

ANNUAL REPORT

2015 - 2016





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PORTFOLIO

Who We Are

- URBAN AND RURAL JOINT ACCENTURE (URJA) is a registered public charitable trust and Non Governing Organization (NGO) in India governed by the Indian Trust Act 1882.
- URJA is committed to undertaking various programs and activities for Children, Youth, Men, Women, Old age and other marginalized segments of the society irrespective of their caste, creed, age, sex, color and religion, in rural, urban, tribal areas, and resettlement colonies/J.J. clusters, to realize the ideals and objectives of the constitution of India in order to protect, promote and advocate human rights and equality.
- URJA was established on 31st August 2015 with the efforts of some young Social Developers and got registered under Indian Public Charitable Act 1882. It is a group of grass root level consultants and management professionals of different thematic areas and with a capacity to undertake and run all such activities and programs which are related to development of less fortunate and socio-economically deprived
- **We The Catalyst :**
The social work is built upon the foundation of consultation with communities, whereby the needs are not imposed by an outside agency; rather they are identified at the grassroots. In this manner, URJA aims to act as positive catalyst for the change, utilizing the energies and initiatives of the people themselves in order to implement the concept of self-sustainability.

- **Foresight:**

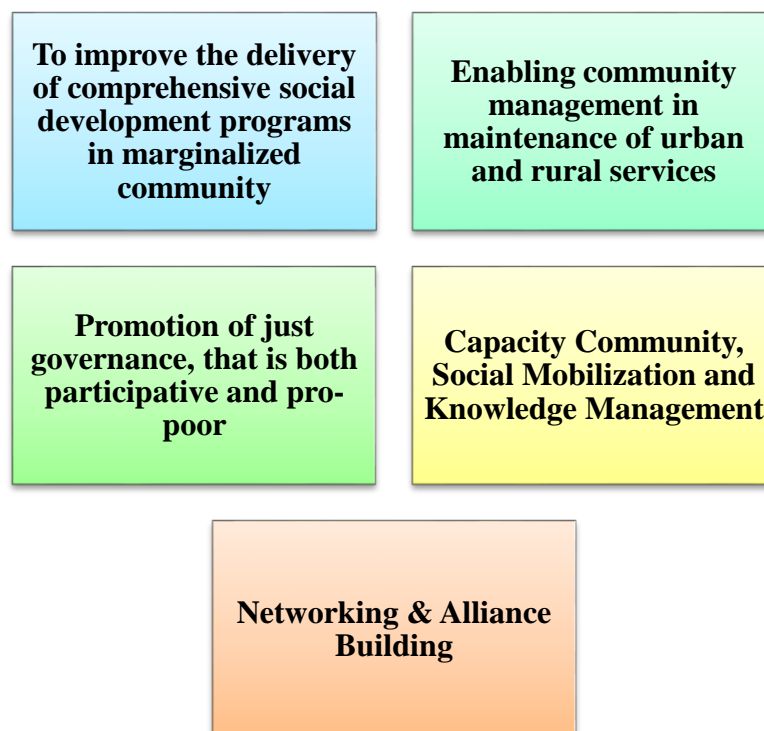
Envisaging a self-reliant, egalitarian society based on Social & Gender Sensitivity while harmonizing and creating over all common concern for the collective, keeping safe the individual priorities and choices.

- **Pursuit :**

WE are a flame of determined spirits fired by an unquenchable faith in our mission to alter the course of development by providing innate power to the socially and economically deprived people to shape up their life through Capacity Building, Empowerment, Education and better Health care practices.

Dialogue with Community:

URJA is working in the field of overall community social development, education, and health sectors with the motto of sustainability of marginalized community with below given focused area:



