

Technical Application & Financial Application

**TB/HIV Prevention Among Migrants in
Azamgarh**

Total US \$ budget: \$95,895

**Program District(s):
Azamgarh**

**Organization Name:
Support for Implementation & Research (SIR)**

**SIR, S-4, 2nd Floor, Karamat Complex, Nishatganj, Lucknow
(U.P.) - 226007 INDIA**

Phone/Fax: 091-522-2334725; Mobile: 091-9415021766

E-mail: sirworld@rediffmail.com;

Website: www.sirworld.org

Contact Person:

**Dr S.K.Srivastava
Director**

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Executive Summary:

More than 2 million Indians do not live in the place of their birth. Once migrants reach their destination, language and other difficulties lead to a migrant's vulnerability. Back home, spouses of migrants are also vulnerable to HIV if their husbands return on a regular basis and have become infected with HIV. Some wives also have their own sexual networks during their husband's absences. Only those are at risk, who are part of sexual networks at their destinations – either with FSWs/MSM/transgender (TGs)– who are more prone to HIV infection. Where migrants come from, how they travel and the situation of their families left behind remain largely unaddressed by standalone destination based interventions. Therefore, there is a strong need and a rationale for establishing effective linkages between migrants and the source population.

It is required to achieve the goal of Reduce prevalence of and deaths due to TB by 50% compared with a baseline of 1990 and Prevention of 7 Millions new HIV Infections, a project has been developed accordingly for district- Azamgarh, as per rules/regulation of Stop TB Project, though the changes may be incorporated, if required.

Support for Implementation & Research (SIR) is a duly registered, 14 yrs old, program implementing, and social organization. SIR has been carried out Targeted Intervention Project to prevent HIV/AIDS in FSWs in district- Hardoi (U.P.), sponsored by UPSACS /NACO.

The Project is proposed to be implemented in Azamgarh district of eastern Uttar Pradesh. The district has an incidence of high poverty, lack of economic opportunity; low HIV/STI awareness levels, bridge populations, gender disparity, 6 State Highways running across the district, high migration and substantial in Public Health Services. It carries the large catchments of circular migrants. There is a greater risk of vulnerability of TB/HIV/AIDS/STIs infection to circular migrants, their spouse/sex partners. Considering budgetary constraints, it is proposed to cover 20% of the target population (estimated 425 circular migrants, who are interact with HRGs, per block, 425 Spouse, 100 extra/other sex partners, 25 Returned Migrants, 25 Prospective Migrants), Aggregating a total of approximately 1000 population per block. The total target population is 3000 people. The proposed blocks are Phoolpur, Mirzapur & Rani Ki Sarai.

Following interventions would be carried out:

1. Stakeholder Analysis
2. Behavior Change Communication
3. Condom Promotion
4. Creating Enabling Environment and Community Mobilization (Gender Equity)
5. TB/STI/STD Management

The supervision, monitoring and documentation of the program would be done by staff of the project. The evaluation will be done at the end of the project. Sustainability of the project will be ensured by linkages with the existing local network, social infrastructure of SIR in the proposed area of Azamgarh. Presently, more than 121 SHGs with about 2300 members are being run in above mentioned and other 5 blocks. Further, there are about 60 youths in each block is associated with SIR, who are being guided to establish their own business. Out of 300 youths, more than 100 youths are successful in getting sanction of loan from local banks. Moreover, about 500 farmers of each block is directly associated with SIR. The integration of HIV into ongoing work will give long term targeted awareness and education to the target population.

The project will be implemented with the help of Executive Director-1, Project Coordinator-1, Counselor-2, Finance Officer-1, Outreach Workers-6, and Volunteers/Peer Educators-31. The total budget would be \$ **95895** US Dollar.

Technical Application

Technical Approach/Intended Results:

Project Goals

Reduce prevalence of and deaths due to TB by 50% compared with a baseline of 1990 and Prevention of 7 Millions new HIV Infections.

Objectives:

- To reduce prevalence and death rates by 50% of TB patients by promoting safe behaviour and complete treatment; to reduce the human suffering and socioeconomic burden associated with TB; to prevent HIV transmission through multiple strategies, including the promotion of faithfulness, partner reduction, and appropriate use of condoms.
- To facilitate the creation of a supportive structure and an enabling environment that will be conducive to sustained behavior change leading to lower levels of risk and vulnerability. And also to promote coordination between public and private partners working with the migrant population and providing services to migrants and their families.
- To generate demand for TB/STI/HIV services by focusing on changing high risk group norms and developing positive peer pressure for uptake of services and by strengthening the system for provision of quality and timely services.
- **Expected Project Outcomes:**
- The prevalence and deaths due to TB would be reduced by 50% by promoting safe behavior and proper treatment.
- 90% Migrant population and their spouse/sex partners left behind at source location, potential migrants and returned migrants would be made aware of TB/HIV/AIDS, its causes, risky behavior.
- 90% target population would be educated to prevent TB/HIV/AIDS/STIs.
- 75% of target population would be provided with counseling services and referred to testing in their areas.
- 75% of total population would regularly use condom during the sex.
- Identifying and developing peer educators from related sectors in major local areas to disseminate the information about the prevention of TB/HIV/AIDS/STIs.
- Favorable and positive environment would be prepared to speed up the process of preventing TB/HIV/AIDS/STIs infection in the target area.
- **Geographic Coverage:**
- The Project is proposed to be implemented in Azamgarh district of eastern Uttar Pradesh. Having a population of 3.93 million the district has a sex ratio of 1026 women per 100 men, reflecting a trend of high out migration of men. This poverty stricken district has 7 Tehsils and 22 Development Blocks, 10 Assembly Constituencies which are connected by 2562 km of road and very poor railway connectivity. The district has an unemployment rate of 32097 per year. The district has an incidence of high poverty, lack of economic opportunity; low HIV/STI awareness levels, bridge populations, gender disparity, 6 State Highways running across the district, high migration and substantial in Public Health Services.
- The district is connected to the rest of the State by a network of 7 State Highways, namely 30, 34, 66, 66A, 67 and 73. Of these the most busy routes are:

- SH34 connecting Rani ki Sarai, Mirzapur, Phoolpur going onwards to neighboring district Ballia, connecting to SH 66A connecting, Rani ki Sarai, for district Jaunpur and SH73 for district Varanasi.
- With 22 blocks, the average population of each block is about 1.70 lacs, with a prevalence rate of HIV 1.20%, or an estimated population of 2127 people. Considering the vulnerability of the people living along the important highways, it is proposed to cover 3 blocks along the above mentioned main highways. It carries the large catchments of circular migrants. There is a greater risk of vulnerability of TB/HIV/AIDS/STIs infection to circular migrants, their spouse/sex partners. The proposed area includes Sarameer, which is commonly known circular migrants to Mumbai and Gulf countries. There is a high concentration of minority community i.e. Muslim. The unemployed youth of the most of the families have migrated either to Mumbai or to any of Gulf countries. The known migrated names of this area includes Shabana Azmi, famous Film Actress, Ram Naresh Yadva, Ex. Chief Minister of Uttar Pradesh, Slan Don Abu Salem, Sanjai Nirupam, popular politician in Mumbai, Dr Tariq, accused terrorist attack of serial bomb blast in Lucknow, Faizabad, and Varanasi in U.P. last year, Abul Basher, accused terrorist attack of serial bomb blast in Ahmedabad, Gujarat, this year, etc.
- Considering budgetary constraints, it is proposed to cover 20% of the target population (estimated 425 circular migrants, who are interact with HRGs, per block, 425 Spouse, 100 extra/other sex partners, 25 Returned Migrants, 25 Prospective Migrants), Aggregating a total of approximately 1000 population per block. The total target population in proposed 3 Blocks would be 3000 people. The proposed blocks are:
 1. Phoolpur
 2. Mirzapur
 3. Rani Ki Sarai

Beneficiaries

Preliminary Needs Assessment Study was conducted to identify the causes of migration in the area and the resultant impact on the whole family due to these migrations. It was revealed that the main cause of migration is the lack of employment opportunity and recommendation of already migrated people at the destination cities. It was found that most of the migrant population goes alone to find work in the informal sector leaving wives and family left behind. Changes in lifestyle, language and lack of options for affordable entertainment in combination with loneliness and feelings of alienation make migrants prone to more risky sexual practices and acquisition of STIs including HIV. Spouses left behind at the source are more prone to being infected from the returning migrants. Therefore it is essential to create awareness and education to promote safe behavior and reducing vulnerability.

Inspired by the initial migrants, the coming generations as well as the peers left behind become the next more vulnerable/prospective migrant group to be educated to prevent HIV/ infection. Similarly the returned-migrants are also prone to the infected by HIV due to changed life style they have lived in the destination cities. It is hence proposed to cover the following groups of individuals as beneficiaries. Total estimated 3000 beneficiaries on the basis of 1000 people in each block would be covered, the details of each block is as follows:

- a. Circular Migrants, who have interaction with HRGs (425)

- | | |
|----|--|
| b. | Spouses and sex partners of migrants (425+100) |
| c. | Prospective migrants (25) |
| d. | Returned migrants (25) |

Project Context:

Target population participation:

The target population will participate in different trainings / meetings / community events as an audience and would give feedbacks regarding the message conveyed to them.

The spouses and sex partners of migrants would participate in both types of programs reproductive and child health and TB/ HIV / AIDS / STIs infections.

A few of active member of target population/area would be developed to act as peer educator to disseminate the information.

The returned migrants would be helpful in identifying the risky behavior of migrants and would also help in designing suitable tools to change their behavior.

Linkages to the Community:

With the direct participation of target population in:

- community meetings/focus Group Discussions/Shows/Cultural Programs/One-to-One Meetings/One-to-Group Meetings, etc.
- Health Camps (TB/ HIV / STIs)/awareness camps
- Counseling Programs
- Participation in Community Events
- Advocacy and Networking

Strategic Fit:

SIR has conducted a similar PACT/USAID sponsored Prevention of TB/HIV/AIDS Project in the same 2 proposed Blocks of Azamgarh in 2009 and established 10 SHGs and volunteers. The duration of the project was limited to one year, therefore, it needed to run a similar project to reduce the vulnerability and prevention of HIV and TB.

SIR already has a strong presence in these blocks through a network of over a 121 Self-Help Groups having more than 2300 active members who are engaged in regular saving, inter-lending and frequent meetings for socio-economical cause. Having long standing experience of almost a decade of working with these communities, SIR would be able to garner greater support for effective and sustainable dissemination of information about the prevention of HIV/ AIDS / STIs infections in that area.

Almost 50% of these SHGs are being run by women, which will be helpful in promoting gender equity among them and empowering them socially, educationally and economically to make independent decisions.

Apart from that, about 60 trained youth in each of the abovementioned blocks associated with SIR and they are being guided to start their own micro-enterprises for better livelihoods. Moreover, about 500 farmers of abovementioned each block have been trained by SIR for the better management of their agri-businesses. The long-term association of these farmers with SIR gives wide and deep penetration into the social fabric of the migrant population in these areas. All the families have one or more of its members as a migrant. Also almost more members are potential migrants.

The wide network of SIR in the area gives easy access to communicate the required information and messages to the migrant people their families. It also ensures the indirect peer pressure o migrants and their families to change their risky behavior.

Organizational Readiness:

Organizational Capacity

Support for Implementation and Research (SIR) has got strong organizational set-up with technical and physical support from highly professionally qualified and rich experienced staff and wide network in the proposed area.

SIR is duly registered under the Indian Societies Registration Act, 1860 (Regn. No. 2556/96), FCRA (Regn. No.136550225), Income-Tax Dept. (PAN no.AAAAS9742G), 80-G, 12-A, etc.. The head office of SIR is situated in Lucknow and it has five branch offices at Azamgarh, Jaunpur, Raebareli, and Hardoi in Uttar Pradesh and Navi Mumbai in Maharashtra. SIR already has its office set up at Azamgarh in Phoolpur block, which it intends to make the Administrative Centre for the proposed project. It has a staff of 2 full-time staff, who works with the support of over 7 field workers and a panel of Specialists of respective sectors.

At the top management level, there is a team of over 7 Consultants backed by a panel of Experts. Overall SIR has 52 regular staff, guided by these Experts on technical matters.

SIR has got a number of trained and experienced staff on the issue of prevention of TB/ HIV / AIDS / STIs infections.

Financial Capability

SIR is a fast emerging organization, which sharply rose to Rupees 7.90 millions in 2007-08, and despite of recession impact it maintained Rs. 5.70 millions in 2008-09; Rs. 6.10 millions in 2009-10.

Community Infrastructure

SIR has:

About 10 SHGs formed under PACT/USAID sponsored similar project with volunteers and already familiar/associated 3000 target population in the proposed area.

About 121 Self Help Groups with more than 2300 members in/nearby proposed area. Of these almost 50% are women SHGs, which would be critical in disseminating the information among spouse / sex partners of migrants and moreover among migrants. The contact detail of the members is available in Hindi which may be submitted if required.

About 60 trained youth of each block are associated with SIR who is being guided to promote their own income generating activities. More than 100 youth have been successful in getting their loans sanctioned by banks to set up their business which has further increased the credibility of SIR among the local communities. A complete contact detail of the members is available in Hindi with SIR and may be submitted if required.

