

Annual Activity Report 2019-2020



SAMARTH-*The Professionals*

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ANNUAL ACTIVITY REPORT

2019-20

PREAMBLE:

“SAMARTH” is a Hindi Word, which means ‘competent’. We, who work at SAMARTH, feel that society has invested a lot in building our competence and we need to repay it by working with the under privileged. We believe in the people and their capability, which remains latent due to lack of opportunity and acceptability by the society. The Mission of SAMARTH is to vitalize the “potential and power of the people”, working with them to move into main stream of society.

It is a non-government, non profit organization, founded by individuals who have ample experience of working with voluntary organizations, government agencies, academic and research institutions and funding agencies in the Social Sector.

AIMS & OBJECTIVES:

The aims and objects for which the society is established are as under :-

- a. To identify, strengthen and develop local non-government agencies/ associations in urban slums / socio economically , educationally backward communities /areas for integrated development and enable them to continue and sustain.
- b. Mobilize local resources to reconstruct slum / village into model one with optimum multiple welfare facilities for different age groups (Children, adolescents, youth, women and aged) with people’s active participation.
- c. Organise awareness building program /social action program to control /reduce social problem / issue like illiteracy, ill-health, over population, drug abuses, alcoholism , dowry, child labour etc. with focus on urban slums / socio- economically backward /deprived areas / community, through sensitizing youth groups, women’s groups etc.
- d. Develop an information base on youth work, child and women development work, environment, social legal aids, Non-formal Education, Health Management Information System etc. for Development workers / activist groups.
- e. Promote professional competence in human service management and development through Training, Research Work and Publish matters collected or obtained from these forms as well as from National or International resources.
- f. Provide support to the Projects / Program / Associations sponsored or funded by NGOS. Trusts / Government / Semi- Government Organization in project planning, monitoring and evaluation and follow-up programme.

- g. To affiliate and take support with other societies. Institutions organizations, national or international, in the pursuit of all or any of the above objectives.
- h. To provided for the training of selected persons for the purpose of the fulfillment and carrying of the objectives of the society.
- i. Generally to take all necessary action decided upon by the Governing Body to attain the objectives of the society.

All the incomes, earnings, movable / immovable properties of the society shall be solely utilised and applied towards the promotion of its aims and objects only as set forth in the Memorandum of Association and no profit on thereof shall be paid or transferred directly or indirectly by way of dividends. Bonus profits or in any manner whatsoever to the present or past members of the society or to any person claiming through anyone or more of the present or past members. No member of the society shall any personal claim on any movable or immovable properties of the society or make any profits, whatsoever, by virtue of this membership”.

LEGAL STATUS

- ❖ SAMARTH is a registered as 'society' under the Societies Registration Act, XXI of 1860 vide Regd. No. S-23305 Dated 27-08-1992.
- ❖ Registered under Foreign Contribution (Regulation) Act 1976 vide Regd. No.: 231650942 dated 16.12.1998 for receiving foreign contributions and valid up to 31.10.2021.
- ❖ Registered u/s-12 A of Income Tax Act vide Regd. No. DIT (Exemption) /94-95/1551/93/87 dated 09.06.1994
- ❖ It has been granted registration under 80G by the Director Income Tax Exemption, New Delhi No. u/s. 80 G: via letter no. DIT(E)/2011-2012/DEL-SE23132-02092011/788 dated 02.09.2011 valid for the period from Assessment Year 2012-13 onwards till it is rescinded.

MAJOR ACTIVITIES:

Target intervention program on HIV/AIDS for 2000 Female Sex Workers at Burari & Majnu Ka Tila, North and 1000 FSWs at SPA & Massage Parlors in Central Delhi:

1. BACKGROUND

HIV/AIDS has spread across the world. So, prevention of HIV/AIDS had become a big problem for whole world. This problem had become a big problem for India also. Now a day, India is facing a great challenge in responding to needs of the PLHAS. The targeted intervention is the only way out to solve the problem of HIV/AIDS. Phase III of NACO is very good step towards this direction. That is accepted that may controlled but we will have to do work on the human behavior to change the behavior by doing the behavior change communication. So, main task is behavior change communication so that people could be aware against HIV/AIDS.