CORE TEAM

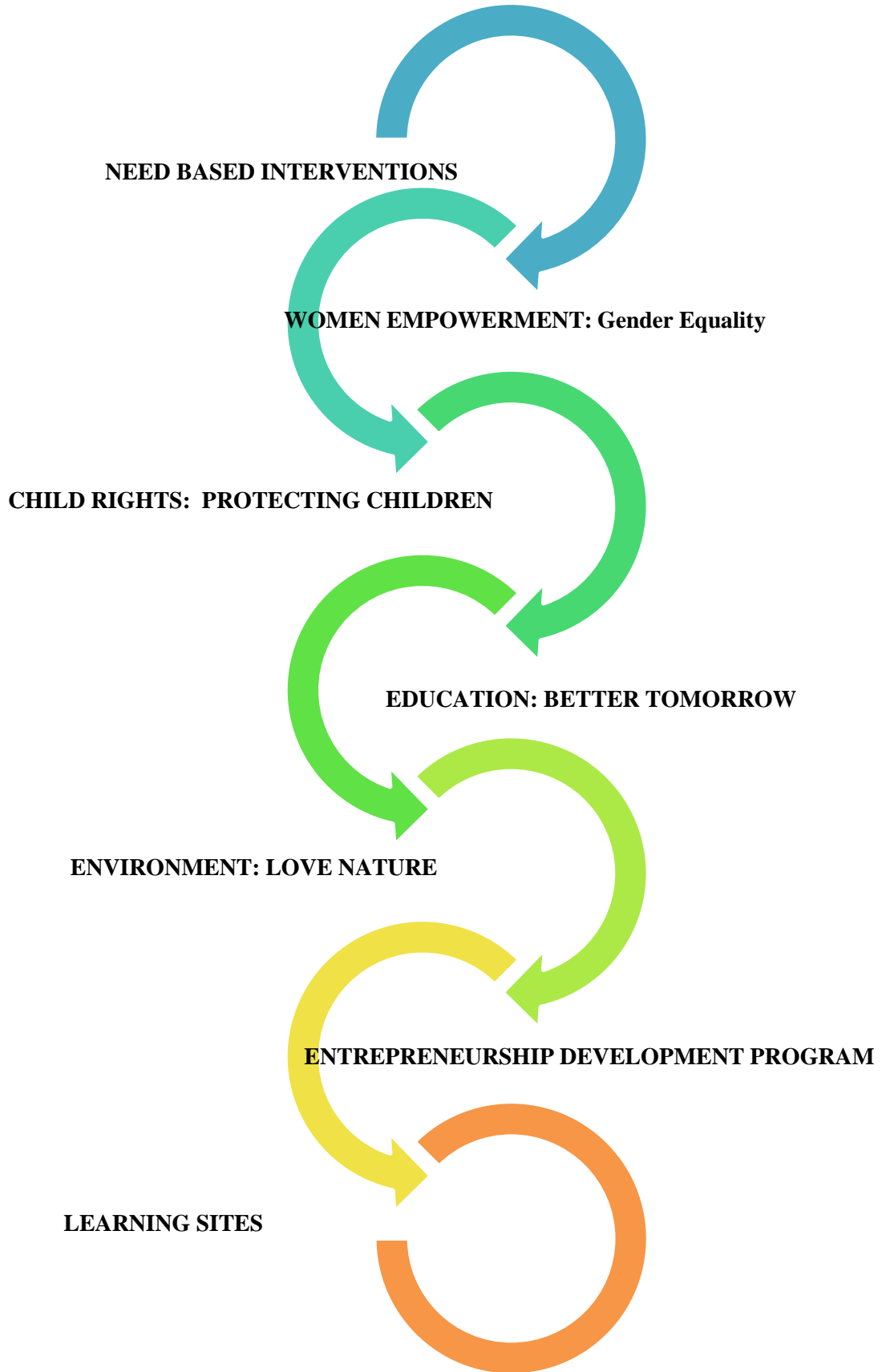
We always say that changing the way the world tackles poverty “will take all of us,” and our Partner community is a living proof. They come from across the country and include Educationalists, Social Scientists, Business Leaders, Entrepreneurs, Artists, and Activists who embody the spirit of generosity and have always dared to dream different and committed to changing the status quo.