Apart from that, about 500 farmers of abovementioned each block have been trained by SIR for the better management of their agri-businesses, who are closely associated with SIR for last 4 years. A complete contact detail of the members is available in Hindi with SIR and may be submitted if required.

Related Experience

SIR has already conducted similar PACT/USAID sponsored project in the same area for one year and having SHGs, volunteers, Peer Educators, Staff, office premises, etc. available. Further, SIR has been carrying out Targeted Intervention Project in Female Sex Workers in district Hardoi which falls in eastern part of Uttar Pradesh as per the telecom services. The Project has been sponsored by NACO through Uttar Pradesh State AIDS Control Society, Lucknow since 2006.

Sir has been focusing on three sectors, namely:

- a. Health

- b. Self Employment
- c. Education

In the Health sector, over the last decade it carried out Urban Reproductive and Child Health, Family Health Awareness Program, National Pulse Polio Campaign.

Besides these it has successfully implemented AIDS Awareness Campaign in two districts of Uttar Pradesh. Over the last 10 years it has been working in close tandem with NACO through the UP SACS. SIR came out with innovative Game Show during AIDS Awareness Campaign in the year 2002, for which it was appreciated & awarded by UPSACS, Lucknow. SIR has been associated and actively participated in many programs conducted by UPSACS since 1999.

Activities

It is proposed to focus on 3 blocks viz., Phoolpur, Mirzapur and Rani Ki Sarai with total 3000 target population (1000 target population from each block) in district- Azamgarh (Uttar Pradesh).

Further, the targeted intervention among 1500 target population (50% of total 3000 target population) would be carried out in those 30 villages (i.e. 10 villages from each block), which are more prone to migration/having higher migrant population. These villages can be easily identified by proposed Stakeholder Analysis during the program. The targeted intervention of these 1500 population can be done through One-to-One Contact method.

Rest 1500 target population can be intensively covered through One-to-Group contact method in all 31 Nyay Panchayats of proposed 3 blocks of district- Azamgarh.

This method would also ensure at least 20 times personal meetings with the target population, which is considered to be the optimum no. of meetings needed for the sustainable behaviour change in sociological field.

The participatory class room approach would be adopted for conducted all proposed activities. Other available resources of SIR e.g. manpower, materials, knowledge, IEC, physical/technical resources, etc. can be used during the implementation of the programs.

Staff Selection and Capacity Building

The staff to carry out the proposed project would be recruited / selected for the whole project period of one year. SIR will do all recruitments of the staff as per its existing HRD Policy through Executive Director for the post of Project Coordinator-1, Counselor- 2, Outreach Workers (ORWs)-6, Finance Officer-1. The formal responsibility of ED would be as follows:

- **Executive Director:** ED will be responsible and authorize for recruitment of staff, overall activities of all the staff, proper implementation of the project, coordination, supervision, monitoring and control of the activities, financial matters and the project.

The duty & responsibilities of the staff would be as follows:

- **Project Coordinator:** Field level proper implementation, supervision, monitoring of the programs, periodic reporting, coordinating all issues/staff, supervision of the activities of ORWs/Counselor/Finance Officer and also that of Peer Educators at the local level.
- **Counselor:** Providing counseling to all target population in office/field/programs/One-One Meetings/One-Group Meetings, etc.

- **Outreach Workers (ORWs):** Carrying out project's messages among the target population through One-One Meetings/One to Group Meetings, conducting programs/activities, coordinating and supervising the activities of Peer Educators, promoting social marketing of condoms, and other field level activities.
- **Finance Officer:** Managing the financial transaction, maintaining the accounts/records, preparing reports, managing the project office, follow up all required accounting practices, etc.

For the capacity building of staff, they will undergo for 2 training programs, one would be based on general information about health, TB, TB/STIs/HIV, causes, prevention, testing/treatment facilities, proposed activities to be carried out, target population, target geographical areas, etc. for two days duration. After conducting, Stakeholder Analysis, they will finally undergo for two-days intensive training program on specific issues like MIS, reporting pattern, record-keeping, transparency and accuracy, Gender Equity, target community, experience sharing during Stakeholder Analysis, doubt clearing, knowledge updation, etc. The staff would be more confident and expert on the issues to guide the community, peer educators, public/private service providers, etc.

Stakeholder Analysis

It is proposed that the Stakeholder Analysis would be conducted by the project staff to collect the essential and authentic information/facts about the target population in the target area. Survey and observation methods will be used to collect information. The staff would also interact with target population including migrant people, spouses of migrants/ sex partners of migrants, prospective migrants and returned migrants. The study would focus on the liking/disliking of migrants, their life styles, the average length of staying in destination cities and also the risky behavior of getting infected with TB/STIs/HIV.

Behavior Change Communication

BCC is an important component of targeted intervention. The objective of BCC is to motivate the target group (migrants population, numbering over 3000) to adopt safe behavioral practices (including promotion of faithfulness, partner reduction, and appropriate use of condoms) on a sustained manner over a period of one year.

BCC activities mainly will be carried out with the help of Outreach Workers and Peer Educators or Voluntary Peers. The project will also adopt and develop the needed materials for communicating on TB/STIs/TB/HIV/AIDS. It mainly includes following activities:

One to One Interaction: The interaction between field staff and the target group in 1500 target population in identified 20 villages. After establishing rapport, knowledge is assessed. Information needed provided by using messages and materials. One to one interaction generally takes 15 – 30 minutes, which will be followed by repetitive visits for reinforcing the messages delivered.

One-to- Group Session: A group of target/sub population, 4-6 who are being educated by the Out Reach Worker and/ Peer Educator in 1500 target population. This session will offer an opportunity to share the experience of the group among others so that one may learn with other's experience. Group session will be of 1-2 hours duration.

IEC Development

IEC materials e.g. handbills/posters/wall writing messages would be developed as per requirement and also in local language. The wall writings in 2 sites of each of all 31 Nyay Panchayats would carry the project messages.

At the end of the year, it is expected that more than 90% of target group would adopt safe sex practices and there would be a remarkable reduction in STI/STD patients in the target group. More than 90% target population would be aware and educated about TB/STIs/HIV/ its causes, unsafe behavior, prevention, treatment/ testing, etc. Community will support the program because indirectly the program is going to give a safe future to its family.

Community Meeting (Health /TB/TB/HIV/AIDS/STIs)

The program will be carried out in all 31 Nyay Panchayats of target area twice in a year to promote the overall messages of the project about preventing TB/HIV/AIDS among target population. It will be conducted in the beginning and at the mid of the project to gain repetitive advantages also. More than 90% target population will be aware of HIV/STI, its causes, prevention, etc. Direct interaction collectively with community will result into the reduced shyness in c conversation on STI/HIV. It will also increase the knowledge about TB/HIV/AIDS. It will add to make positive environment.

Focus Group Discussion

Focus Group Discussion would be organized at all 31 Nyay Panchayats of block Phoolpur, Mirzapur and Rani Ki Sarai twice in a year to promote participatory learning approach for sustainable changes in behaviour of target population. FGD will also help in encountering the existing myths and misconception about STI/HIV/ Condom uses/ gender equity among target population in the project area. It will be conducted in the mid of the project period and in the fourth quarter of the project. It will educate target population to adopt safe behavior and use condom regularly during the sex. More than 75% target population will start using condoms.

End-line Assessment

End-line Assessment would be carried out to monitor and assess the efforts carried out during the project period. The conclusion of the assessment would provide an authentic way to prevent TB/STI/HIV infection among target population. The findings would also be helpful for supportive structure e.g. SHGs, Peer Educators, etc. created during the project for future course of action.

As the intervention is very new, we propose to promote **social marketing of condoms**. The free distribution of condoms can be converged with any other existing similar programs

Activities for Objective #2:

Creating Supportive Structure, Enabling Environment and Coordination among Public Private Partners:

Environment needs to be supportive for behavior modification. Formation/strengthening of 15 Self Help Groups, video shows, cultural programs, Gram Pradhan Meeting at block level, Anganwadi Workers Meeting at block level, Networking and addressing other needs of the target groups will form as strategies for creating environment.

The project will create a congenial environment during the life of the project. However, there are many constraints, which will be tackled in a gradual and sequential manner. The enabling approach will focus on broad frame work with an intention to remove the constraints in accessing quality STI care, easy access of condoms and bring out a positive environment over a period of time. PE's role is also crucial in creating the positive environment.

SHG Formation/Strengthening

Community mobilization and Formation of community groups for empowering target group. The formation/strengthening of SHGs of target population would be instrumental in the sustainability of the project. It is proposed to form 10 new SHGs of target population and

build their capacity by providing training for 2 days about the TB/STIs/TB/HIV/AIDS and preventive measures. The SHGs would be formed by the staff of the project under the direct supervision of Executive Director/Project Director by using other resources of SIR. SHG will have 10-20 members from the migrant people, their spouse/sex partners, prospective migrants/ returned migrants. The SHG members would act even after the completion of the project period 1 year and would disseminate information to the target population. These SHGs could also be motivated to promote social marketing and free distribution of condoms among target population. The other already existing SHGs would be helpful in building the favorable environment as they do not have all members from the target population.

Shows- Video

Video shows would be conducted at the Nyay Panchayat level to make favorable/positive environment to speed up the process. During the demonstration of the shows, the additional messages will be displayed and IEC materials would be distributed among all available audience. The concerned ORW will act as anchor to increase the impact of the program and to educate the target population.

Gram Pradhan Meeting

Gram Pradhan Meetings will be conducted at the block level twice in a year to make favorable environment to speed up process of preventing TB/HIV/STIs. In the Tertiary System of Indian Democracy, the Village is the primary/ 1st level. Every village elects a representative to look after their interest for every 5 years. The elected person is known as Pradhan (Chief) of that village, he/she carries influence over the people of that village. Keeping the Pradhan's influential position into the consideration, it is proposed to orient them about the project in brief during their general monthly meeting held at the Block Headquarter. The orientation to these Gram Pradhans would also be helpful in carrying out the project at the village level smoothly and also to reduce the risk of the nuisance/hurdles related with sensitive issues in rural areas. The Project Coordinator along with Counselor/ORWs/Peer Educators would conduct the meeting in the concerned Block Headquarter. The PC will fix-up the meeting by taking the verbal consent and information to the Block Development Officer/Block Pramukh/ Incharge BDO/higher authority. The PC will give a brief introduction about the objectives, activities, schedule of the project and will ask for extending the support/cooperation of all the Gram Pradhans in their villages during the implementation of the project. The PC will also introduce his available concerned staff with their major role. The Counselor would explain the TB/STIs/TB/HIV/AIDS, its preventive measures, Doubt clearance, etc. Participatory class room training approach would be used to conduct the meetings. Training kit including Pen/Pad/Folders/IEC materials/Booklet would be distributed among all the listed participants/their representatives.

Cultural Program

Cultural Programs would be conducted at Nyay Panchayat level to make favorable and positive environment to speed up the process of prevention of TB/HIV/STIs. The proposed target population belongs to rural areas and the social messages are easily conveyed through cultural activities. The seriousness of the subject matter can be easily diluted with the entertaining feature of Cultural Program to make the presence of the project in the project areas. During the cultural program, the messages will be demonstrated in pictorial form through banners/posters, IEC materials would be distributed to all the available audience.

The local folk singers/musical groups would be contacted to carry the messages in all 31 Nyay Panchayats. Organizing such a program creates favorable environment and orient other public-private partners to promote the preventive measures among the target population.

Anganwadi Workers Meeting

The support of Anganwadi workers will be taken in creating positive environment through Anganwadi Workers Meeting at block level twice in a year. The Anganwadi workers are the part of the Integrated Child Development Schem, sponsored by Government of India to reduce the mortality rate. Almost there is one Anganwadi worker in each village, providing nutritious food to the children. Therefore, they interact regularly with the young mothers in the villges. Since, the spouses of the migrants are often the young/mothers, so they might be in touch/influence of the Anganwadi workers. In this situation, if the Anganwadi workers are also oriented by holding one day meetings twice in a year, then the probability of their endorsement are increased which will result into higher rate of acceptance among the Spouse/Sex Partners of migrant population. Therefore, it is proposed to organize one-day meeting on their Monthly Reporting Meeting, which is held at the block level. For incorporating this meeting, the consent of the Child Development Project Officer are taken in advance, which she gives as usual. The PC will give a brief introduction about the objectives, activities, schedule of the project and will ask for extending the support/cooperation of all the Anganwadi workers in their areas during the implementation of the project. The Counselor/ORWs would explain the TB/STIs/TB/HIV/AIDS, its preventive measures, Doubt clearance, etc. Participatory class room training approach would be used to conduct the meetings. Training kit including Pen/Pad/Folders/IEC materials/Booklet would be distributed among all the listed participants/their representatives.

Regular meeting & training of staff & peer educators to improve the personality to reflect positive impressions e.g. dressing, conversation, language, behaviour, character, fair intention.

Public Awareness Program

Public Awareness Program at the Nyay Panchayat level would be conducted for mass awareness among those people who have been providing services to the target population. These public/private partners would also support the project to prevent HIV/TB infection in target group.

It is expected that these activities would make favorable and positive environment to speed up the process of preventing TB/STI/HIV infection in target population. The above mentioned activities would be helpful in establishing proper coordination between public/private partners who are providing services to the target population. They will also educate target population to adopt safe behavior. It will be instrumental in community mobilization.