India is the largest country of the world. There is house no. of population. After the modernization many people became migrate from one place to another place because of need of employment. Delhi being a mega metropolitan city has become hub of employment and attraction for the international tourists and the people living in different parts of the country. The city provides opportunity to different people to make their livelihood. Because of the Migration or shifting of poor families became a reason of HIV/AIDS. HIV/AIDS is spreading very fast not only in the city but also reaching different parts of the country. Delhi State AIDS Control Society (DSACS) is one of the leading organizations which are having the responsibility to handle this sensitive issue. It's working with wide range of activities for the prevention of HIV/AIDS. The current project is one of such steps taken in different parts of the city. The project is focusing exclusively the female sex workers (FSWs) operating in the target area.

The project (Project for FSWs) has a set of wide range of activities. It has a purpose to improve the quality of life of female sex workers. It includes awareness raising activities, accessing necessary preventive devices and medical facilities to the infected and potential groups...Project has wide range of activities for the prevention of HIV /AIDS and for the empowerment of FSWs. Project team approach to them who are in the field and taker them in confidence to develop them self esteem and to aware the about the need and problem. Team executed activities relating their identification, awareness raising, organization, clinical services and other self help activities. All of the stated activities for the last 4 years were timely implemented for the accomplishment of the proposed objects of the project. Specific details of the report are given under specific heads.

The organization, strategically provide direct services in the un-served/ under serving area in selected urban slums of Delhi and cover the entire Delhi & other states through network of CBOs, NGOs, and civil society initiatives extending support and building their capacity, monitoring and developing human resources.

Over the years, SAMARTH has been able to served population fairly to enhance the literacy level in selected slums (27) through innovative Non-formal Primary Education Models, training modules and evaluation. It has prepared community to take up development issues and addressed them directly through ensuring access of facilities

such as Health Centers, Educational Centers, formal primary & secondary schools and credit linkages, appropriate employment opportunity/self employment.

We have conducted trainings in the areas of Health (Health worker, Dai training, Reproductive & Child Health (RCH), Target Intervention Program on HIV/AIDS for FSWs and Migrants Population and First Aid, Child Survival, ISM & H Scheme, and Education (training to teachers, teaching methodology & micro-planning and community assessment), Educational for all and community development - CBOs/ SHGs/NGOs trainings in Project formation, Planning, Monitoring and Management (Program & Finance) of development programs by them for them in Delhi and other states like Uttar Pradesh, Bihar and West Bengal etc.

The organization has also got opportunity to monitor Non-formal education programs (BRAC Model) in Delhi and other states i.e. Rajasthan, Andhra Pradesh, Uttar Pradesh for 4 years for Oxfam America & CRY and NGO Forum for street & working children Delhi, PLAN International, Action Aid and Unicef.

3. TARGETED INTERVENTION (TI)

Targeted Intervention is an HIV/AIDS awareness and education program for specific vulnerable group. This program is implemented By the NACO. NACO has divided this program (Program of HIV/AIDS awareness and education) other different -2 core group so that the program may run smoothly. NACO decided that the program should be running by the different-2 NGOs. So the all services may be concerned to every targeted people. Technical Supported Unite and State Training and Resource Center Delhi will be the joint partner for this program with NACO.

A Project for FSW is supported By Delhi State AIDS Control Society and it is Implemented By SAMARTH-The Professionals. DSACS selected an NGO SAMARTH-The Professionals for the implementation of the Target Intervention project for Female Sex Workers in the Burari, area (North Delhi).

Targeted Intervention (TI) is a specific program to Control HIV/AIDS Program. TI work specific for those groups who are with high risk behavior. HIV transmissions among highly vulnerable populations are at greater risk of acquiring and transmitting HIV infection due to more frequent exposure to HIV.

4. AIM OF ORGANIZATION.

A- Prevention of HIV infection among Female Sex Workers in Burari and related area of project in Delhi.

5. Objectives

1. To identify Female Sex Workers,
2. Create an acceptance and repo with them for holistic development of the female sex workers.
3. To ensure that the awareness among all HRG, so that there may be reduction in STI/RTI problem.