- *Prof. Archana Dassi, PhD, in Social work, UGC Research Awardee , Technical Advisor*
- *Prof. Dr. Deoraj Sinha MBBS, MD- Psychiatry, Technical Advisor*
- *Dr. Rakesh Kumar Saini, MD Homeopathy, Consultant*
- *Dr. Sama Shelly, B.U.M.S, Consultant*
- *Mr. Abhinav Verma, B.Sc., LL.B, LL.M, Consultant*
- *CA Vijay Kumar Sharma, Chartered Accountant, FCA, DISA, Consultant*
- *Ms. Pragati Keswani Masters in Fine Arts , Gold Medalist, PGDGD, Consultant*
- *Ms. Tripti Oberai, MA Psychology, PGDCA, B.Ed., Secretary/Managing Trustee*
- *Mr. Vikram Kaul, MBA Health Administration, President/Managing Trustee*

OUR EXPERTISE



WHAT WE DO



URBAN AND RURAL JOINT ACCENTURE

ANNUAL ACTIVITY REPORT

2015-2016



SNAP SHOT

HEALTH AND SANITATION AWARENESS CAMPAIGN

Executive Summary

A Health and sanitation campaign consist of two main components

- One component is the provision of safe health and sanitation facilities within the community.
- The other component is a community education that promotes practices helping to prevent health hazards and water and sanitation-related diseases and the wise use of favorable hygiene behavior in the future generation of adults.

Therefore, an effective program was facilitated by URBAN & RURAL JOINT ACCENTURE (URJA) on 21st of September 2015, consist of adequate planning, management, training and capacity building, coordination among the community involved, and



participatory education with the help of community participation in terms of venue and logistical arrangements and community gatherings.

Today, in many countries, people suffer from non-existent or insufficient health crisis in terms of water supply, sanitation and hand washing facilities; toilets are not adapted to the needs of community, in particular girls; broken, dirty and unsafe facilities; non-existent and irrelevant health and hygiene education for community. Besides health impacts and the spread of diseases and intestinal parasites, none of these conditions

make learning pleasurable or easy. In the long term, educational achievement is one of the most important determinants of health, life expectancy, economic productivity, and the wellbeing of future generations. URJA has initiated the same in Trilokpuri area, east district of Delhi in order to aware and educate the community by means of a community awareness program to cater the population with effective changes in adapting the safe health behavior. With the help of voluntary social workers, a campaign was organized to provide the practical exposure towards the community living in marginalized slum areas.

CAREER COUNSELING

Date – 26/09/2015

Venue – 17/31, TrilokPuri, Delhi-110091

No. of beneficiaries – 35

Age group of Beneficiaries – 18 Years to 25 Years

Career Counseling session was held by URJA organization on 26/09/2015 at 17/31, TrilokPuri, Delhi with participation of 35 beneficiaries. The base line of the session was to help prospective generation to understand their hidden talent, interactive counseling by experts, an open round of questioning and expert advises from well-known professionals of various fields.

The session was conducted by Ms. Pushpa Raturi, Post graduate in Social work, by illustrating live cases and thought provoking deliberations, she made the atmosphere extremely electrifying and involved each and every participant to understand and realize their inherent strengths to opt their best suited career prospects. The aim was to have a free and frank discussion with the participants and for resolving their doubts and queries on career and future prospects. The workshop received huge appreciation from the participating students who urged on having such events at regular basis.



CAREER GUIDANCE IN SECONDARY EDUCATION

Today's young people are living in an exciting time, with an increasingly diverse and mobile society, new technologies, and expanding opportunities. To ensure, that, they are prepared to become the next generation of parents, workers, leaders, and citizens", every student needs support, guidance, and opportunities during adolescence, a time of rapid growth and change. Adolescents face unique and diverse challenges, both personally and developmentally, that impact academic achievement.

Adolescents define themselves through adults and imitate them. Parents influence their children consciously or unconsciously by what they say, they do, they invoke. More specifically, they can influence, directly or indirectly, their children's career decisions through promoting specific professions, specific lifestyles and social roles related to the social environment in which a young person grows up. In this



decision making, adolescent carries the influences of his family environment as well as of the school. At school, students acquire basic knowledge of professions, their hierarchy and get to know the access/entrance way based on their performance at school. During this period, adolescent is asked to make a choice that signifies up to a point his/her career decision making. For many young people, this decision is made at the end of compulsory education meaning at the age of 15 -16 years old, while the rest at the end of high-school.