Activities for Objective #3

Sexually Transmitted Infections (STIs) converted into Sexually Transmitted Diseases (STDs), if it is not cured properly. Presence of STI increases the risk of HIV infection resulting into TB infection.

Peer Education

Peers are the members of the same high-risk population/area, who live in same socio-cultural habit of the high-risk population. They will be trained on intervention activities like one to

one interaction, group education etc this is one of the strategies used for reaching difficult to reach groups and odd timings.

Peer Education is a method to transfer the knowledge or dissemination of information by the trained volunteers of the target group / areas. The Voluntary Peer Leader (VPL)/ Peer Educator (PE) will have more reliability and impact on the target group.

Total of 31 Peer Educators would be identified and trained for peer education for about 3000 target population. They will be from the target/areas, neutral, willing, individual leadership skill and good relationship within the target group/community. The incentives to these Peer Educators would be given during the project period to meet out their essential needs.

Activities expected to be performed by the peer educators:

- Regular interaction and carry out the project at the target population level.
- Regular support to the Outreach Workers.
- Attend Orientation/Programs/ Trainings conducted by SIR
- Promotion of condoms to the community members and DOT/STD referral.

Capacity Building of the Peer Educators:

- ❖ Training to Peer Educators.

The plan for the field staff to provide support to and supervise the peer educators

- ❖ Carry out the project at the grass root level i.e., target area.
- ❖ Coordination among Peer Educators, Community, NGO.
- ❖ Counsel the migrant population for STI/STD/TB/HIV/AIDS.
- ❖ Implement outreach plan in the field.
- ❖ Maintain the field reports and records.
- ❖ Regular report to ORW and Project Coordinator.
- ❖ Regular attendance in meetings/trainings.
- ❖ Supervising & supporting to Peer Educators.

Ensured community mobilization, support and acceptance of Peer Educators

- ❖ Participation of Peer Educators in all programs.
- ❖ Giving due respect and support to Peer Educators especially in presence of target Population.
- ❖ Target population would be taken into confidence by providing emotional/social/medical/educational support.
- ❖ Peer Educators would be converted into seller of condoms at subsidized rates at the end of the project for sustainability point of view.

Social Marketing of Condoms

The Social Marketing of Condoms would be promoted to reduce the TB/STI/HIV infection among the target population in the project area. for the selling of condoms in the project areas the common local outlets would be identified. These outlets may be small Paan shops/Tea Stalls/ Kirana Stores/ Provision Stores, etc. The Peer Educators would also be motivated and prepare to sell the condoms to the target population, so that the longer lasting relationship could be developed among Peer Educators and target population by the way of selling and purchasing the condoms. It will add to the sustainability of the project. Free distribution of condoms would also be done by the same channel if any other existing schemes want to provide condoms free of cost. Presently, several health programs are providing condoms free of cost e.g. UPSACS/ SIFPSA/Family Planning, etc. The program may be converged with them easily.

Asha Health Workers Meeting

The network of National Rural Health Mission at the village level could be effectively utilized to generate demand for TB/STIs/HIV prevention/testing/counseling services among target population especially among spouses of target migrants. On the day of the Monthly Meeting of ASHA Health Workers, One day Orientation meeting of the project could also be incorporated by taking the consent of the concerned Medical Officer. Since, these workers are handling with the medical facilities to the women mainly related with reproduction issue, therefore, orientation to them just to endorse the messages and preventive measures of STIs/TB/HIV/AIDS, would support the project positively in reducing the sexually transmitted infection/diseases. The PC will give a brief introduction about the objectives, activities, schedule of the project and will ask for extending the support/cooperation of all the Anganwadi workers in their areas during the implementation of the project. The Counselor/ORWs would explain the TB/STIs/TB/HIV/AIDS, its preventive measures, Doubt clearance, etc. Participatory class room training approach would be used to conduct the meetings. Training kit including Pen/Pad/Folders/IEC materials/Booklet would be distributed among all the listed participants/their representatives. It is not proposed to Work with ASHA but it is to Orient the ASHA for their endorsement to strengthen the favorable environment.

Other Activities:

Outreach staff will be trained to identify TB/STI cases during the daily interactions with migrant population in targeted areas.

- ❖ Organizing Health Camps at Nyay Panchayat level for identifying STI cases.
- ❖ Utilizing the existing government facilities for STI care for achieving sustenance.
- ❖ Circular Migrants, who have interaction with high risk groups/ commercial sex workers, spouses/sex partners of migrants, returned and prospective migrants will be encouraged and counseled for voluntary TB/STI/HIV testing to prevent TB/STIs/HIV. Because they do not give proper attention to STIs/STDs, they think that it is a normal physical problem whereas, it is fact that HIV is also a kind of STIs and the presence of STIs/STDs increases the possibility of getting infected with TB/HIV/AIDS, which causes for TB.

By adopting above mentioned activities, it is expected that 100% target population would be successfully provided with TB/STIs/HIV treatment/testing/ counseling services in the target area.

Implementation Plan

Activities with Timeline Program Implementation

Key Activities	Target	Timeframe												Staff responsible	Anticipated results	Comments		
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>					
Activities for Objective #1:																		
<ul style="list-style-type: none"> To reduce prevalence and death rates by 50% of TB patients by promoting safe behaviour and complete treatment; to reduce the human suffering and socioeconomic burden associated with TB; to prevent HIV transmission through multiple strategies, including the promotion of faithfulness, partner reduction, and appropriate use of condoms. 																		
Recruitment / selection of staff to carry out the project.	Migrants/ migrant's Spouses/ Sex Partners, Retuned Migrants, Prospective Migrants	x														Executive Director	Coverage of about 90% target population in the project area with awareness & education on TB/STIs/HIV prevention and services.	
Training to Staff on TB/HIV/AIDS.	All Staff Members	x														ED	Staff would be aware of sufficient information about TB/HIV/AIDS, target population, goals, proposed programs, etc.	
Conducting Stakeholders Analysis.	Migrants/ migrant's Spouses/ Sex Partners, Retuned Migrants, Prospective Migrants	x														Project Coordinator/ ORWs Field staff/ Counselor	The important information regarding target migrant population and places will be collected. Primary meeting & visit in target area. Exposure to staff members. Base for forward planning & control	
Training on MIS/Gender Equity	All Staff Members	x														ED/PC	Intensive & final training for proper reporting, documentation, MIS, Gender Equity, doubt clearing, and feedback sharing, knowledge sharing after Stakeholder Analysis, etc. Better Knowledge will smooth the process & increase the results.	

<p>To conduct 'One to One Meeting' in 1000 target population of 20 identified high migrant populated villages, 'One to Group Sessions' in 1000 target population of other areas of two blocks on STI/TB/HIV/AIDS by the ORWs / Counselor for the promotion of overall objectives of the project and for promoting faithfulness, partner reduction, and appropriate use of condoms.</p>	<p>Migrants/ migrant's Spouses/ Sex Partners, Retuned Migrants, Prospective Migrants</p>	x	x	x	x	x	x	x	x	x	x	x	x	x	<p>PC/ Counselor/ ORWs/ Peer Educators</p>	<p>90% Target population would be educated about TB/HIV/AIDS, its causes, risky behavior. Direct interaction about 20 times through One-to One, and 20 times One-to- Group meetings with target population will give multiple impacts to project viz., preventing HIV transmission, promoting proper use of condom, promoting gender equity, generating demand for TB/STI/HIV services.</p>	
<p>Developing IEC materials for Behaviour Change communication with community participation.</p>	<p>Target migrant population</p>	x	x					x					x		<p>ED/PC / Counselor/ Field staff</p>	<p>Availability of Handbills, posters, wall writings for proper communication /awareness.</p>	
<p>'Community Meeting (Health TB/STIs/HIV)' in all 31 Nyay Panchayats of target area twice in a year to promote the overall messages of the project about preventing TB/HIV/AIDS among target population</p>	<p>Target Population</p>		x			x	x								<p>ORWs / Counselor</p>	<p>More than 90% target population will be aware of HIV/STI, its causes, prevention, etc. Direct interaction with community collectively to reduce the shyness about the conversation on and to increase the knowledge about TB/HIV/AIDS. It will also add to favorable environment.</p>	
<p>'Focus Group Discussion' would be organized at all Nyay Panchayats twice in a year to promote participatory learning approach for sustainable changes in</p>	<p>Target Population</p>					x						x			<p>ORWs/ Counselor/ PC</p>	<p>Sustainable changes in more than 90% target population. Enlisting the existing myths and misconception about STI/HIV/</p>	

behaviour of target population.																			Condom uses/ gender equity among target population in the project area in the mid of the project period. More than 90% target population will start using condoms regularly during sex.		
Maintenance of records of procurement and supply, accounts, finance, etc. of the project.	Office records	x	x	x	x	x	x	x	x	x	x	x	x	x	x			Project Coordinator/ Accountant	For transparency in the project management system.		
End-line Assessment	Target Population																	x	Project Coordinator/ ORWs Field staff/ Counselor	Assessment of the achievements /different factors of the project would give basis for future course of action for supportive structure e.g. SHGs/ Peer Educators, etc.	
Activities for Objective #2:																					
To facilitate the creation of a supportive structure and an enabling environment that will be conducive to sustained behavior change leading to lower levels of risk and vulnerability. And also to promote coordination between public and private partners working with the migrant population and providing services to migrants and their families.																					
To conduct 'Gram Pradhan Meeting' at block level twice in a year for advocacy and enabling environment.	All Gram Pradhans of target villages	x																	Field Staff-ORWs	More than 95% of the Gram Pradhans of the target villages would support project activities.	
To conduct 'Anganwadi Workers Meeting' at block level twice in a year for advocacy and enabling environment.	All Anganwadi Workers of target area		x																Field Staff-ORWs	Most of the Anganwadi Workers of the target area would extend their support to project activities.	
Organizing 'Shows-Video' at each of all the Nyay Panchayats for enabling environment.	Target population																		ORWs	Showing the related kind of shows in the target area would make favorable	

<p>Educators from the target population/area to ensure volunteer services, community mobilization and to develop positive peer pressure on target population.</p>	<p>Volunteers</p>															<p>Educators/PC</p>	<p>for the constant peer pressure on target population. Regular dissemination of information about STI/HIV/TB, risky behavior, treatment, etc. Reduced myths and misconception about TB/HIV/STI/ treatment services/ condom uses, etc. due to training to peers and education by peers.</p>	
<p>2. Peer Education by volunteers/ Peer Educators from the target population/area to ensure volunteer services, community mobilization and to develop positive peer pressure on target population.</p>	<p>Peer Educators/ Volunteers</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>ORWs/ Peer Educators/PC</p>	<p>The constant peer pressure on target population. Creation of 100% supportive structure. Ensured sustainability of the project. Reduced myths and misconception due to peer education by peers. Strong network with existing government. facilities for TB/STI/HIV prevention.</p>	
<p>3. Organizing 'Asha Health Workers Meeting' at the block level twice in a year to generate demand for TB/STI/HIV services.</p>	<p>Health workers</p>		<p>x</p>						<p>x</p>							<p>Project Coordinator/ ORWs/ Counselor</p>	<p>The demand for TB/STI/HIV services will be increased more than 80%. The existing local health service system will be strengthened, as Asha Health workers provide medical services to women in villages.</p>	

Monitoring and Evaluation Plan

A. Project Indicators:

1. STANDARD MONITORING Indicators

Prevention / Other Behavior Change

1. Number of individuals reached through community outreach that promotes TB/HIV/ AIDS prevention through other behavior change beyond abstinence and / or being faithful.
 - a) Male
 - b) Female
2. Number of individuals trained to promote TB/HIV/AIDS prevention through other behavior change beyond abstinence and / or being faithful:
 - a) Male
 - b) Female

Counseling and Testing

1. Number of individuals who receive counseling and testing for TB/HIV/STI
 - a) Male
 - b) Female

2. Other-STANDARD MONITORING INDICATOR Indicators (including Stop TB Partnership, NACP-3 Indicators)

Instructions: include other indicators and their targets if you wish to track and report on results or outcomes not monitored.

Prevention of New Infection in high risk groups and vulnerable populations

2. Number of men reporting use of condom the last time they had sex with a partner
3. Number of person reporting condom use in last sex with non-regular partners.
4. Number of men reporting being clients of sex workers in the last years
5. Number of individuals aged 15-49, who identify correct information about TB/HIV transmission and reject major misconceptions about TB/HIV.

B. Data Collection:

The concerned data would be collected by the field staff Out Reach Workers for behavior change communication and condom promotion with the help of VPL/PE.. The main source of data collection would be through observation and regular reporting of ORWs to the Project Manager.

The basic data about the status of target population, different activities being carried out under the project would be collected through field staff viz. ORWs with the help of Peer Educators and other volunteers.

The data regarding STI care and misconception about TB/HIV/AIDS will be collected through concerned Counselor.

The collected data will be verified by the Project Manager.

The collected and verified data regarding the status of target population and progress of the project, impact of the activities being carried out, etc. will be provided by the Project Director to the nodal agency / the donor agency in the prescribed format.

The Project Director / and representative of the donor agency would be responsible for the monitoring of all activities being carried out under the project.

The evaluation of the project would be carried out by an independent agency.

C. M&E Reporting and Documentation:

The data will be collected on the prescribed format.

The prescribed format would be developed on the basis of the goal and objectives of the project and activities being carried out.