4. To ensure that they may be so aware that they do safer sex at any rate. And ensure that HRG understood the benefits of Condom Use in preventive way.
5. To support and facilitate changes in the environment that enables the community to practice safe behaviors.
6. Behavior Change Communication is an only way to enhance the knowledge of them for safer sex.
7. To ensure network with various legal authorities and likeminded organization for the promotion of welfare, convergence of services of female sex workers.
8. To ensure the health related another services (RMC).
9. To aware them against HIV/AIDS.

6. PROFILE OF THE TARGET AREA .

The project areas come under the TI project are basically unauthorized colonies where in the houses are not made according to government rules. Those people who are living are living from different backgrounds and belong to different castes. Population, which is mainly migrant population from the near states who came to earn money to Delhi because that is the hub of job or employment. Few people earn appropriate money according personality became fail to earn appropriate money according to need. Some female /women enter in the area of sex .Those Women are doing sex or are works are almost from the age group of 15-40.

This project covers different areas of north Delhi. This project is implemented from the year 2008. These hot Spots are Covering up to 3306 HRGs from different areas. These all are covered by the PEERs and ORWs by the outreach activity by doing one to one and to group with HRG, So that they may get service from the project.

7. Factor of risk

Most of the areas covered by the project are slammers, unauthorized. The economic condition of the residing population is very poor. Hence they have to go outside to earn money or for the supplement for her families. Sometimes they become fail to earn sufficient money as per required. That is a major cause of sexual acts. Mostly commercial sex workers are in that field because of this. The target population in the area has very high illiteracy rate. Their main sources of income include the activities like sweeping, sailing of vegetables, domestic help, etc.

According to the Peer Outreach Plan, Samarth is working for 2000 female sex workers at project site and providing the required services to registered population (2008 FSWs). These all do the activity from different -2 points. Few HRGs are home based, few HRGs are Street Based and HRGs are from another's places.

8. OUTREACH

There is some activity which is carried out in a scenario by the organization. Staff of TI carried the as set of action. These all activity is carried out for the development condom promotion and for the promotion of other services for the welfare of HRGs and for the development as per the guidelines of NACO. The main components of outreach are mentioned below:

i) Registration of new HRGs

The team (ORW and Peer) of organization goes to community and meet community members and introduced them about the project and about the project services, ORWs and Peers visit to HRGs on a daily basis and tells them about the services and identify the new HRGs to fulfill the objectives of the project.

ii) New Regular Contacts

Outreach activity is done by the peer and ORW. ORW and peer contacts to the HRGs and provide condom to do safe sex and tells them benefits of condom and discuss about another project service which TI provides them free of cost.

Hot spot level meetings

These all meeting were done according to a plan 'Micro plan is also followed by the team of organization which is as per given the guide line of NACO.

iii) BCC Activities

BCC activities are carried out in order to ensure the safer sex of the communities. It involves creating awareness about the services available for the prevention of STIs. It also helped to create awareness for the demands of the services.

BCC is the responsibility of an Organization for safe sex in every situation because safe sex is the priority of the organization. BCC works on condom Promotion and tells the importance of regular screening. Outreach workers visit among HRGs to solve the problem of them. ORW tells them away to save herself from the problem of HIV/AIDS and from the risk of STI.

9. STI Management

a) STI /STD Treatment

Kits (medicine) are available at TI for the prevention of STD/STI. Samarth has well qualified doctor, Dr. S. Gupta for the screening of HRGs. We have linkage with local area dispensaries. So the HRG could be screened by the doctor in more quantity.

b. Health Camp

Samarth has organized Two health camps in the year and has provided the service to HRGs by doing Health Camp. In this camp HRGs came from different-2 areas. This camp covered the area of Burari, Sant Nagar, Bhalaswa and Nathupura & Majnu ka Tilla Panjabi Basti, Purani Pahari Majnu Ka tilla, Vonta Park Delhi University, Khaibarpass civil lines, Mukharji Nagar, ISBT and Others. The patients from these areas got the medical services and consultation from qualified doctors. In these Health Camp Patients were treated by trained doctor. STI check up and general checks up was done.

10. Services and Linkages

No. 2831 of HRGs visited ICTC center for HIV/AIDS Testing

11. CONDOM MANAGEMENT

The condom requirement of the year was distributed in different area of the project area.