They must deal with academic pressures, the challenges of universities admissions, the scholarship and entrance into a competitive job market. This demonstrates that adolescents are forced by the educational system to make early in their life a decision that might define their career decision making very often for the rest of their life. High – school is considered the final transition into adulthood and the world of work as students begin «separating from parents», exploring and defining their independence.

Adolescence is also a period of life during which individuals are reminded, sometimes brutally, of social and community standards, as well as, of the standards of peer groups to which they belong. They are called on to determine, how they will relate to these standards. They are searching for a place to belong and rely on peer group acceptance and feedback. They face increased pressures regarding risk behaviors involving sex, alcohol and drugs while exploring the boundaries of more acceptable behavior and mature, meaningful relationships.

Based on the above URJA developed dialectic between family, school, and peer groups in order to influence the adolescent, URJA provided guidance in making concrete and compounded in personal career decisions by facilitating the practical and dialogue based interactive session with adolescents in order to make them understand the Studies and career decision making which is crucial for every individual. Especially, nowadays, in an era, characterized mainly by the rapid change and internationalization of labor, deciding and managing a career becomes complicated and it is often frustrated. The person is required to handle knowledge, to recognize the aspirations, values, needs and roles involved.



The workshop was held on 28th of October 2015:- Focus on perspective building about the issues and concerns of adolescents that makes them vulnerable and what is required to prepare them for life. The workshop by design sought to address the need for matching technical support that is engendered and tailored to needs of the different adolescent groups.

The key objectives of the workshop were:

- Empower adolescent's especially marginalized community, with proper knowledge to adopt positive practices, access preventive, curative, protective services and enhance their skills and participation in local governance process.
- Promote the creation of safe platforms and environment wherein adolescents feel free to take part in decision making process affecting their life.

CAPACITY BUILDING OF HEALTH CARE WORKERS ON

HIV/AIDS

HIV/AIDS has emerged as the most complex socio economic health problem across the globe over the last two decades. In India, the HIV/AIDS burden has estimated 4.8 million people (Source: the Hindu) living with HIV /AIDS in India in 2013 out of which 39% are females and 3.5% children. As per NACO surveillance the average prevalence of HIV/AIDS in Ante-Natal Women in Delhi is 0.45%.

In order to address this subject effectively, Integration of PPTCT services with the existing RCH services with a twofold objective of effectively catering to specific community-level issues, needs, cultural norms and priorities and preventing wastage of resources in hiring and training a separate cadre and at the same time.

The Training was conducted using resource material provided by DSACS which was shaped by Resource Persons of URJA in the form of highly interactive and innovative tools like power point presentations, Ice breaking game, Group Discussions, Group Activity, Audio visual sharing, Linkage List, Brainstorming Activities, Experience sharing session and Group Work. The training module was designed to cover topics like basics of HIV/ AIDS, Myths and Misconceptions, STIs and their management, HIV and Women, Pediatrics HIV and Care of New Born, and High Risk Groups Overview about Service availability, Facilitation and Communication skills and Role of VHW's in Integration of HIV with RCH services.

An encouraging factor was that almost all the Health Workers had basic information about HIV/AIDS. Majorities of the Health Workers were aware about the routes of transmission of HIV, Myths and misconceptions and Discrimination against PLHA, but the knowledge levels about difference between HIV & AIDS, Window period in context of HIV/AIDS, STIs and pediatric HIV availability of services in their district was found to be relatively low.

After the training the existing knowledge of routes of transmission of HIV, Myths and misconceptions, Stigma and Discrimination against PLHA, consent for HIV testing was further enhanced with almost all the respondents replying with maximum accuracy. Also after the training there was a significant improvement in the awareness levels about referral & linkages

Although an improvement in the knowledge about difference between HIV & AIDS, Window period in context of HIV/AIDS and STIs but an interaction with the HCW's revealed that there is still further scope for up gradation of knowledge levels.

This reflects a need for refresher trainings & trainings at regular intervals for the HCWs in order to cement the previously imparted knowledge and clarify the existing doubts in minds of HCWs. In addition trainings should be supplemented with hands on training so that the HCWs have a practical knowledge about



service availability and are able to disseminate correct information in the community and serve and guide their patients in the community in a better manner.