The Stakeholder Analysis in the proposed target area would be conducted before the commencement of the implementation of the project.

The report would be recorded on the daily basis and collected on weekly basis by the ORWs. The coordination with Peer Educators will be done by ORWs.

The activities of Counselor, ORWs, Finance Officer will directly supervised by the PC.

The tabulation of the data for the reporting to the office of the project will be on weekly basis. The monthly progress report will be prepared by the Project Coordinator with the help of Finance Officer and it will be submitted to the Executive Director for taking the corrective measures to increase the effectiveness of the project.

The ED will directly/finally supervise/change/increase/decrease the duty and responsibility of all the staff including PC. The ED will also be authorized to change the staff, if find so.

S.N.	Format	To be filled by	To be submitted to
1.	Cash Book, Ledgers, Stock Register, etc.	Finance Officer/ Accountant	PC/ED
2.	Program Register for Advocacy Meetings, Health Camps, Community Events, Focus Group Discussions, Mid-Media Events, etc	Finance Officer/Accountant	PC
3.	Self Help Group Information, Formation, Management	ORWs	PC
4.	Staff Register, Salary/Honorarium Register	Finance Officer/Accountant	PC/ ED
5.	TB/STI Register showing the no. of blood testing of target population	Finance Officer, ORWs, Counselor	PC
6.	Counseling Register	Counselor	Doctor/PC
7.	Outreach Workers Diary	ORW	PC
8.	Compilation of PE summary sheet	ORWs	PC/ ED
9.	Quarterly Progress Reporting	PC	PD
10.	BCC/IEC Register	Fin. Officer/Acctt.	PC
11.	Management and Security of Office Stocks, Records, infrastructures, and supporting the Administration, etc.	Administration Officer	PC/ED

The Quarterly Report would be sent to the nodal agency either by e-mail/and courier as per the consent or the suitability of the Donor/Global Giving.com.

A Management Information System would be developed for the proper recording of data and analysis of the facts regarding the target population.

Monitoring/Reporting/Supervision/ Documentation Responsibilities

Project Management: Organizational Capacity:

Organisational Capacity

SIR has rapidly grown from an initial turnover of Rupees 3.29 millions in 2005-06 and Rs. 6.10 million in 2009-10 during recession. Support for Implementation and Research (SIR) has got strong organizational set-up with technical and physical support from highly professionally qualified and rich experienced staff and wide network in the proposed area.

SIR is duly registered under the Indian Societies Registration Act, 1860 (Regn. No. 2556/96), FCRA (Regn. No.136550225), Income-Tax Dept. (PAN no.AAAAS9742G), 80-G, 12-A, etc. The head office of SIR is situated in Lucknow and it has five branch offices at Azamgarh, Jaunpur, Raebareli, and Hardoi in Uttar Pradesh and Navi Mumbai in Maharastra.

SIR already has its office set up at Azamgarh in Phulpur block, which it intends to make the Administrative Centre for the proposed project. It has a staff of 3 full-time staff who works with the support of over 7 field workers and a panel of Specialists of respective sectors.

At the top management level there is a team of over 7 Consultants backed by a panel of Experts. Overall SIR has 52 regular full-time staff who are guided by these Experts on technical matters.

SIR has got a number of trained and experienced staff on the issue of prevention of TB/HIV / AIDS / STIs infections.

Financial Capability

SIR is a fast emerging organization, which despite of recession impact it maintained Rs. 5.70 millions in 2008-09; Rs. 6.10 millions in 2009-10.

Community Infrastructure

SIR has:

About 10 SHGs formed under PACT/USAID sponsored similar project with volunteers and already familiar/associated 3000 target population in the proposed area.

About 121 Self Help Groups with more than 2300 members in/nearby proposed area. Of these almost 50% are women SHGs, which would be critical in disseminating the information among spouse / sex partners of migrants and moreover among migrants. The contact detail of the members is available in Hindi which may be submitted if required.

About 60 trained youth of each block are associated with SIR who is being guided to promote their own income generating activities. More than 100 youth have been successful in getting their loans sanctioned by banks to set up their business which has further increased the credibility of SIR among the local communities. A complete contact detail of the members is available in Hindi with SIR and may be submitted if required.

Apart from that, about 500 farmers of abovementioned each block have been trained by SIR for the better management of their agri-businesses, who are closely associated with SIR for last 4 years. A complete contact detail of the members is available in Hindi with SIR and may be submitted if required.

Related Experience

SIR has already conducted similar PACT/USAID sponsored project in the same area for one year and having SHGs, volunteers, Peer Educators, Staff, office premises, etc. available. Further, SIR has been carrying out Targeted Intervention Project in Female Sex Workers in district Hardoi which falls in eastern part of Uttar Pradesh as per the telecom services. The Project has been sponsored by NACO through Uttar Pradesh State AIDS Control Society, Lucknow since 2006.

SIR has been focusing on three sectors, namely:

- Health
- Self Employment
- Education

In the Health sector over the last decade it carried out Urban Reproductive and Child Health, Family Health Awareness Program, National Pulse Polio Campaign.

Besides these it has successfully implemented AIDS Awareness Campaign in two districts of Uttar Pradesh. Over the last 10 years it has been working in close tandem with NACO through the UP SACS. SIR came out with innovative Game Show during AIDS Awareness Campaign in the year 2002, for which it was appreciated & awarded by UPSACS, Lucknow. SIR has been associated and actively participated in many programs conducted by UPSACS since 1999.

Key Personnel and Partner Capacity:

At the top management level there is a team of over 7 Consultants backed by a panel of Experts. Overall SIR has 52 regular full-time staff who are guided by these Experts on technical matters.

SIR has got a number of trained and experienced staff on the issue of prevention of TB/HIV / AIDS / STIs infections.

Brief Introduction of Professionals

Dr S. K. Srivastava

Ph.D., M.B.A, M.COM, PGDCAS (Computer)

He is a well qualified professional having tremendous observational skills with experience of over 15 years in the field of survey/research and project coordination in rural areas. He has prepared DPR of district Hamirpur and Azamgarh, budget Rs. 45 Crore each under Rastriya Sam Vikas Yojna. He is a multifarious personality and has got excellent flair for writing. He has undergone for many health related workshops and training programs sponsored by government agencies. He has written many books on self employment and rural development through Self Help Group concept, agriculture based activities viz., 'Safal Udyog Lagayen', 'Swayam Sahayata Samooh', 'Bio-Kheti', 'Medicinal Paudhon Ki Kheti', 'Phoolon Ki Kheti', 'Rabi, Kharif, Jayad', 'Sabji & Masalon Ki Kheti', etc. A no. of research/studies have been conducted successfully under his supervision viz., 'Market Survey of Cellular Phone', 'Baseline Survey of WSHGs, and WSHG villages', etc. He has got natural flow for introducing innovative ideas and preparing attractive marketing mix offer viz., 'Entertainment-cum-Educational Game Show to prevent TB/HIV/AIDS', 'Community Participation in Pulse Polio & URCH', etc. He used to deliver lecture on management, community participation, marketing,

commerce, research methodology, etc. related issues in different institutions, seminars, programs as Guest Faculty. He has also got practical knowledge of using different packages in information technology. He has planned PACT/USAID sponsored project (cost: \$55,511.00) in Azamgarh. Presently, he is heading the team of SIR as Director.

S.T.H. Zaidi

M.Tech.(Italy), Ex GM-Fertilizer Corporation of India

He is a Chemical Engineer from Italy with a rich experience of over 39 years in fertilizer and other related industries. He has visited many countries viz., Japan, Italy, USA, UK, etc to explore more useful techniques and opportunities for rural development. He has conducted a no. of studies during his jobs. Presently, he is associated with SIR as Consultant.

He has practical experience in Design Operation, Project Planning and Execution, Production Management, Development, etc. in chemical industry.

He has rich experience of Project Planning and Management, Project Identification, Techno-Economic Studies, Preparation of Project Reports including cost of production, cash flow analysis, profitability and technical appraisal of projects. Construction, Erection, Testing and Commissioning, Project Monitoring and Management Reporting.

Dr. D.P. Singh

Ph. D., M.A.

He is a Researcher and Economist who keep an observational and critical eye on the regular development of economy. He has got rich experience of more than 12 years in the field of research/studies and program implementation. A no. of studies was conducted under his coordination viz, 'Micro Impact of Macro Economic Adjustment and Policies', 'Artisan Census in U. P. and Bihar', etc. He has also developed appropriate management system for the "Urban Basic Services Program" sponsored by UNICEF, and also 'Evaluation of Prime Minister Rojgar Yojna'. He has also formulated projects on "Vishesh Rojgar Yojna"and "Intensive Development of Mini Industrial Estates in U.P." sponsored by Directorate of Industries, Kanpur.

Dr. Vinod Kumar

M.B.B.S

He is a well qualified and experienced medical expert as his qualification is representing. Moreover he has a rich and relevant experience of 5 years with various medical activities in a number of rural and urban areas as well.

Mayank Srivastava

M.B.A., M.F.C., M.A. (Economics)

He is a well qualified and experienced young professional with excellent exposure in need based social research for more than 9 years. He has got expertise in the field of Program Planning, Management, Monitoring and Evaluation, Organizational Development & System Strengthening, Appraisal and Capacity Development of NGOs and Partners, Networking with Institutions & /stakeholders, Micro-planning through Participatory Methodologies. He has been associated with many programs being run by STEP Foundation, UNICEF, ICDS, AED, Washington, BIRD, SIEMAT, Sir Ratan Tata Trust, etc.

Manoj Kumar (Accountant)

M.Com. L.L.B., C.A. (I)

He has a rich experience of more than 7 years in the field of accounts and system management. He has been associated with many developmental programs being run by Govt. /Non-Govt. agencies in rural areas. He has also conducted many survey and studies. He has coordinated many training programs. He has got expertise in maintaining proper account books, costing, analysis of data, finding trends, and making correlations with influential factors, data collection, accuracy testing, graphical presentation of data, etc.

Vandana Mishra (Counselor)

M.A. (Sociology)

She is basically a social worker and has been associated with many social work activities with various organizations during more than 3 years. She is working with us as a counselor and performing her task in between casual sex workers at district Hardoi under Targeted Intervention Project of TB/HIV/AIDS.

Umesh Kumar Tripathi (Coordinator)

B.Sc. (Ag.)

He has a rich experience of more than 8 years in the field of program implementation and coordination, at different levels. He has been associated with many developmental programs being run by Govt. /Non-Govt. agencies in rural areas as well as urban areas. He has coordinated many training programs.

Archana Shukla

M. A., PGDCA, DFD, PGDBM

She is basically a Fashion Designer, having an excellent experience of 8 years. She has proven her dynamic personality with having a presence in multifarious activities as a designer, trainer and business women.

Project Management (Cont.)

Implementation Schedule Realism:

Instructions: Provide detail to support feasibility of project implementation schedule, specifically how the applicant will ensure results within the given timeframe.

All the proposed activities are interrelated with each-other for attaining the desired goal.

The commencement of the project would be from conducting the Need Assessment study, which would provide more specific information regarding target population.

The recruitment of the staff, orientation of the staff, capacity building, personal meetings, group meetings, behavior change, counseling, testing and treatment of the STI patient of target population, condom promotion, and enabling environment to disseminate the information about prevention of TB/TB/HIV/AIDS/STIs.

The success of one activity would give the better launching pad for the next activity to be conducted. The similar schedule has already been adopted by us in district- Hardoi for FSWs, and the positive results are coming out. An independent Agency King George Medical University, Lucknow has conducted a survey in all districts of Uttar Pradesh and declared our project area i.e. district- Hardoi as the maximum no. of women aware of TB/HIV/AIDS in U.P.

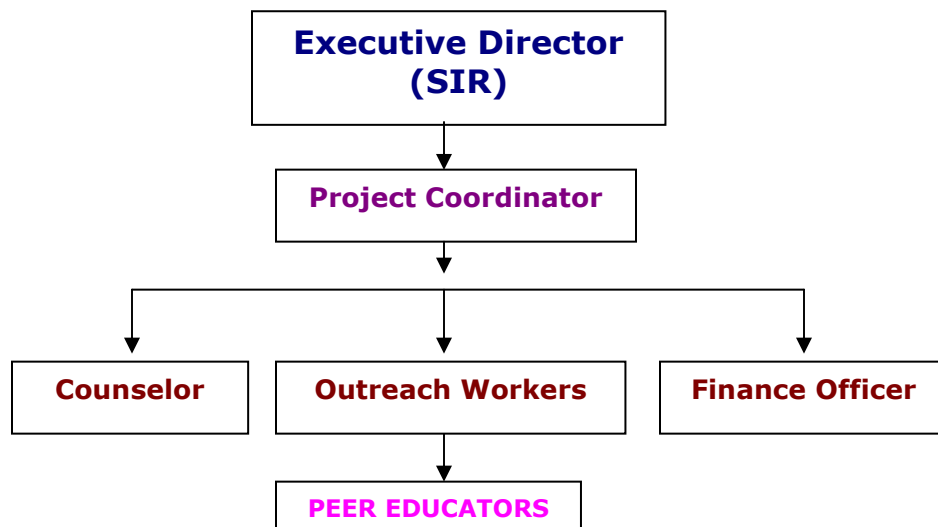
The timeframe given for each activity will ensure the timely completion of the activity. The regular reporting process will also be helpful in completing the project in time.

