas for prevention of HIV and prevention of trafficking among adolescent girls

Screening of the migrant for HIV

*Advocacy about existing govt program of HIV/AIDS*

Distribution of pamphelets, posters

Counselling at information and guidance centre

Blood test for screening at PHC/Christian Hospital Chamba

*Care and support to HIV positive people by providing them nutrition, physcho social support, councelling and ART management from State AIDS control department*

Referrals

Follow-up.

Draft of agenda for advocacy

**Target group**Individual, and related community

**Process**

* Integration of HIV/AIDS into existing community Based programs in Hospitals
* Encouraging community Based programs for PWAS(patient with AIDS)
* Networking with Government and Non Governmental Bodies

15 HIV positive people are been benefited directly

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| **OBJECTIVE** | **OUTCOME** | **Indicators** | **Means of verification** | **Risk and assumption** |
| **To increase the awareness in the community Distt Tehri Garhwal** | * Community is now be aware for the prevention and control of HIV/AIDS and RTI/STI’s, sexual behaviour and the cause and spread of HIV/AIDS
* 45 % of HIV/AIDS and RTI/STI –Ensuring a safe blood supply, preventing mother-to-child transmission (MTCT), includes providing clean injecting equipment, counselling, and drug abuse treatment.
* They’ll be guided for the home-based care.
 | * 25 % of awareness increased
 | * Minutes
* Interviews
* Survey
 | Due to high stigma some people may not come forward  |
| **ACTIVITIES**\* Meetings with adolescent boys/girls(school going children) and with teachers \* Awareness meetings every year. (MMD, SHGS, health committees of the village and in other community gatherings)\* Awareness camps/rallies, video shows, distribution of pamphlets, posters, leaflets etc(50 awareness campaign will be arrange)\* churches/pastor working as caretakers | * 50 awareness done at different villages (annex-attached)
* Community was assessed to knowledge, attitude, social stigma myths & misconceptions of the RTI/STI and HIV/AID.
* 625 women and 474 men were awared/counselled for HIV/AIDS and the age category was 20-49 yrs
* 438 Adolescent boys and 398 girls were given education/meetings for RTI/STI and HIV/AIDS
* 52 peer groups formed Peer group consist of Pradhan, Anganwadi worker, ASHA, other people)
* These 52 peer groups are looking after the affected children with home based care
* 208 program conducted by Pastor among the members
* 568 people taught on sex & sexuality (in churches and wider community)
* 32 meetings/counselling held by pastor on Biblical aspect for socio/physiological support to the patient.
 | * 60 % of Stigma decreased, but it varies from the people of one block to other block
 | * Interview Register
* Monitoring format
* Assessment sheet
* Register
* Register
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| **OBJECTIVE** | **OUTCOME** | **Indicators** | **Means of verification** | **Risk and assumption** |
| **To ensure screening of high risk groups/suspected cases through volunteers** | * Screening been done
* Affected people will accept the disease and treatment.
* Referrals will increase
 | * No of people counseled
* No of referrals
 | * Records.
 | May be agitation against the acceptance |
| * Pre test counseling
* screening at PHC/Christian Hospital Chamba
* Post test counseling
 | * 264 pre test done
* 264 person been screened
* 25% screening increased
* 264 People are aware of their Blood status
* 30 HIV positive people accepted their problem and are ready for treatment
 | \* 264 people were counselled \* 39 were positive\* 170 person reffered from Christian Hospital to Govt Distt Hospital Narender for further checkup\* 39 positive cases reffered to Dehra Dun Distt Hospital for ART management  | * Minutes
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| **OBJECTIVE** | OUTCOME | **Indicators** | **Means of verification** | **Risk and assumption** |
| **To provide care and support to 15-20 HIV positive people**  | \* 39 PLHA got medical and psychosocial support.\* 39 PLHA and their families were helped to face stigma and trauma attached with HIV/AIDS infection through care and counselling | \* 39 PLHA received medical care.\* 39 HIV affected people got physiological support (mental strain reduced) | Case studyInterviewReports | May be discontinuity in ART management due to difficult terrain and drug interaction because it is cytotoxic drugs |
| **Activities:*** Identify 5-10 people living with HIV and AIDS.
* Establish rapport with 15-20 infected people and their families.
* Provide medical assistance (ART management), Nutritional support, periodical check ups of the infected person(s)
* Provide psycho-social support to 15-20 PLHA and their families through counseling and home visits.
 | 39 PLHA identified.\* 39 HIV affected people shared their fears and problems and given appropriate guidance\* Medicines and other needed treatment provided to the 39 positive people.\* 22 positive cases were given ART management through Distt Hospital Dehradun (one ART management per month)\* 36 times ART management done\* 39 PLHA and their families are now able to cope with stigma and trauma. | \* 39 PLHA identified.\* 36 visits made by GCDWS staff(one visit to one HH per month done-12HHx1x3) | RecordsInterviewObservationStock registerReportInterviewCase study. |  |

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| **OBJECTIVE** | OUTCOME | **Indicators** | **Means of verification** | **Risk and assumption** |
| **Networking and Advocacy about existing govt program of HIV/AIDS to the community and (with Govt and other local NGO’s)** | * Govt official and other local NGO’s know about our organization and our community developmental programs.(12 meeting conducted)
* GCDWS made 36 visits at Dehra Dun for patient ART management with nutrition
* GCDWS meets with Distt official once every month on HIV/AIDS program (12 times)
* GCDWS have conducted 12 meeting at Block level with the assistance of Govt official (MOIC, ANM, HV, ASHA from PHC at Block level)for imparting training and materials, Community will be aware for the existing govt structures

Govt program/ schemes been oriented to the community* People are getting cost free treatment from the Govt
 |  Govt program\* 418 IEC material | * Records.
 | Govt may not come forward and open to preserve the confidentiality of the program. |
| * Draft of agenda
* Address the agenda with the leaders, govt people etc
* Solution to be addressed
* Distribution of pamphlets, posters
 | Community been benefited with the govt schemes\* 375 pamphlets , 75 posters and registers/calendars | * + 12 issues addressed with Distt Official
	+ 12 visits at Distt Dehra Dun ART centre
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