CAPACITY BUILDING OF PEER EDUCATORS ON HIV/AIDS

The prevention of new infections in High Risk Groups (HRGs) and in the general population is a major thrust in the National AIDS Control Program (NACP) III. The most effective means of reducing HIV spread is through the implementation of Targeted Intervention (TI) amongst persons most vulnerable to HIV/AIDS, such as Female Sex Workers (FSWs), Truck drivers, Migrants, Men who have Sex with Men (MSM) and Injecting Drug Users (IDUs). The National AIDS Control Organization (NACO) and the states place a high priority on full coverage of High Risk Groups by TI projects.

Under NACP III, the TI approach encourages peer-led interventions by community based organizations (CBOs) or NGOs both in the rural and urban areas. All TIs are designed to work towards empowering the communities, by following a Rights-based approach that recognizes the fundamental right of every individual to information and services that seek to reduce his/her vulnerability to HIV/AIDS and provide the necessary care, treatment and support. The prevention strategies are thus linked to care and treatment, and seek to empower the community against stigma and discrimination. In order to achieve a high level of coverage and to maintain quality of program implementation, there is a need for quality learning opportunities to be made available to NGOs/CBOs working at the grassroots level.

METHODOLOGY:

URJA introduced as a facilitator to the Participants. For the introduction of the participants an ice breaking session was conducted followed by distribution of slips to all the Participants and asked them to find their pair which is indicated in the slip. Participants were asked to introduce their pair by pointing one good and one bad point of them. One of them was asked to write the qualities and the bad points on the two chart papers pasted on the wall. After everyone introduced his/her pair, facilitator

asked the participants to help their partners reinforce the good qualities and leave the bad ones.

The purpose of the activity was to open the participants and create a congenial atmosphere in the class room.

Expectations of the Participants: Participants were asked to narrate their expectations from the training one by one. One of the participant was asked to write it on the chart paper pasted on the wall. They have elaborated them as

- Learn about HIV/AIDS and STI
- Learn about their role in the community
- Learn about ICTC, ART, DIC, PT, CCC and other terms often used in the field
- Learn about speaking
- Learn about Hotspot, Peer map and other tools
- Learn about Condom demonstration

Session on Peer Education: Participants were asked to explain their understanding about the word 'Peer'. After taking their points one by one they were explained about the Peer and its importance. Participants were explained about the 'Role of the Peer in the community and the qualities of a good Peer Educator. The process remained as to know their understanding first and then explain them as per the Training module.



Film on Peer Education: Participants were shown a film on Peer Education named "Hum Sab Behne Hain." Facilitator organized a discussion on the subject of the film by involving all the Peer Educators. They were asked to explain about what have they learned from the film and how is it going to help them in the field?

Peers participated in the discussion that they had learned “How a Peer can actually motivate the community for different things, use patience, and involve community, condom demonstration, role of a peer, STI, HIV/AIDS etc.

Session on understanding the Community Network: Participants were asked to explain their understanding about the community, their project goals and the area where they are operating. Many came up with the idea of Hot spot. They were shown to draw a hotspot area on a chart and indicate import places on the map. They were explained to indicate FSWs operating points by drawing them with different colors. Facilitator then distributed the chart paper to all the participating NGOs and then asked the groups to practice it. Session ended with handholding the ORWs and Peers to independently draw the peer map and understanding the network in the community.

Session on Outreach and Outreach Planning: Participants were asked to explain their understanding of outreach and planning. After taking their points one by one facilitator explained the meaning of Out Reach Planning, its importance and its use in the TI project.

Session on Pear map and Spot Analysis: Participants were asked to draw map of their area of operation and mark it with the no. of FSWs working there. They were asked to identify the timings of each FSW when they operate in the Community. Then were asked about the vulnerability factor of each FSW, like their age, no. of sexual acts in a day, week and depending upon the information they were asked to identify the FSW which are at most risk. They were explained about the need to reach them first.

Session on STI, its cure and the Role of a Peer Educator: Participants were asked to explain about their understanding about STI one by one. They were then explained about the concept, reasons of STI by showing the common STIs of both men and women by showing the pictures available in the Training module. A special emphasis was given on the fact that Peers and ORWs were share their field experiences about STI and how did they managed it. ORWs were also given time to explain about the role of a PE in taking other FSWs to the service Centre. Facilitator explained Positive Prevention.