Project Management Structure:

Instructions: Describe the proposed management structure for implementation of this specific project and how this structure fits within your overall organizational management structure. You may submit an organizational chart to support a narrative description.

Team and Staff Structure **Organogram for the interventions**

Rules/regulations of SIR will be applicable for the recruitment (from outside/inside) and management of the required staff for the proposed project. It will fit to the existing structure of the organization as the Executive Director is accountable for the Management Committee.



I. Terms of Reference

Executive Director:

1. The ED is the official representative of the project
2. Will attend monthly planning meetings of the project and attend all meetings organized by the nodal agency/donor agency.
3. Convene regular meetings with project manager and other staff
4. Attend capacity building programs.
5. Provide guidance, support and leadership to the project.

6. Overall financial and administrative powers of the project rest with ED

Project Coordinator:

1. Is a professional social worker / social science background person with at least post graduate degree.
2. Will attend monthly planning meetings and will maintain minutes.
3. Will formulate weekly plans.
4. Will be responsible for field activities.
5. Will ensure optimal utilization of time and manpower during the project implementation.

6. Will attend capacity building programs and workshops.
7. Will be responsible for preparation of reports and forwarding the same to the nodal agency/donor agency.
8. Will provide guidance and supervision to all field staff.

Counselor:

1. Will counsel all PSH.
2. Will maintain counseling registers and documentation.
3. Will educate PSH on need for partner treatment and counseling.
4. Will follow up the STI cases.
5. Will maintain STI case registers.

Outreach Workers:

1. Will report to Project manager.
2. Will counsel the PSH for STI/TB/HIV/AIDS.
3. Will implement the out reach plan in the field.
4. Will maintain the filed reports and records.
5. Will attend daily, weekly and monthly meetings.
6. Will coordinate PEs activities.

Peer Educators/ Voluntary Peer Leaders:

1. Will be a community member with leadership skills and good relations within the community.
2. Will report daily to outreach worker.
3. Will implement weekly plans.
4. Will attend orientation and training programs conducted by the NGO and nodal agency/donor agency.

Finance Officer:

1. Will have good computer skills and adequate accounts experience.
2. Will be responsible for maintenance of accounts.
3. Will support project manager in preparing reports.
4. Will organize accounts for annual audit
5. Will submit all financial reports within time.

Sustainability:

Instructions: Include a sustainability plan detailing how activities will continue beyond the Pact funding period. Clearly detail programmatic linkages that will be made over the life of the project to ensure service beyond the Pact funding period

The proposed project is self-sustainable in nature. SIR has strong presence in the project area by developing more than 100 SHGs having more than 2300 members, by associating about 60 youths in each block, and by having long term relationship with about 500 farmers in each block. The credibility of SIR will prepare the associates to push the information and to give the consent to it.

The existing social infra-structure developed by SIR will make the project sustainable after finishing the funding period by PACT. More than 100 SHGs being run in the project area would disseminate the information to the target population in their nearby areas. Since, the life of the SHGs is independent from the funding of the PACT for the prevention of TB/HIV/AIDS infection; therefore, the information would be served by these SHGs and its more than 1400 members in the project area. Capacity building of these SHGs and its all members must be done within the life of the project.


Apart from that SIR has been engaged in providing self-employment guidance and trainings to the general people of the project area, therefore, it would be very easy to convey the messages and information among the target population. Integrating HIV interventions into the on going work of SIR rather than having stand alone initiatives can be an effective strategy to address issues of basic human rights, etc.

Moreover, the STI care component would be initially urn by the project, but side by side, the patient would be referred to the nearby government hospitals, testing center, ICTC, etc. Such a referred patients would got into habit of going to existing nearby hospitals/testing centers.

The distribution of condom would be converged with the other existing government programs, which might be continued in future after the completion of the project funding period in the target area.

SIR has got its own administrative office, staff and associates in the project area before the commencement of the project, which will continue as well after the completion of the funding period.

Annex A:

<u>Organizational Questionnaire</u>	
<p>Organization Name: Support for Implementation & Research (SIR)</p> <p>Address: S-4, 2nd Floor, Karamat Complex, Nishatganj, Lucknow-226007 (Uttar Pradesh) INDIA</p> <p>Phone: 0522-2334725, 9415021766 Fax: 0522-2334725 Email: sirworld@rediffmail.com</p>	<p>Contact Person & Title:</p> <p>Signature or Authorized Representative</p> <hr/> <p>Dr Shailendra Kumar Srivastava/ Director</p> <hr/> <div style="text-align: center;">  </div>
<p>Project title: 'TB/HIV Prevention for Migrant Populations in District- Azamgarh, Uttar Pradesh, India.'</p>	

<p>Project Statistics:</p> <p>Population(s) Targeted: Migrants, Their Spouse/Sex Partners, Prospective and returned Migrants.</p> <p>No. of Individuals targeted: 3000 people Duration of Project One Year</p> <p>Proposed geographic area: Azamgarh, Uttar Pradesh, India</p>	
<p>Financial Statistics:</p> <p>Total Project Cost US \$ 95,895 <u>Exchange Rate 40 Indian Rupees = US\$1.00</u></p> <p>Amount Requested from Donor US \$ _____</p>	
<p>Organizational Statistics:</p> <p>Type of Organization (check one) <input checked="" type="checkbox"/> NGO Indian NGO/CBO _____</p> <p>Indian private foundation _____ Indian faith based organization _____ Indian educational institution _____ Specify Other</p>	

Prior TB/HIV/AIDS experience YES. If Yes, how many years experience: 10 Years. Approximate annual operating budget: \$ 150000 Number of Employees: 52 Employees. Largest current donor or source of income <u>Government of India</u> US \$ 100000 Registered with local authority <input checked="" type="checkbox"/> _NO ___YES Banking Institution: Bank of Baroda, Branch- Nishatganj, Lucknow- 226007, U.P., India
Sub-partners: Does your application propose sub-partners? _____ YES ___ <input checked="" type="checkbox"/> NO If yes, list organization (s) name and proposed sub-grant amount.

Annex B:

Organizational Capacity:

1. **Organizational Mission and Goals**

Introduction of SIR

The mission of SIR is the sustainable growth of human beings by empowering them *educationally, physically, economically, and socially. We dream to form such a society, where is no place for the identity of caste, region, religion, language, income, etc. Everybody of the society could feel pleasure in helping others without any expectation and everybody try not to be dependent upon others for help but keep trying on one's own. There should be a friendly, loving, sacrificing, emotional, moral, professional, accountable, and positive environment to lead a cheerful life.*

The goal of SIR is to reduce the drudgery of common people. The drudgery may be related with knowledge i.e. education, or health i.e. physical, or consumption i.e. economical, or access/recognition i.e. social.

The proposed project is targeting to prevent TB/HIV/AIDS/STIs infection that is to promote good health. The better health condition leads to strong physique of human beings which fulfill needs of 'Physical' component of our mission and goal.

Therefore, it is quite natural to implement the proposed project in proper way by the associates and staff of SIR at the grass root level.

2. **Previous Program Experience:**

Support for Implementation & Research (SIR) is an organization, which provides technical and physical support to implement any developmental project/program at the grass root level and also conduct research on socio-economic issues. The technical support is ensured by means of management consultancy, training, counseling, etc. SIR has developed the DPR of Rashtriya Sam Vikas Yojana, initiated by Planning Commission, Government of India, for district- Hamirpur and district- Azamgarh in Uttar Pradesh (Budget: Rs. 45.00 Crore of each district). It has been welcomed, sanctioned and presently being implemented. Now, on the vision of the President of India, Hon'ble APJ Abdul Kalam, a DPR on PURA scheme for district- Azamgarh and also for District- Hamirpur has been developed by SIR to Provide Urban Amentias in Rural Areas (PURA).

The physical support is made available in the form of skilled manpower, infra-structures, IEC materials, and reliable transportation facilities, conduction of events and implementation of overall programs even at the village level in different parts of Uttar Pradesh. SIR has been carrying out many government-sponsored programs mostly in the Health, Self-employment,

Education and Agriculture Sectors. Presently, SIR has been carrying out ‘Targeted Intervention Project to prevent TB/HIV/AIDS in FSWs in Hardoi’, sponsored by U.P. State AIDS Control Society, Lucknow. Simultaneously, Urban Reproductive and Child Health in Lucknow, funded by European Commission and Government of India, has been carried out, about 34 female workers at slum areas are directly associated with the project. For women empowerment “Swayamsidha” Project, sponsored by Ministry of HRD, GOI has been carried out at Tiloi, district- Raebareli (U.P.), about 1850 rural women are being directly interacting with the organization. Agriculture Training Programs, Agriculture Exhibition Programs, Self Employment Generation Program, Horticulture Training Programs, Micro Enterprises Development Programs under RSVY, sponsored by Ministry of Rural Development, GOI, have been carried out in Azamgarh. Prime Minister Rojgar Yojana Training Program and many Entrepreneurial Development Programs have been successfully implemented in district- Lucknow, Hardoi, Jaunpur, Raebareli, Basti, Sant Kabir Nagar, Shravasti, Maharajganj, etc.

SIR came out with innovative game show during AIDS awareness campaign in the year 2002, for which it was appreciated & awarded by UPSACS, Lucknow. SIR has been associated and actively participated in many programs conducted by UPSACS since 1999. SIR has got its two associates trained by NARI, Pune on Counseling on TB/HIV/AIDS on the recommendation of UPSACS under the guidelines of NACO. Moreover, SIR has two Master Trainer on Women and Child development issues trained by NIPCCD, a division of Deptt of Women & Child Development, GOI, and New Delhi.

SIR has branch offices in the project districts including Azamgarh, Jaunpur in Uttar Pradesh. SIR has a team of professionally highly qualified and rich experienced staff.

Competitive Advantages of S.I.R.

Programs Carried Out in Health Sector /and Target Area...

HIV Prevention for Migrant Populations in District- Azamgarh, Uttar Pradesh, India.’ (Funded by PACT/USAID)

The project was carried out to prevent HIV/AIDS/STIs by promoting safe behaviors among high risk group of Commercial Sex Workers in district- Azamgarh. The project includes the different components of Behavior Change Communication, STI Care, Condom Promotion, and Enabling Environment/Community Mobilization in the target area. More than 18 Health Workers were directly associated with the project.

Targeted Intervention Project to Prevent TB/HIV/AIDS in Commercial Sex Workers in Hardoi

(Funded by Uttar Pradesh State AIDS Control Society, Lucknow)

The project has been carried out to prevent TB/HIV/AIDS/STIs by promoting safe behaviors among high risk group of Commercial Sex Workers in district- Hardoi. The project includes the different components of Behavior Change Communication, STI Care, Condom Promotion, and Enabling Environment/Community Mobilization in the target area. More than 18 Health Workers are directly associated with the project.

Urban Reproductive & Child Health Project

(Funded by European Commission & Government of India)

To provide medical health facilities to women & children residing at slum areas of Lucknow. More than 34 female Health Workers are directly associated with SIR and carrying out the

project at the grass root level.

Pulse Polio Program

The vaccination of all children (0-5 years) has been carried out to prevent Polio Virus in slum and posh areas of Lucknow. Several camps were organized successfully.

Pulse Polio Mobile Van- for Awareness

To publicize and provide polio vaccine in interior areas and mobile target population, the mobile van was provided by SIR, on the appeal of then Director General, Health, and U.P. Dr. H.P.Kumar.

Self-Employment Generation Program

The program was carried out to promote self-employment among the local unemployed people of district Azamgarh during 2005-2008. More than 100 Self Help Groups have been formed having more than 2300 members in blocks viz., Rani Ki Sarai, Mirzapur, Phoolpur, Pawai, Ahiraula in Azamgarh, U.P.

Micro Enterprises Program

The program was carried out to promote self-employment among the unemployed youth in 6 blocks of district Azamgarh during 2006-2008. More than 100 trained youths have been successful in establishing their business by getting sanction for loan from local banks in blocks viz., Thekama, Rani Ki Sarai, Mirzapur, Phoolpur, Pawai, Ahiraula in Azamgarh, U.P..

Agriculture Development Program

The program was carried out to increase the productivity and to promote self-employment in agri-business by giving the latest knowledge and suitable behavior in the market. It was conducted in 4 blocks viz., Rani Ki Sarai, Phoolpur, Pawai, Ahiraula of district Azamgarh during 2005-2007.

Horticulture Development Program

The program was carried out to increase the productivity and to promote self-employment in horticulture-business by giving the latest knowledge and suitable behavior in the market. It was conducted in 5 blocks viz., Rani Ki Sarai, Phoolpur, Mirzapur, Pawai, Ahiraula of district Azamgarh during 2005-2007.

Prime Minister Rojgar Yojana

To provide managerial knowledge to select candidates under Prime Minister Rojgar Yojana in different districts like Basti, Sant Kabir Nagar, Jaunpur, Lucknow, Hardoi, Shravasti, Moradabad, etc.. More than 4500 youths (Male/Female) were trained under the program and motivated to establish own business.

Entrepreneurial Development Program (For SC/ST)

To promote self-employment among youths (male/female) of Schedule Castes/Scheduled Tribes, EDP Program were conducted in many districts like Jaunpur, Mau, Gorakhpur, Basti, Sant Kabir Nagar, Sultanpur, Ghazipur, Allahabad, Lucknow, etc. and the programs were highly appreciated and regarded including by the concerned Minister of small scale Industries Shri Babu Ram M.Com. & other officials.