12. ENABLING ENVIRONMENT:-

To enable the environment TI do the different-2 activities. Enabling of every needs to deduct the vulnerability, Organization does the Networking and Advocacy to enable the environment, Because Advocacy and Networking is the most important for environment enabling. Advocacy and Networking helps to an organization to build the capacity building between NGO and Community people. With help of networking NGO do approach needy and provide service to them. Advocacy helps to all HRGs because by advocacy NGO provide the legal help to HRG community and gives the techniques and ideas to support her and others. Project team conducts the advocacy meeting every month for the legal protection of community with the help of professionals.

13. COMMUNITY MOBILIZATION :

Community mobilization mean to say that the mobilization of the community towards your objective of your project. The project team mobilizes the community to tell them about the project and about the project service. Mobilization is a communicational process. It helps organization to provide the project service.

The project team has formed committees like, Crisis Management committee, DIC level Committee, STI Management committee for the better implementation of the project.

DROP IN CENTER(DIC)

We have spacious Drop in Center (DIC) in the project office itself. It is very near to hotspots where FSWs are soliciting. Counseling, condom services and STI services are providing here. DIC provide them a safe place to share Their emotions, thoughts and helps them to seek advice in times of need. The SAMATH drop-in-center is used to organize different group activities like dances, songs, meetings and training programs for the FSW and Peer Educators. These centers provide opportunity to the FSWs to have a platform for learning, Development and mutual sharing. It helps identification of training and other development needs of the FSWs.

DIC Level Meeting:-

The project team conducts two DIC level meetings in every month. We have conducted 24 DIC level meeting with target group and the discussion was held about HIV AIDS prevention, services. We discuss about the Project service with the all participated in these meeting. We take feedback and decisions all about the services and about the activity of our team work. These decisions help us to do batter for next. And help to improve help the project team to improve the quality of services. During this meeting we conducted different entertainment programmes too. Most of the HRGS participates in the different-2 activities in the meetings.

14. COMMITTEE FORMATION

TI Staff Has Formed the Committees for the welfare of HRGs. These are to resolve the problems of Hot Spot and Others. These Committees work for HRGs.

(A) Crisis Committee

Committee is formed for the solution of any crisis Related problem. There are 5 Members in this Committee. They play important role in any crisis. If there ever happen any crisis then crisis committee and take action and the committee plays an important role in problem solving.

(B) STI Management Committee

STI Management Committee is formed to facilitate all activity related to Clinic and HRGs. This committee also support to diagnose the HRGs about their sexual problem and approach toward STI Clinic.

(C) DIC Committee

TI Staff has formed a DIC Committee with help of HRG. Samarth DIC is Well mentioned. DIC Committee does the care of DIC That committee is group of HRGs. HRGs Comes to DIC and enjoy the DIC and spent the time in DIC this situation DIC members care of that.

15. COMMUNITY EVENT PROGRAMME REPORT

Community event was organized of awareness of HIV/AIDS to HRGs community and general community, Safe Sexual encounter, ICTC, STI, facility of our DIC. We had invited some personalities from outside who are very expert on the programmes and activities on HIV/AIDS awareness and the other Programmes. They made different programmes in connection with the matter and they gave the message on it and we got good feedback from the community and from the HRGs. In between the time we made an introduction about our organization and the purpose and its aims of our work. Then we made an explanatory speech about DSACS and about NACO who are supporting and the motive behind us.

Discussed points about HIV/AIDS awareness by TI Staff

1. Unprotected Sexual Contact Both men and women can transmit HIV to their sex partner, this can occur during unprotected vaginal Sex through contact with infected semen, blood or vaginal secretions.
2. Infected Needle/Syringes-: Infected or Used Syringes and Needles can transmit HIV/AIDS.
3. Transfusion of infected blood and blood products: - HIV can also be transmitted by transfusion of infected blood or blood production this happens if the blood is not tested for HIV before being transfused.
4. from infected pregnant mother to child: - If a HIV positive mother becomes pregnant, virus can spread to her newborn baby either during pregnancy, during delivery, or subsequent breast feeding.

17. TRAINING PROGRAMMES

Tanning is a Important part of any organization. There are two, type of tanning.

