

CREDENTIALS OF ACTIVITIES OF GANGA



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In the field of non government organizations there are so many myths, that they are not working properly and misuse the funds. So, in the corporate social responsibility perspective the evaluator evaluated some of the NGO's which are working in the central part of Uttar Pradesh. In this category the evaluator chosen a NGO name 'GANGA' which is working in remote areas. Some statistics and situation of Ganga NGO are as follows-

Name of the agency- GANGA; 32-Ameer Nagar, Moti Nagar, Lucknow (Pin-226004)

Contact person- Dr. Vivek Mishra (Secretary).

Name of evaluator- Dr. Rajesh Kushwaha, Asstt. Prof., Deptt. Of Social Work, Agra University, Agra.

Duration of Evaluation- 29-9-2015 to 31-9-2015.

Legal Status of the Agency- The agency is registered under Indian Societies Registration Act 1860 from Lucknow U. P. and the registration certificate no is Regd No. 1379/2003. The evaluator has gone through the original documents like, Bylaws, Memorandum, IT returns, Pan Card and found them in order.

Books and records- Records and books always say facts of the agency. So keeping this in mind the evaluator has seen the records and books. The agency records were found up to date.

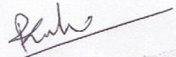
Status of accounts- Cash book, ledger and voucher, pass book, Audited reports, IT returns, Presented before the evaluator for evaluation and verification. After examining the entries the evaluator found that book keeping and accounting system of the agency is proper.

Executive Committee Members and Office bearers- The agency, in researcher opinion is broad based because no direct relation is proved between members. There are seven members in the executive committee. The executive committee members are enthusiastic and found to be devoted towards social service cause. The team is experienced and has exposure of implementing social services.

Experience regarding project- The projects are being executed on the proposed line of funders and donor agencies. The agency has utilized the government's grants and audited statement of accounts is produced to the department in under JFR rules given by the department. The evaluator verified the entire asset created during the project running by the organization and it is found in order according to sanction and release given by departments.

Impact of agency in the project area- The general impact of the project is found to be satisfactory. During the interaction with the beneficiaries it is found that after completion of project the most of beneficiaries were able to fight their problems without any help.

Recommendations- There must be good environment within the agency and also with the beneficiaries. So for better and fruitful future it is recommended that the present environment should be maintain in future.


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CATHOLIC BISHOPS CONFERENCE OF INDIA COALITION FOR AIDS AND RELATED DISEASES

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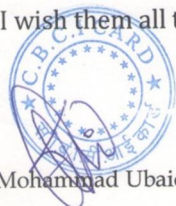
Dated On: 10/9/2013

TO WHOMSOEVER IT MAY CONCERN

This is to certify that GANGA organization is working with project Axshya since June 2012 in districts Lucknow and Sitapur.

In their working period, I found them a sincere, honest, hardworking and dedicated NGO with a professional attitude and very good job knowledge, Ganga has performed all the Axshya activities well.

I wish them all the best and success in their future project endeavors.



Mohammad Ubaid

Program Manager
Axshya Project
CBCI CARD

National Coalition of Catholic Church organizations to address HIV and AIDS, Tuberculosis, Malaria and Related Diseases Registered under the Societies Registration Act XXI of 1860 *Registration No. S/66215/2009

"Reach The Unreached"

GANGA TB Control Activities in Previous Three Years

Ganga organization is involved in the Axshay Project Lucknow District and Axshaya Project Sitapur district (Letter Attached). This TB Care and Control project is being run by CBCI CARD, New Delhi which is Sub Recipient of The Union. The Union is principal recipient of the Global Fund Grant. Axshya Project supports RNTCP in selected districts of Uttar Pradesh. Ganga Organization is implementing Axshya Project in Lucknow district from year 2012 till date.

According to the programme strategy till 2015 Ganga Team organized 264 awareness meetings in vulnerable and marginalized slum pockets, including 9285 families covered through door to door survey. In this 735 suspects were referred to the concerned DMCs (Designated Microscopy Centres). 408 sputum collected those suspects who were unable to reach at DMCs were given the transportation Service. Out of this service, 39 patients were successfully retrieved and have started treatment. As same in Axshya Project at Sitapur district from 2012 till date, Organization has conducted 193 awareness meetings (GKS) in vulnerable and marginalized areas. Along with these meetings, the team has approached 8106 families and 898 referrals were made and as an output 689 sputum collected which results as 59 suspects were found TB positive and are undergoing treatment at present. Among those several patients have been very thankful to the service delivery of the organization.