Counselling On TB/HIV/AIDS

Counseling on TB/HIV/AIDS was provided by the trained Counselors in the State level Fair organized by UPSACS, Lucknow at Lxaman Mela Sthal and Convention Center, Chowk, Lucknow.

Counselling in Youth Fest

(Organized by E-TV- Uttar Pradesh)

Counselling was provided to youths (male/female) on the better way of life, career and personality. The Fest for Uttar Pradesh was organized on 28-29 June 2003 at MotiMahal Lawn, Ranapratap Marg, and Lucknow by a known television channel 'E-TV'.

Handicraft Training Center-cum-Ladies Boutique

The exclusive Handicraft Training Center-Cum-Ladies Boutique in the brand name of "Ravishing Attire" has been successfully running in Lucknow and Navi Mumbai. Hundreds of girls and women are directly associated with SIR either as trainee or as customer. The Self Help Groups being run by women in different places like Raebareli, Azamgarh, Hardoi are associated with the Boutique to get job work from there for economical empowerment.

Moreover ...

The 'District Level Committee, Lucknow' (under the Chairmanship of District Magistrate) and C.M.O., Lucknow had already selected and recommended the name of SIR to UPSACS, Lucknow to run Tele Counseling & Drop-in Center in Lucknow in 2003-04. It can be verified and confirmed by the internal records available at the office of UPSACS, Lucknow.

Two representatives of SIR have been formally trained on Counselling about TB/HIV/AIDS by NARI, Pune on the recommendation of UPSACS, Lucknow. The photocopy – enclosed.

Chief Medical Officer, Sultanpur had also selected SIR and recommended it to UPSACS, Lucknow to carry out 'Targeted Intervention to prevent TB/HIV/AIDS in Industrial Workers in Jagdishpur, Sultanpur in year 2000. A photocopy of letter of CMO, Sultanpur is enclosed; it can also be verified from the records available at the office of UPSACS, Lucknow.

Zila Panchayat, Jaunpur had also recommended SIR to establish a health related project 'Post-Parium Family & Child Welfare Center with Mobile Facilities in Jaunpur' in 2002. A photocopy of the recommendation letter is enclosed.

Finally ...

SIR has got influential identity in U.P. by outstanding contribution of the dedicated, energetic and qualified youth associates (Male/Female).

Remember Please! SIR has always made an effective presence by participating successfully in the HIV/AIDS Awareness Programs Organized by UPSACS during last 10 years.

Past Performance:

Program Experience:

A. Location of previous program(s):		
Location (Districts)	Location (Districts)	Location (Districts)
Azamgarh	Jaunpur	Gorakhpur
Mau	Basti	Mahrajganj
Hardoi	Sant Kabir Nagar	Ghazipur
Lucknow	Balrampur	Chandauli
Raebareli	Baharaich	Mirzapur

	Sultanpur	Shravasti	Sant Ravidas Nagar
	Fatehpur	Sitapur	Hamirpur
	Allahabad	Shahjahanpur	Jhansi
	Pratapgarh	Bareilly	Moradabad

B. Budget for each program in US dollars:

Programs	Budget (In U.S. Dollar)
Targeted Intervention Project to Prevent TB/HIV/AIDS in Commercial Sex Workers in Hardoi.	25000
Urban Reproductive & Child Health Project (Medicines procured)	2000
Self-Employment Generation Program	137500
Micro Enterprises Program	17500
Pulse Polio Program	500
Agriculture Development Program	50000
Prime Minister Rojgar Yojana	45000
Pulse Polio Mobile Van- for Awareness	200
Swayamsidha Project for women empowerment	20000
Counselling in Youth Fest	250
Entrepreneurial Development Program (For SC/ST)	15000
INDUS Project	50000
PACT	55511

C. Brief Description of Program(s)

HIV Prevention for Migrant Populations in District- Azamgarh, Uttar Pradesh, India.' (Funded by PACT/USAID)

The project was carried out to prevent HIV/AIDS/STIs by promoting safe behaviors among high risk group of Commercial Sex Workers in district- Azamgarh. The project includes the different components of Behavior Change Communication, STI Care, Condom Promotion, and Enabling Environment/Community Mobilization in the target area. More than 18 Health Workers were directly associated with the project.

Targeted Intervention Project to Prevent TB/HIV/AIDS in Commercial Sex Workers in Hardoi

(Funded by Uttar Pradesh State AIDS Control Society, Lucknow)

The project has been carried out to prevent TB/HIV/AIDS/STIs by promoting safe behaviors among high risk group of Commercial Sex Workers in district- Hardoi. The project includes the different components of Behavior Change Communication, STI Care, Condom Promotion, and Enabling Environment/Community Mobilization in the target area. More than 18 Health Workers are directly associated with the project.

• **Urban Reproductive & Child Health Project**

(Funded by European Commission & Government of India)

To provide medical health facilities to women & children residing at slum areas of Lucknow. More than 34 female Health Workers are directly associated with SIR and carrying out the project at the grass root level.

• **Pulse Polio Program**

The vaccination of all children (0-5 years) has been carried out to prevent Polio Virus in

slum and posh areas of Lucknow. Several camps were organized successfully.

- **Pulse Polio Mobile Van- for Awareness**

To publicize and provide polio vaccine in interior areas and mobile target population, the mobile van was provided by SIR, on the appeal of then Director General, Health, and U.P. Dr. H.P.Kumar.

- **Self-Employment Generation Program**

The program was carried out to promote self-employment among the local unemployed people of district Azamgarh during 2005-2008. More than 100 Self Help Groups have been formed having more than 2300 members in blocks viz., Rani Ki Sarai, Mirzapur, Phoolpur, Pawai, Ahiraula in Azamgarh, U.P.

- **Micro Enterprises Program**

The program was carried out to promote self-employment among the unemployed youth in 6 blocks of district Azamgarh during 2006-2008. More than 100 trained youths have been successful in establishing their business by getting sanction for loan from local banks in blocks viz.,Thekama, Rani Ki Sarai, Mirzapur, Phoolpur, Pawai, Ahiraula in Azamgarh.

- **Agriculture Development Program**

The program was carried out to increase the productivity and to promote self-employment in agri-business by giving the latest knowledge and suitable behavior in the market. It was conducted in 4 blocks viz., Rani Ki Sarai, Phoolpur, Pawai, Ahiraula of district Azamgarh during 2005-2007.

- **Swayamsidha Project for Women Empowerment**

The project was carried out to empower rural women socially, educationally and economically in block–Tiloi, district- Raebareli, a part of known Parliamentary Constituency of former Prime Minister of India, Late Mr Rajiv Gandhi (i.e. Amethi).

- **Horticulture Development Program**

The program was carried out to increase the productivity and to promote self-employment in horticulture-business by giving the latest knowledge and suitable behavior in the market. It was conducted in 5 blocks viz., Rani Ki Sarai, Phoolpur, Mirzapur, Pawai, Ahiraula of district Azamgarh during 2005-2007.

- **Prime Minister Rojgar Yojana**

To provide managerial knowledge to select candidates under Prime Minister Rojgar Yojana in different districts like Basti, Sant Kabir Nagar, Jaunpur, Lucknow, Hardoi, Shravasti, Moradabad, etc.. More than 4500 youths (Male/Female) were trained under the program and motivated to establish own business.

- **Entrepreneurial Development Program (For SC/ST)**

To promote self-employment among youths (male/female) of Schedule Castes/Scheduled Tribes, EDP Program were conducted in many districts like Jaunpur, Mau, Gorakhpur, Basti, Sant Kabirnagar, Sultanpur, Ghazipur, Allahabad, Lucknow, etc. and the programs were highly appreciated and regarded including by the concerned Minister of small scale Industries Shri Babu Ram M.Com. & other officials.

- **Counselling On TB/HIV/AIDS.**

Counseling on TB/HIV/AIDS was provided by the trained Counselors in the State level Fair organized by UPSACS, Lucknow at Lxaman Mela Sthal and Convention Center, Chowk, Lucknow.

- **Counselling in Youth Fest**

(Organized by E-TV- Uttar Pradesh)

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• **Handicraft Training Center-cum-Ladies Boutique**

The exclusive Handicraft Training Center-Cum-Ladies Boutique in the brand name of "Ravishing Attire" has been successfully running in Lucknow and Navi Mumbai. Hundreds of girls and women are directly associated with SIR either as trainee or as customer. The Self Help Groups being run by women in different places like Raebareli, Azamgarh, and Hardoi are associated with the Boutique to get job work from there for economical empowerment

D. Program Outcomes and Achievements:

Programs	Outcomes	Achievements
<p>Targeted Intervention Project to Prevent TB/HIV/AIDS in Commercial Sex Workers in Hardoi</p>	<ul style="list-style-type: none"> • Most of the Commercial Sex Workers got aware of causes and prevention of TB/HIV/AIDS/STIs. • Regular and proper treatment of STIs in FSWs. • The demand and use of Condom increased. • Supportive environment has been developed. 	<ul style="list-style-type: none"> • More than 90% FSWs are regularly using condoms. • Changed Behavior from unsafe to safe. • Increased social marketing of condoms. • Identified and trained devoted Peer Educators from the target community. • 50% reduction in STI infection in target group. • More knowledge to FSWs and other general people about TB/HIV/AIDS. The survey conducted by a Medical University (KGMU) proves that women of district- Hardoi have maximum knowledge about TB/HIV/AIDS in the state of Uttar Pradesh.
<p>Urban Reproductive & Child Health Project</p>	<ul style="list-style-type: none"> • 33 Health Posts in slum areas have been established. • More than 66 Health Volunteers are running these Health Posts under the guidance of SIR. • 33 Health Workers are trained by the government agency under URCH. 	<ul style="list-style-type: none"> • The direct access to the slum areas. • Successfully promotion of institutional treatment among pregnant women of slum areas. • Strengthen the manpower capacity of SIR.
<p>Pulse Polio Program</p>	<p>Children in slum areas and posh areas were successfully</p>	<p>Direct access to the critical places and increased the no. of volunteers</p>

	vaccinated.	with positive publicity.
Pulse Polio Mobile Van- for Awareness	Mobile Van for vaccinating children during travels was also vaccinated.	<ul style="list-style-type: none"> • The higher authorities were impressed with the vaccination through mobile van without cost. • The positive and social use of own vehicle.
Self-Employment Generation Program	<ul style="list-style-type: none"> • More than 100 SHGs were formed in 5 blocks of district- Azamgarh. • About 99 SHGs have cleared the Grade-II level. • More than 2300 active SHG members are directly associated with SIR. • Regular Meetings of these SHGs are held. 	<ul style="list-style-type: none"> • Social infrastructure could be developed successfully. • The network of SIR has been increased in Azamgarh. • Any developmental scheme or behavior change related messages can be conveyed successfully. • The association of such a large no. of people in a locality supports in developing favorable environment. • All these 5 blocks falls in the proposed project area.
Micro Enterprises Program	About 350 youths were trained in vocational trade in 6 blocks of Azamgarh successfully.	<p>More than 100 youths have got bank loan sanction for their business.</p> <p>About 60 youths direct associated with SIR in the same 6 blocks of Azamgarh.</p> <p>All of these blocks repeatedly falls in the proposed target area.</p>
Agriculture Development Program	About 2000 farmers from 4 blocks of Azamgarh were trained on agri-business.	All these 4 blocks are repeatedly the same blocks which falls in the proposed project area.
Swayamsidha Project for Women Empowerment	Total 101 SHGs of women were formed successfully in Tiloi, district- Raebareli for women empowerment socially, educationally, and economically.	The long term duration of the project (6 years from 2002-2008) has given an insight to understand the basic need of women and the way to coordinate them.
Prime Minister Rojgar Yojana	About 5000 youths including both male and female were trained successfully for the management of small business.	The direct association of the high risk age group with SIR. More than 60% of the trained youths were successful in establishing their business.
Counselling in Youth Fest	Counseling of Youths was done on career and health	The youths were guided to make better career option with proper

	issues.	development of their personality including health issues.
Entrepreneurial Development Program (For SC/ST)	The weaker section of society was trained to establish own business.	The overall development was introduced in the deprived community increasing the health related issues.

References:

Reference # 1

Point of contact - **Name: Shri M.P. Singh**
Title: Secretary
Address/location: **Bhartiya Sewa Sansthan**
12/320, Indira Nagar, Lucknow-226016, U.P.
Telephone number: **091-522-2343062, 091-9415065702**
E-mail address: **bhartiya1860@rediffmail.com**

Reference # 2

Point of contact - **Name: Shri Pramod Kumar Mishra**
Title: Secretary
Address/location: **Ramakant Sewa Sansthan**
Near Dr Hemant Kumar Banarjee,
Deewan Bazaar, Gorakhpur, 273001 (U.P.) India
Telephone number: **091-9415692399**
E-mail address: **andleeb.sir@rediffmail.com**

Reference # 3

Point of contact - **Name: Shri Suresh Yadava**
Title: General Secretary
Address/location: **Jyoti Gramin Kalyan Sansthan,**
Gora Bazar, Ghazipur- 233001 (Uttar Pradesh) India.
Telephone number: **091 9415880213**
E-mail address: **targeted_intervention@yahoo.com**

**Annex C – Key Personnel, Partners, Organizational Documentation and Certification
CVs and Letters of Commitment/MOUs**

Key Personnel:

The resume of key personnel is given above on Page no.23.