1. Internal Training
2. External Training.

Internal Training

That training is provided by the organization self to their staff trained the organization Staff so that working efficiency may be effective. TI staff is done trained for Micro Plan formation, to trained Field visit, Documentation.

External Training

That training is provided by The DSACs and STRC Guideline to TI staff as per their Plan.

17. OTHERS :

1. Linkages with College and University : Field trainees were placed by Delhi University, IGNOU and Ambedkar College etc.
2. Main Streaming in schooling children to affected from HIV/AIDS HRGs.

S.N	Indicators	Total Achievement
1	Total No. of HRG registered in Project upto reporting year	3745
2	No. of New HRG registered in year	435
3	No. of HRG drop out in the year	399
4	No. of individual HRG contacts twice in a year	15564
5	No. of individual HRG accessed clinical services in year	5961
6	No. of individual HRG treated for STI with syndromic management in a year	117
7	No. of individual new HRG given Presumptive treatment in a year	200
8	No. of individual HRG screened for syphilis in a year	3315
9	No. of individual HRG tested for HIV in a year	3347
10	No. of individual HRG found positive for HIV in year	4
11	No. of individual positive HRG linked with ART (having pre ART registration No.)	4
12	Condom demand for year by TI for HRG as per master register	666468
13	Actual No. of total condom distributed to HRG	554000
14	No. of Review Meeting Conducted in the Year	47
15	No. of HRG participated in DIC Meeting (Excluding Staff and Peer Educators)	390
16	No. of HRGs participated in Hot Spot Meeting (Excluding Staff and Peer Educators)	2708
17	No. of Days Clinic Conducted	286
18	No. of Individual HRGs Counseled by ANM/Counselor in the Month	5291



PO (TSU) interaction with TI Staff during review meeting

B- PROFILE OF THE TARGET AREA CENTRAL DELHI.

The project areas come under the TI project are basically unauthorized colonies where in the houses are not made according to government rules. Those people who are living are living from different backgrounds and belong to different castes. Population which is mainly migrant population from the near states who came to earn money to Delhi because that is the hub of job or employment. Few people earn appropriate money according personality became fail to earn appropriate money according to need. Some female /women enter in the area of sex .Those Women are doing sex or are works are almost from the age group of 15-40.

This project covers different-2 area of North Delhi & Central Delhi. This project is implemented in the year 2011. Its covers these areas- SPA & Parlors' of Paharganj, Karol Bagh, Model Town and Others. It's Covering Up to 2008 HRGs from different - 2 areas. These all are covered by the peer and ORW by the outreach activity by doing one to one and to group with HRGs. So that they may get service from the project. Area wise details (target Covered) are given further in the table.

Factor of risk

Most of the areas covered by the project are slums, unauthorized. The economic condition of the residing population is very poor. Hence they have to go outside to earn money or for the supplement for her families. Sometimes they become fail to earn sufficient money as per required. That is a major cause of sexual acts. Mostly commercials sex workers are in that field because of this. The target population in the area has very high illiteracy rate. Their main sources of income include the activities like sweeping, sailing of vegetables, domestic help, etc.

According to the Peer Outreach Plan, Samarth is working for 1000 female sex workers at project site and providing the required services to registered population

(1049) FSWs. These all do the activity from different -2 points. Few HRGs are home based, few HRGs are Street Based and HRGs are from another's places.

1	Total No. of HRG registered in Project upto reporting year	1702
2	Total No. of HRG Active in Project upto reporting year	1049
3	No. of New HRG registered in year	410
4	No. of HRG drop out in the year	381
5	No. of individual HRG accessed clinical services in year	2690
6	No. of individual HRG treated for STI with syndromic management in a year	322
7	No. of individual new HRG given Presumptive treatment in a year	155
8	No. of Individual HRG one time Contacts in a year	6977
9	No. of TB. Screening in a year	1755
10	No. of HRGs Suspected TB. Screening in a year	16
11	No. of HRGs Regard Testing TB. in a year	16
12	No. of individual HRG screened for syphilis in a year	1496
13	No. of individual HRG found positive for syphilis in a year	1
14	No. of individual HRG treated for syphilis in year	1
15	No. of individual HRG tested for HIV in a year	1519
16	No. of individual HRG found positive for HIV in year	1
17	No. of individual positive HRG linked with ART (having pre ART registration No.)	1
18	Condom demand for year by TI for HRG as per master register	324595
19	Actual No. of total condom distributed to HRG	17348
20	No. of Review Meeting Conducted in the year	60
21	No. of Individual HRGs Counseled by ANM/Counselor in the year	4392