Session on Condom Demonstration:

Participants were asked to pronounce Condom in their local language and then were given condoms to see, open it and make balloons out of it to break their hesitation. They were then explained about the importance of Consistent and regular use of Condom, its availability, the correct procedure to use it. One by one they were called to practice it on penile model. They were also explained about the condom use load of a particular area, its gap analysis.

Session on IPC: Participants were explained about the meaning of IPC and they were asked about their understanding of the field about IPC. Issues which required IPC were listed down like

- Condom demonstration
- STI
- Violence and High Risk Behavior.
- Addiction
- HIV/ICTC

This was explained by using the body mapping tool, where by Participants were asked to draw the body of a female by asking her to lie down on the chart paper and others were asked to draw the outline of the body. They were then asked to paste a bindi over the body figure which is sensitive towards touch. Participants were then explained the importance of the said tool. One by one they were asked to role play on each of the said topics. In between participants narrated their own stories about different situations. Facilitator promoted them to share as much experiences from the field as they can explain. It enriched the session. Participants were also explained about one to one and one to group phenomenon.

Session on HIV/ ICTC/ ART/DIC/CCC: Participants were shown a movie on HIV/AIDS and they were asked to raise question after the session ended. Then they were explained about the basics of HIV/AIDS and the myths attached to it. Participants were asked to raise questions. They were also explained the meaning and importance of ICTC/ART/ DIC and CCC.

Peer Calendar: Participants were asked about their understanding about the peer calendar and then one by one asked to raise doubts. Then facilitator explained each column of Peer Calendar and cleared the common doubts. Participants were then divided into group and asked to practice peer calendar under the supervision of their own ORW.

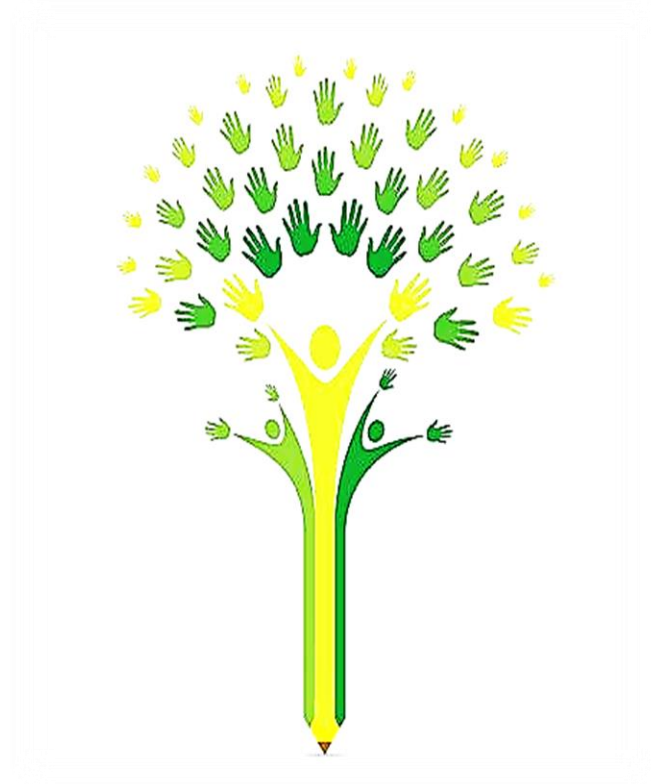
Session on Crisis management: Participants were asked to break into two groups and they were given situations to work upon. Groups presented the situation to the larger group. Two situations were given to the Participants. “In the setting of a brothel, Police raided and arrested all FSWs.” And a girl was molested and raped badly without being paid. After the Participants presented their strategy, facilitator explained the concept of formation of a Crisis committee.

About the arrangements: The Training Program was supported by AIDENT Social Welfare Society on 15th March 2016, in order to capacitate the Peer Educators of their TI project going on in Trilokpuri area in East district of NCT Delhi.





URBAN AND RURAL JOINT ACCENTURE



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