Moreover the organization is a member of partnership for TB Care and Control in India (PTCC) which is again a sub-recipient of the Union and also to the STOP TB Partnership which is a global partnership of NGOs working to curb TB. Under the membership organization is conducting advocacy with various stakeholders for ensuring drug availability, timely procurement and adequate delivery system.

The chief functionary of the organization, Dr. Vivek is also a TB Advocate appointed by PTCC India for Uttar Pradesh

Tuberculosis: A social Problem

Tuberculosis (TB), is an airborne and notorious disease caused by **Mycobacterium tuberculosis**. Despite the technological advances, the tubercle bacillus continues to threaten humans. Most patients are noncompliant towards current modes of treatment due to resistance of bacilli for single or multiple drugs. The usual treatment duration ranges from 6-9 months for drug susceptible TB; 18-24 months for multidrug resistant TB. However the long term treatment poses adverse events. To avoid the adverse events and improve the efficacy, alternative modes of drug delivery systems are desired.

Tuberculosis may infect any part of the body, but most commonly occurs in the lungs (known as pulmonary tuberculosis). Extra pulmonary TB occurs when tuberculosis develops outside of the lungs, although extra pulmonary TB may coexist with pulmonary TB.

General signs and symptoms include fever, chills, night sweats, loss of appetite, weight loss, and fatigue. Significant nail clubbing may also occur.

Strategy for Stopping TB

- Pursue high quality dots expansion and enhancement
- Address TB/HIV, MDR-TB and other challenges
- Contribute to health system strengthening
- Engage all care providers
- Empower people with TB and communities
- Enable and promote research

Background

Almost nine million people around the world become ill with tuberculosis (TB) each year. More than one-third of them fail to gain access to accurate diagnosis or effective treatment and are suffering and dying needlessly from this curable disease. Many of these people live in poverty-stricken areas and have very limited or nonexistent access to health services.

Additionally, the failure to detect so many infectious TB cases is thwarting our efforts to reduce the spread of TB and eliminate it. This problem cannot be solved by any single organization or country.

Governments and civil society must strive jointly to introduce and implement innovative and ground-breaking techniques, interventions, approaches and activities that result in detecting the undetected TB cases, leading to a reduced rate of transmissions and preventing the emergence of drug-resistant forms of TB.

Prevention

Tuberculosis prevention and control efforts rely primarily on the vaccination of infants and the detection and appropriate treatment of active cases. The World Health Organization has achieved some success with improved treatment regimens, and a small decrease in case numbers.

Vaccines

Tuberculosis vaccines and BCG vaccine

Symptoms and Causes:

Symptoms

Although body may harbor the bacteria that cause tuberculosis, immune system usually can prevent you from becoming sick. For this reason, doctors make a distinction between:

- **Latent TB:** In this condition, you have a TB infection, but the bacteria remain in your body in an inactive state and cause no symptoms. Latent TB, also called inactive TB or TB infection, isn't contagious. It can turn into active TB, so treatment is important for the person with latent TB and to help control the spread of TB. An estimated 2 billion people have latent TB.
- **Active TB:** This condition makes you sick and can spread to others. It can occur in the first few weeks after infection with the TB bacteria, or it might occur years later.

Signs and symptoms of active TB include:

- Coughing that lasts three or more weeks
- Coughing up blood
- Chest pain, or pain with breathing or coughing
- Unintentional weight loss
- Fatigue
- Fever
- Night sweats
- Chills
- Loss of appetite

Tuberculosis can also affect other parts of your body, including your kidneys, spine or brain. When TB occurs outside your lungs, signs and symptoms vary according to the organs involved. For example, tuberculosis of the spine may give you back pain, and tuberculosis in your kidneys might cause blood in your urine.

Causes

Tuberculosis is caused by bacteria that spread from person to person through microscopic droplets released into the air. This can happen when someone with the untreated, active form of tuberculosis coughs, speaks, sneezes, spits, laughs or sings.