C - Target Intervention Program for 10000 Migrant Population of Mohali District of Punjab:

INTRODUCTION

Large infrastructure and development projects coupled with industrial growth have encouraged young people and workers from all over the country to move to major cities and provinces and Industrial towns like MOHALI, . In places like MOHALI TRI CITY rapid economic development and increasing internal migration, factors such as separation from family and communities and harsh working conditions contribute to an increased vulnerability of migrants and mobile populations to HIV and other sexually transmitted infections (STI) as they engage in unsafe behaviors such as unprotected sex and injecting drug use.

The Punjab State AIDS Control Society have very kindly entrusted CII with the responsibility to implement T.I. Project, typology Migrants in MOHALI. The purpose of T.I. (Targeted Intervention) Project is to ensure the delivery of HIV/AIDS targeted intervention amongst the Migrants.

Project period : from 1st April 2019 to 31st March 2020.

Covered Population:

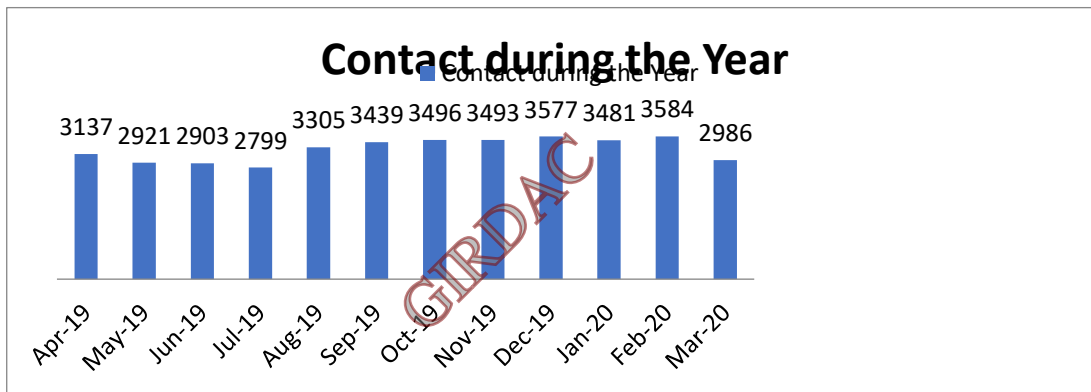
Project Area: The proposed project will be implemented among 10,000 Migrants in district Mohali at the following locations like industrial city where many factories, Mega project like Malls, IT call centers, heavy construction building and 4 lane roads are situated. In Mohali so many Migrants in the form of laborer are coming for work and they are living alone and without family that is why they are always attracted towards sex with FSWs. Most of the Migrants are illiterate and they do not have knowledge about HIV/AIDS. They do not know the preventive measures and safer sex practices with using condoms. The major areas which have migrants population in large areas are as under:

HOT SPOTS AREA

Hot spot Area	Sub – Hot spot
Adarsh colony	Adarsh colony
Azad nagar	Guru Nanak Colony Balongi, Azad nagar, Spicechowk
Dashmesh colony	Ekta colony, Balongi Village, Dashmesh colony
Danu / Kharar	Kharar laborer chowk, Danu village
Guru Nanak colony	Truck union, Guru Nanak colony, Feed factory
Badmajra Colony	Badmajra village
Jujharnagar	Jujharnagar
Phase 4 Labour chowk	Phase 4 Labour chowk
Bazigar Colony	Bazigar colony
Phase 8 Labour Chowk	Phase 8 Labour chowk
Udam Singh colony	Udamsingh
Ambedkar colony 1	Ambedkar Colony 1
Ambedkar colony 2	Ambedkar Colony 2
Mundi Kharar	Mundi kharar, GilcoVally, Santy Majra colony