Organizational Information/ Documentation

Instructions: With your application, please submit copies of the following documents:


1. The organization's certificate of registration, incorporation or an equivalent document granting legal status to do business- Enclosed
2. The organization's bylaws- Enclosed.


3. The most recent annual report, or other document(s), which includes: (a) mission statement, (b) list of current Board of Directors- Enclosed.
 4. List of individuals authorized to sign on behalf of the organization- Enclosed.
 5. Organization's budget for the current fiscal year that includes: income and expenses anticipated and source of funds- Enclosed.
 6. The organization's latest audited or prepared Financial Statements- Enclosed.
- Required Certifications and Pre-Award Review:** The following forms are attached here below.

1. "Certification Regarding Terrorist Financing"
2. "Prohibition of Assistance to Drug Traffickers"
3. "Pre-Award Financial Questionnaire-Recipients of Pact Funding"

Registration Certificate

संख्या 14416
20/4/06






सोसाइटी के नवीकरण का प्रमाण-पत्र

नवीकरण संख्या 27 2006
फाइल संख्या I 116588

इस प्रमाणित किया जाता है कि सपोर्ट फार इम्प्लीमेंटेशन
रुण्ड रिसर्च, एक्स-4, द्वितीय तल, कशमत कार्पोरेट्स,
मिशात गंज, लखनऊ को दिये गये रजिस्ट्रीकरण प्रमाण-पत्र संख्या 2556/95-96
दिनांक 29-2-1996 को दिनांक 29-2-2006 से पांच वर्ष
की अवधि के लिए नवीकृत किया गया है।

240 रुपये की नवीकरण फीस सम्यक् रूप से प्राप्त हो गयी है।

दिनांक 19/4 2006


 सोसाइटी के रजिस्ट्रार,
 Pal उत्तर प्रदेश।

BY-LAWS

WORK ORDERS



उ०प्र० राज्य एड्स नियन्त्रण सोसाइटी

चतुर्थ तल, ए-ब्लॉक, पिकप भवन, विभूति खण्ड, गोमती नगर, लखनऊ - 226 010

दूरभाष : 0522-2721871, 2720360, 2720361 फ़ैक्स : 0522-2721135

पत्रांक: एड्स सोसा0/टी. आर. / फ़ायरिंग/र००८/६०७९६

दिनांक 27-06-2008

सेवा में,

अध्यक्ष/सचिव,
सपोर्ट फ़ॉर इम्प्लीमेंटेशन ऐण्ड रिसर्च,
एस-4, द्वितीय तल, करामत काम्पलेक्स, निशातगंज,
लखनऊ

विषय: राष्ट्रीय एड्स नियन्त्रण कार्यक्रम के अन्तर्गत जनपद हरदोई में उच्च जोखिम समूह के लिए लक्षित इन्टरवेंशन परियोजना हेतु अनुदान की स्वीकृति।

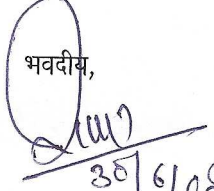
महोदय,

राष्ट्रीय एड्स नियन्त्रण कार्यक्रम के अन्तर्गत आपकी संस्था को लक्षित इन्टरवेंशन कार्य हेतु कार्यदिश दिनांक 01 जुलाई, 2008 से 31 मार्च, 2009 हेतु प्रदान किया जाता है। इस अवधि हेतु धनराशि रू० 8,05,788 (आठ लाख पैंच हजार सात सौ अठ्ठासी) की स्वीकृति उ०प्र० राज्य एड्स नियन्त्रण सोसाइटी, लखनऊ (जिसे आगे 'सोसाइटी' कहा जाएगा) द्वारा प्रदान की जाती है। परियोजना अवधि के दौरान राष्ट्रीय एड्स नियन्त्रण संगठन से प्राप्त निर्देशानुसार सोसाइटी द्वारा कभी भी परियोजना की अवधि, कार्य एवं बजट में परिवर्तन किया जा सकता है।

संस्था द्वारा निम्न वर्णित बिन्दुओं का अनुपालन सुनिश्चित किया जाना चाहिए:-

- सी०एस०डब्ल्यू०/आई०डी०यू०/एम०एस०एम० के मध्य लक्षित इन्टरवेंशन परियोजना भारत सरकार के दिशा निर्देशानुसार एवं सोसाइटी द्वारा अनुमोदित प्रस्तावानुसार संचालित की जाएगी।
- निर्धारित प्रारूप के अनुसार संस्था को सोसाइटी के साथ ऐग्रीमेन्ट बॉण्ड निष्पादित करना होगा।
- संस्था को संलग्न प्रारूप के अनुसार शपथ पत्र सोसाइटी को उपलब्ध कराना होगा।
- संस्था का योगदान कुल बजट का 10 प्रतिशत होगा जो कि infrastructure, human resources तथा दूसरे assets आदि मदों के रूप में होगा तथा यह सोसाइटी से स्वीकृति बजट के अतिरिक्त होगा।
- संस्था को पंजीकरण/नवीनीकरण की सूचना सम्बन्धित जनपद के जिलाधिकारी, मुख्य चिकित्सा अधिकारी एवं सोसाइटी को भी देनी होगी। सोसाइटी से प्राप्त धनराशि के साथ-साथ संस्था को अपना अंशदान भी करते रहना होगा।
- सोसाइटी की देयता ऊपर अंकित स्वीकृति प्रोजेक्ट धनराशि से अधिक किसी भी दशा में नहीं होगी।
- संस्था को लक्षित इन्टरवेंशन परियोजना प्रस्ताव (संलग्न) में उल्लिखित समस्त कार्य एवं लक्षित इन्टरवेंशन हेतु प्रस्तावित वार्षिक कार्य योजना में उल्लिखित समस्त कार्य निर्धारित अवधि में, मदवार स्वीकृति धनराशि के अनुसार व स्वीकृति मानकों के अनुरूप पूर्ण करने होंगे। यदि स्वीकृति मानकों के अनुसार कार्य पूर्ण करने में, उक्त स्वीकृति धन से अधिक धन व्यय होता है, तो उसे भी संस्था को स्वयं वहन करना होगा। समयान्तर्गत कार्य पूर्ण न होने की दशा में संस्था अपूर्ण अंश रिफ़न्ड करने एवं क्षतिपूर्ति करने हेतु बाध्य होगी।

20. स्वीकृति पत्र में वर्णित समस्त दिशा निर्देशों का यथावत अनुपालन किया जाए एवं भविष्य में सोसाइटी द्वारा दिए गए अन्य दिशा निर्देशों का भी यथोचित अनुपालन किया जाए।

भवदीय,

30/6/08
(डा० आर.पी.माथुर)
संयुक्त निदेशक


संलग्नक:- यथोपरि।

प्रतिलिपि:

जिलाधिकारी, जनपद हरदोई को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित।

मुख्य चिकित्सा अधिकारी जनपद हरदोई को सूचनार्थ प्रेषित।

एड्स कार्यक्रम अधिकारी जनपद हरदोई को सूचनार्थ प्रेषित।


(डा० आर.पी.माथुर)
संयुक्त निदेशक



उ०प्र० राज्य एड्स नियंत्रण सोसाइटी

ए-ब्लाक, चतुर्थ तल, पिकप भवन, विभूति खण्ड, गोमती नगर, लखनऊ - 226 010

दूरभाष : 0522-2721871, 2720360, 2720361

पत्रांक: एड्स सोसा० 121.आई/कार्या०/2007/44263

दिनांक 01-09-2007

सेवा में,

सचिव,

सपोर्ट फार इम्प्लीमेंटेशन ऐण्ड रिसर्च,
हरदोई।

विषय: राष्ट्रीय एड्स नियंत्रण कार्यक्रम के अन्तर्गत जनपद हरदोई में उच्च जोखिम समूह के लिए लक्षित इन्टरवैन्शन परियोजना हेतु अनुदान की स्वीकृति।

महोदय,

राष्ट्रीय एड्स नियंत्रण कार्यक्रम के अन्तर्गत आपकी संस्था को लक्षित इन्टरवैन्शन कार्य हेतु कार्यादेश दिनांक 01 सितम्बर, 2007 से 31 मार्च, 2008 हेतु प्रदान किया जाता है। इस अवधि हेतु धनराशि रू० 5,84,893.75 (पांच लाख चौरासी हजार आठ सौ तीरानब्बे रू० पीचहत्तर पैसे मात्र) की स्वीकृति उ०प्र० राज्य एड्स नियंत्रण सोसाइटी, लखनऊ (जिसे आगे 'सोसाइटी' कहा जाएगा) द्वारा प्रदान की जाती है। परियोजना अवधि के दौरान राष्ट्रीय एड्स नियंत्रण संगठन से प्राप्त निर्देशानुसार अथवा सोसाइटी द्वारा लिए गए निर्णय के अनुसार कभी भी परियोजना की अवधि, कार्य एवं बजट में परिवर्तन किया जा सकता है।

संस्था द्वारा निम्न वर्णित बिन्दुओं का अनुपालन सुनिश्चित किया जाना चाहिए:-

1. सी०एस०डब्ल्यू०/आई०डी०यू०/एम०एस०एम० के मध्य लक्षित इन्टरवैन्शन परियोजना भारत सरकार के दिशा निर्देशानुसार एवं सोसाइटी द्वारा अनुमोदित प्रस्तावानुसार संचालित की जाएगी।
2. निर्धारित प्रारूप के अनुसार संस्था को सोसाइटी के साथ ऐग्रीमेन्ट बॉण्ड निष्पादित करना होगा।
3. संस्था को संलग्न प्रारूप के अनुसार शपथ पत्र सोसाइटी को उपलब्ध कराना होगा।
4. संस्था का योगदान कुल बजट का 10% होगा जो कि infrastructure, human resources तथा दूसरे assets आदि मवों के रूप में होगा तथा यह सोसाइटी से स्वीकृति बजट के अतिरिक्त होगा।
5. संस्था को पंजीकरण/नवीनीकरण की सूचना सम्बन्धित जनपद के जिलाधिकारी, मुख्य चिकित्सा अधिकारी एवं सोसाइटी को भी देनी होगी। सोसाइटी से प्राप्त धनराशि के साथ-साथ संस्था को अपना अंशदान भी करते रहना होगा।
6. सोसाइटी की देयता ऊपर अंकित स्वीकृति प्रोजेक्ट धनराशि से अधिक किसी भी दशा में नहीं होगी।
7. संस्था को लक्षित इन्टरवैन्शन परियोजना प्रस्ताव (संलग्न) में उल्लिखित समस्त कार्य एवं लक्षित इन्टरवैन्शन हेतु प्रस्तावित वार्षिक कार्य योजना में उल्लिखित समस्त कार्य निर्धारित अवधि में, मद्दवार स्वीकृति धनराशि के अनुसार व स्वीकृति मानकों के अनुरूप पूर्ण करने होंगे। यदि स्वीकृति मानकों के अनुसार कार्य पूर्ण करने में, उक्त स्वीकृति धन से अधिक धन व्यय होता है, तो उसे भी संस्था को स्वयं वहन करना होगा। समयान्तर्गत कार्य पूर्ण न होने की दशा में संस्था अपूर्ण अंश रिफंड करने एवं क्षतिपूर्ति करने हेतु बाध्य होगी।

20. संस्था को स्वीकृति पत्र में वर्णित समस्त दिशा निर्देशों का यथावत अनुपालन करना होगा एवं भविष्य में सोसाइटी द्वारा दिए गए अन्य दिशा निर्देशों का भी यथावत अनुपालन करना होगा।

भवदीय,


11/9/10
(डा० आर.पी. माथुर)
संयुक्त निदेशक

प्रतिलिपि:

जिलाधिकारी, जनपद हरदोई को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित।

मुख्य चिकित्सा अधिकारी जनपद हरदोई को सूचनार्थ प्रेषित।

एड्स कार्यक्रम अधिकारी जनपद हरदोई को सूचनार्थ प्रेषित।


(डा० आर.पी. माथुर)
संयुक्त निदेशक

उ०प्र० राज्य एड्स नियन्त्रण सोसाइटी

ए-ब्लाक, चतुर्थ तल, पिकप भवन, गोमती नगर, लखनऊ
दूरभाष / फ़ैक्स : 0522-2721871, 2721135

पत्र संख्या: एड्स सोसा०/टी.आई./कार्यादेश/2006/262-57

दिनांक 31.08.06

सेवा में,

सचिव
सपोर्ट फॉर इम्प्लीमेंटेशन एण्ड रिसर्च
हरदोई

विषय: राष्ट्रीय एड्स नियन्त्रण कार्यक्रम के अन्तर्गत जनपद हरदोई में उच्च जोखिम समूह के लिए लक्षित इन्टरवैन्शन परियोजना हेतु अनुदान की स्वीकृति।