Although tuberculosis is contagious, it's not easy to catch. You're much more likely to get tuberculosis from someone you live with or work with than from a stranger. Most people with active TB who've had appropriate drug treatment for at least two weeks are no longer contagious.

- **HIV and TB**

Since the 1980s, the number of cases of tuberculosis has increased dramatically because of the spread of HIV, the virus that causes AIDS. Infection with HIV suppresses the immune system, making it difficult for the body to control TB bacteria. As a result, people with HIV are many times more likely to get TB and to progress from latent to active disease than are people who aren't HIV positive.

- **Drug-resistant TB**

Another reason tuberculosis remains a major killer is the increase in drug-resistant strains of the bacterium. Since the first antibiotics were used to fight tuberculosis more than 60 years ago, some TB germs have developed the ability to survive, and that ability gets passed on to their descendants.

Drug-resistant strains of tuberculosis emerge when an antibiotic fails to kill all of the bacteria it targets. The surviving bacteria become resistant to that particular drug and frequently other antibiotics as well. Some TB bacteria have developed resistance to the most commonly used treatments, such as isoniazid and rifampin.

Some strains of TB have also developed resistance to drugs less commonly used in TB treatment, such as the antibiotics known as fluoroquinolones, and injectable medications including amikacin, kanamycin and capreomycin. These medications are often used to treat infections that are resistant to the more commonly used drugs.

- **Risk factors**

Anyone can get tuberculosis, but certain factors can increase your risk of the disease. These factors include:

- a) Weakened immune system**

A healthy immune system often successfully fights TB bacteria, but your body can't mount an effective defense if your resistance is low. A number of diseases and medications can weaken your immune system, including:

- HIV/AIDS
- Diabetes
- Severe kidney disease
- Certain cancers
- Cancer treatment, such as chemotherapy
- Drugs to prevent rejection of transplanted organs
- Some drugs used to treat rheumatoid arthritis, Crohn's disease and psoriasis
- Malnutrition
- Very young or advanced age

- b) Poverty and substance abuse**

- **Lack of medical care:** If you receive a low or fixed income, live in a remote area, have recently immigrated to the United States, or are homeless, you may lack access to the medical care needed to diagnose and treat TB.
- **Substance abuse:** IV drug use or alcohol abuse weakens your immune system and makes you more vulnerable to tuberculosis.
- **Tobacco use:** Using tobacco greatly increases the risk of getting TB and dying of it.

c) Where you work or live

- **Health care work.** Regular contact with people who are ill increases your chances of exposure to TB bacteria. Wearing a mask and frequent hand-washing greatly reduce your risk.
- **Living or working in a residential care facility.** People who live or work in prisons, immigration centers or nursing homes are all at a higher risk of tuberculosis. That's because the risk of the disease is higher anywhere there is overcrowding and poor ventilation.
- **Living in a refugee camp or shelter.** Weakened by poor nutrition and ill health and living in crowded, unsanitary conditions, refugees are at especially high risk of tuberculosis infection.

Complications

Without treatment, tuberculosis can be fatal. Untreated active disease typically affects your lungs, but it can spread to other parts of your body through your bloodstream. Examples of tuberculosis complications include:

- **Spinal pain.** Back pain and stiffness are common complications of tuberculosis.
- **Joint damage.** Tuberculous arthritis usually affects the hips and knees.
- **Swelling of the membranes that cover your brain (meningitis).** This can cause a lasting or intermittent headache that occurs for weeks. Mental changes also are possible.
- **Liver or kidney problems.** Your liver and kidneys help filter waste and impurities from your bloodstream. These functions become impaired if the liver or kidneys are affected by tuberculosis.
- **Heart disorders.** Rarely, tuberculosis can infect the tissues that surround your heart, causing inflammation and fluid collections that may interfere with your heart's ability to pump effectively. This condition, called cardiac tamponade, can be fatal.

The WHO has recommended Direct Observed Therapy (DOT) to improve TB care requirements and has planned the eradication of TB until 2015. The introduced programme includes:

1. The improvement of DOT delivering
 2. The control of special TB cases as in HIV infected people and the problem of MDR-TB
 3. The support and activation of National TB control programs
 4. The collaboration of all involved health system departments and the promotion of research
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LOCAL NEWS PAPER COVERAGE OF ACTIVITIES OF GANGA