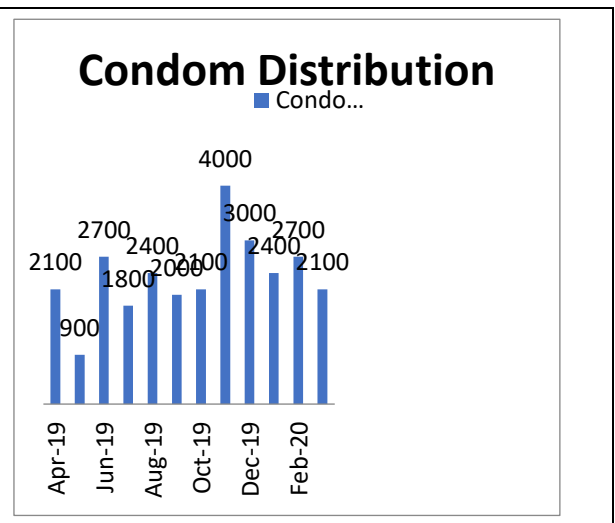
Contacted during the Year :

S no.	Months	Regular contacts
1	April 19	3137
2	May 19	2921
3	June 19	2903
4	July 19	2799
5	August 19	3305
6	September 19	3439
7	Oct 19	3496
8	Nov 19	3493
9	Dec 19	3577
10	Jan 20	3481
11	Feb 20	3584
12	March 20	2986



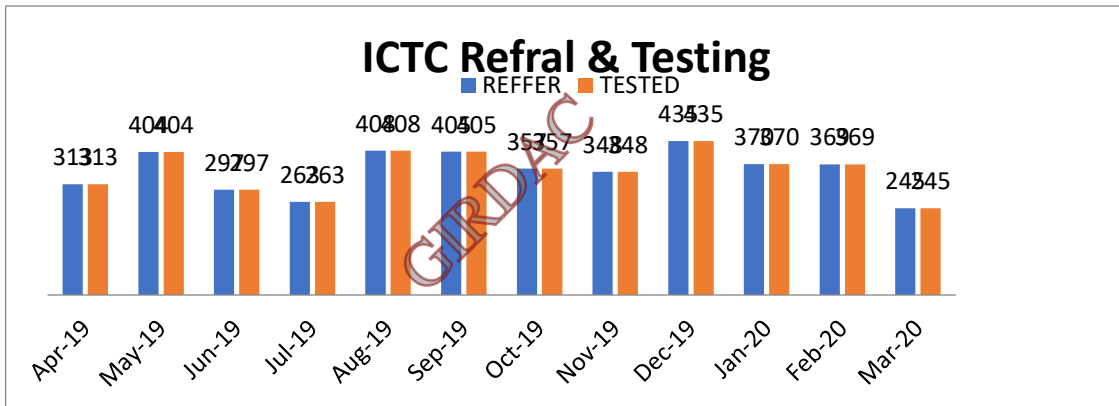
Condom Distribution :

S no.	Month	Social market condom
1	April 19	2100
2	May 19	900
3	June 19	2700
4	July 19	1800
5	August 19	2400
6	September 19	2000
7	Oct 19	2100
8	Nov 19	4000
9	Dec 19	3000
10	Jan 20	2400
11	Feb 20	2700
12	Mar 20	2100



Referral ICTC:

S no.	Month	ICTC REFERS	Actual test
1	April 19	313	313
2	May 19	404	404
3	June 19	297	297
4	July 19	263	263
5	August 19	408	408
6	September 19	405	405
7	Oct 19	357	357
8	Nov 19	348	348
9	Dec 19	435	435
10	Jan 20	370	370
11	Feb 20	369	369
12	March 20	245	245