महोदय,


राष्ट्रीय एड्स नियन्त्रण कार्यक्रम के अन्तर्गत आपकी संस्था को लक्षित इन्टरवैन्शन कार्य हेतु कार्यादेश दिनांक 01 सितम्बर, 2006 से एक वर्ष हेतु प्रदान किया जाता है। इस अवधि हेतु धनराशि रू० 1016925.00 (रूपये दस लाख सोलह हजार नौ सौ पच्चीस मात्र) की स्वीकृति उ०प्र० राज्य एड्स नियन्त्रण सोसाइटी, लखनऊ (जिसे आगे 'सोसाइटी' कहा जाएगा) द्वारा प्रदान की जाती है। परियोजना अवधि के दौरान राष्ट्रीय एड्स नियन्त्रण सोसाइटी के द्वारा कभी भी परियोजना की अवधि, कार्य एवं बजट में परिवर्तन किया जा सकता है।

संस्था द्वारा निम्न वर्णित बिन्दुओं का अनुपालन सुनिश्चित किया जाना चाहिए:-

1. सी०एस०डब्लू०/आई०डी०यू०/एम०एस०एम०/ट्रक चालकों/सहायकों के मध्य लक्षित इन्टरवैन्शन परियोजना भारत सरकार के दिशा निर्देशानुसार एवं सोसाइटी द्वारा अनुमोदित प्रस्तावानुसार संचालित की जाएगी।
2. निर्धारित प्रारूप के अनुसार संस्था को सोसाइटी के साथ ऐग्रीमेन्ट बॉण्ड निष्पादित करना होगा।
3. संस्था को संलग्न प्रारूप के अनुसार शपथ पत्र सोसाइटी को उपलब्ध कराना होगा।
4. संस्था का योगदान कुल बजट का 10% होगा जो कि infrastructure, human resources तथा दूसरे assets आदि मदों के रूप में होगा तथा यह सोसाइटी से स्वीकृत बजट के अतिरिक्त होगा।

17. समय-समय पर सोसाइटी, भारत सरकार और विश्व बैंक के प्रतिनिधियों के आकस्मिक निरीक्षण हेतु जाने पर संस्था को समस्त कागजात प्रस्तुत करने हेतु सदैव तैयार रहना होगा।
18. स्वीकृति पत्र में वर्णित समस्त दिशा निर्देशों का यथावत अनुपालन किया जाए एवं भविष्य में सोसाइटी द्वारा दिए गए अन्य दिशा निर्देशों का भी यथोचित अनुपालन किया जाए।

- संलग्नक: 1. इन्स्पैशन रिपोर्ट प्रारूप।
2. आय/ व्यय विवरण का प्रारूप।
3. सी0एम0आई0एस0 प्रारूप।
4. शपथ पत्र प्रारूप।

भवदीय,

31/8

(डा0 आर.पी. माथुर)
संयुक्त निदेशक

पत्रांक:एड्स सोसा0/टी.आई./कार्यादेश/2006/

दिनांक.

प्रतिलिपि:

जिलाधिकारी, जनपद हरदोई को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित।
मुख्य चिकित्सा अधिकारी हरदोई को सूचनार्थ प्रेषित।
एड्स कार्यक्रम अधिकारी जनपद हरदोई को सूचनार्थ प्रेषित।

(डा0 आर.पी. माथुर)
संयुक्त निदेशक

WF-2-URCH

पत्रांक : पांरयोजना निदेशक, अरबन आर0सी0एच0 एवं
मुख्य चिकित्सा अधिकारी, लखनऊ।

मेला में

श्री १२१२११
३२५३ के.वो. ६६८६७ (सपोडि कार इन्वेलीगे-रेशन एण्ड रिसर्च (SIR)
३-४, इंदौरा रोड, एकरागत अर्भा २, १-१२११३६७,
लखनऊ

पत्रांक : यू0आर0सी0एच0/एन0जी0ओ0/टाइप-1/2003/157-4

दिनांक : १६ मई, 2003

विषय : अरबन आर0सी0एच0 कार्ययोजना के अन्तर्गत टाइप-1 स्वयंसेवी संस्था के चयन के सम्बन्ध में।

महोदय/महोदया,

अध्यक्ष, जिला स्वास्थ्य एवं परिवार कल्याण अभिकरण एवं जिला अधिकारी, लखनऊ की अध्यक्षता में आयोजित चयन समिति की बैठक में अरबन आर0सी0एच0 कार्ययोजना के अन्तर्गत (लखनऊ नगर की मलिन बस्तियों में) आर0सी0एच0 कार्य करने हेतु आपकी संस्था को चयनित किया गया है।

आवंटित वार्ड की सूची संलग्न करते हुए अनुरोध है कि अरबन आर0सी0एच0 परियोजना के अन्तर्गत कार्य करने की सहमति देते हुए सर्वे एवं मलिन बस्तियों में कार्य करने हेतु एक दिवसीय प्रशिक्षण कराये जाने हेतु स्वास्थ्य घर संचालित करने वाली सी0एच0वी0 के नाम/पते (आवंटित वार्ड के अन्तर्गत आने वाली मलिन बस्तियों की सूची सहित) तत्काल इस कार्यालय को भेजना सुनिश्चित करें जिससे अग्रिम कार्यवाही किया जाना सम्भव हो सके।

संलग्नक : सी0डी0एस0 वाइज वार्ड की सूची।

भवदीय
परियोजना निदेशक, अरबन आर0सी0एच0 एवं
मुख्य चिकित्सा अधिकारी, लखनऊ

पत्रांक : यू0आर0सी0एच0/एन0जी0ओ0/टाइप-1/2003/157-4

दिनांक : १६ मई, 2003

प्रतिनिधि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित :-

01. अध्यक्ष, जिला स्वास्थ्य एवं परिवार कल्याण अभिकरण एवं जिला अधिकारी, लखनऊ।
02. श्री जे0 पी0 मिश्रा, प्रोग्राम एडवाइज़र, यूरोपियन कमीशन, डी-127, पंचशील इनक्लेव, नई दिल्ली।
03. श्री ए0 के0 मेहरा, डायरेक्टर एरिया, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, कमरा नं0 : 525-ए, निर्माण भवन, नई दिल्ली।
04. महानिदेशक, परिवार कल्याण, परिवार कल्याण महानिदेशालय, उत्तर प्रदेश, लखनऊ।

कार्यालय मुख्य विकास अधिकारी, आजमगढ़।

पत्रांक /रा0स0वि0यो0/माइको प्रशिक्षण/उद्योग विभाग/06-07 दिनांक 29-8-6

आदेश

राष्ट्रीय सम विकास योजनान्तर्गत माइको इण्टर प्राइजेज सेक्टर मद में कुल 1740 (संशोधित कार्ययोजना के अनुसार) बेरोजगार चयनित अभ्यर्थियों को विभिन्न अनुमोदित ट्रेडों में 20 दिवसीय वोकेशनल प्रशिक्षण का त्रिवर्षीय लक्ष्य निर्धारित है, जिसके सापेक्ष 900 चयनित अभ्यर्थियों को प्रशिक्षित किया जा चुका है तथा विशेष राधिव नियोजन विभाग उ0प्र0 शासन के मौखिक निर्देश के क्रम में जनपद के ग्राम मेंजों विकास खण्ड फूलपुर में हैण्डइम्ब्राइडरी (चिकनकारी) ट्रेड में 30 अभ्यर्थियों का प्रशिक्षण कार्य दिनांक 23-8-2006 से स्वयंसेवी संस्था 'सेल्फ इम्प्लायड वूमेन्स एसोसियेशन लखनऊ' के माध्यम से कराया जा रहा है। वर्तमान वित्तीय वर्ष त्रिवर्षीय योजना का अन्तिम वर्ष होने के कारण निर्धारित लक्ष्यों को सरागम पूर्ण कराये जाने के उद्देश्य से जनहित में जनपद के पक्ष में अनुमोदित जिला प्रोजेक्ट प्लान के अन्तर्गत उक्त सेक्टर मद में उल्लिखित ट्रेडों में योजना के दिशा-निर्देशों के अधीन अवशेष 810 बेरोजगार युवकों/युवतियों को उक्त सेक्टर मद में 20 दिवसीय वोकेशनल प्रशिक्षण सत्र आयोजित कराये जाने के निमित्त नोडल विभाग को इस प्रतिबन्ध के अधीन अनुमति प्रदान की जाती है कि भारत सरकार से आवंटित बजट मु0 750 लाख के आहरण हेतु अनुमति पत्र प्राप्त होने के उपरान्त विभाग के पक्ष में संशोधित कार्ययोजना तैयार कर जिलाधिकारी महोदय से वित्तीय प्रशासनिक स्वीकृति प्राप्त की जाय, तदनुसार 600 बेरोजगार युवक/युवतियों को उक्त प्रशिक्षण कार्य जनपद में योजना अन्तर्गत चयनित स्वयंसेवी संस्था सपोर्ट फार इम्प्लीमेन्टेशन एण्ड रिसर्च लखनऊ तथा 210 बेरोजगार युवक/युवतियों को प्रशिक्षित किये जाने हेतु कृषि एवं शैक्षिक प्रबन्ध संस्थान सुल्तानपुर को अधिकृत किया जाता है। नोडल विभाग निर्धारित संख्या में जनपद के समस्त विकास खण्डों से बेरोजगार युवकों/युवतियों का नियमानुसार चयन कर प्रशिक्षण का आयोजन सुनिश्चित कराये। यह स्पष्ट किया जाता है कि स्वयं सेवी संस्था द्वारा चयनित अभ्यर्थियों का प्रशिक्षण प्रधानमन्त्री रोजगार योजना के पैटर्न पर महा प्रबन्धक जिला उद्योग केन्द्र के प्रत्यक्ष मार्ग-दर्शन में सम्पन्न कराया जायेगा।

(एस0के0 सिंह)

मुख्य विकास अधिकारी
आजमगढ़।

पत्रांक 1554 /रा0स0वि0यो0/माइको प्रशिक्षण/उद्योग विभाग/06-07 दिनांकित।
प्रतिलिपि:- निम्नांकित को सूचनार्थ एवं वश्यक कार्यवाही हेतु प्रेषित।

1-निदेशक, सपोर्ट फार इम्प्लीमेन्टेशन एण्ड रिसर्च द्वितीय तल करामत
काम्प्लेक्स, निशातगंज, लखनऊ।

2-प्रबन्ध निदेशक, कृषि एवं शैक्षिक प्रबन्ध संस्थान, 1163 आयुष भवन
सिरवारा रोड सुल्तानपुर।

3-महा प्रबन्धक जिला उद्योग केन्द्र आजमगढ़।

4-जिलाधिकारी महोदय की सेवा में सादर अवलोकनार्थ प्रेषित।


पत्रांक 881-82 / जि०उ०के० / आ० / ए-1 / रा०स०वि०यो० / 2007-2008

कार्यालय
महा प्रबन्धक, जिला उद्योग केन्द्र
आजमगढ़।
दिनांक:- 22-8-07

निदेशक
मेसर्स सपोर्ट फार इम्प्लीमेंटेशन एण्ड रिसर्च
करामत काम्प्लेक्स, निशातगंज,
लखनऊ।

अवगत कराना है कि राष्ट्रीय सम विकास योजनान्तर्गत स्वरोजगार सेक्टर में जनपद-आजमगढ़ के 05 विकासखण्डों-मिर्जापुर, पवई, रानी की सराय, फूलपुर एवं अहरौला में गठित एवं द्वितीय ग्रेडिंग में सफल 79 समूहों के कुल 1393 सदस्यों में से, स्वीकृत बजट के अनुसार प्रत्येक समूह से 10 सदस्यों की दर से, कुल 790 सदस्यों को कौशल विकास प्रशिक्षण आपकी संस्था द्वारा देने की स्वीकृति दिनांक 21.8.2007 को मुख्य विकास अधिकारी, आजमगढ़ द्वारा दी गयी है।


अतः उक्त 05 विकासखण्डों- मिर्जापुर, पवई, रानी की सराय, फूलपुर एवं अहरौला के 79 समूहों के कुल 790 सदस्यों हेतु कौशल विकास प्रशिक्षण कार्यक्रम यथाशीघ्र प्रारम्भ करें। कार्यक्रम की सूचना इस कार्यालय को प्रेषित करें ताकि अनुश्रवण कार्य कराया जा सके।


महा प्रबन्धक
जिला उद्योग केन्द्र
आजमगढ़।

पत्रांक 881-82

/दिनांक 22-8-07

प्रतिलिपि:- मुख्य विकास अधिकारी महोदय, आजमगढ़ को सादर अवलोकनार्थ।
सूचना


महा प्रबन्धक
जिला उद्योग केन्द्र
आजमगढ़।

Cost:

Budget Summary

Sl. No.	Activities	Unit Cost (\$)	Duration of Frequency	Frequency	Quantity	Total Amount (\$)
1	One Migrant & one influential person will be trained once in a year to stop TB/HIV infection	10			3600	36000
2	Rapid Need Assessment will be conducted in one Nyay Panchayat at the beginning of the year	25			31	775
3	End Line Assessment will be conducted in one Nyay Panchayat the end of the year	25			31	1550
4	One project staff would work for one week to prevent TB/HIV infection	50	Week	52	11	28600
5	One Volunteer would work for one month to prevent TB/HIV infection in one Nyay Panchayat	50	Months	12	31	18600
6	One SHG will be formed for economic & social support to migrants & their families.	50			10	500
7	IEC materials would be arranged for one Nyay Panchayat for 4 months	90	4 Months	3	31	8370
8	One SHG will be trained for economic & social support to migrants & their families.	150			10	1500
						95895

(Dr SK Srivastava)
Director- SIR