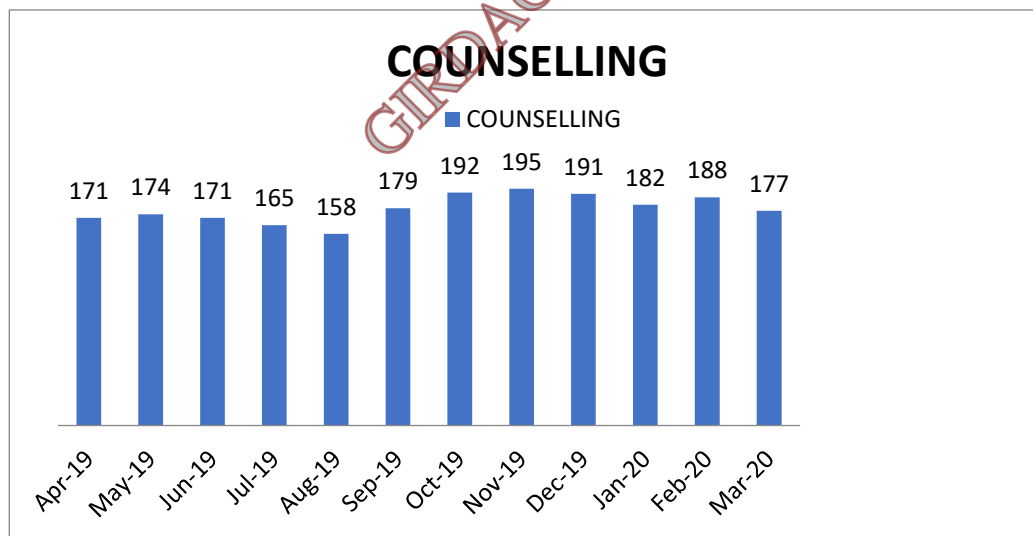


Health Camps :

S no.	Month	Health camp	Attendees	STI Patient	Treatment
1	April 19	20	391	15	15
2	May 19	20	382	12	12
3	June 19	20	388	15	15
4	July 19	20	404	14	14
5	August 19	20	388	14	14
6	September 19	20	386	16	16
7	Oct 19	20	383	13	13
8	Nov 19	20	378	17	17
9	Dec 19	20	386	18	18
10	Jan 20	20	381	14	14
11	Feb 20	20	365	17	17
12	March 20	20	265	10	10

Counseling:

S no.	Month	Counseling
1	April 19	171
2	May 19	174
3	June 19	171
4	July 19	165
5	August 19	158
6	September 19	179
7	Oct 19	192
8	Nov 19	195
9	Dec 19	191
10	Jan 20	182
11	Feb 20	188
12	March 20	177



Awareness Programme



Health Csamps



CRÈCHE PROGRAMME :-

The organization has set up 1 crèche units for the children of working and ailing mothers belonging to the lower income groups. Children of the age group of 0-6 years have been covered under this scheme.

- Basti Vikas Kendra, D- block Shahabad Dairy, Delhi-42

Details on the children, as under:-

Category	Boys	Girls	Total
SCs.	6	5	11
STs. / OBCs.	5	6	11
Others	2	2	4
Total	13	13	26



CRISIS INTERVENTION CENTRES – North & North-West DELHI

CICs is a scheme for providing support to victims of rape, domestic violence and torture. To professionally handle the investigation of rape case of minor victims and to rehabilitate the needy ones amongst them, Delhi Commission for Women has motivated Delhi Police to expedite and expand the initiative of Rape Crisis Intervention Centres from 3 to 7 police districts of Delhi. Delhi Commission for Women is working with a small group of Non-Governmental Organizations (NGOs) who can provide effective counselling to victims and to their families. A disciplined drill is laid out under the Standing Instructions which enable these NGOs in carrying out functions of liaison with police and hospitals in the course of their duties. Delhi Police and the associated NGOs work in an integrated partnership under this scheme.

Objectives

To provide a support structure to the CICs of Police Department.

To ensure transparency in the professional investigation, registration of FIR and medical examination.

To reduce trauma and provide counselling help to the victim, family and the immediate attached community.

Medical help where required, particularly for treatment of victim. (sometimes this is very expensive and financial support is needed).

To provide financial assistance to victim, family for the duration of investigation.

To help in the rehabilitation of the victim.

Legal aid where necessary is being provided under this scheme.

Crises Intervention Center North Delhi

Cases Reported:	Total
1. Total number of Rape cases (18 & above):	92
2. Total number of POCSO Rape cases (Below 18):	68
3. Total number of molestation cases:	72
4. Total number kidnapping cases:	8
5. Total number of kidnapping + Rape cases:	17
6. Total number of miscellaneous cases:	180
7. Total Number of cases reported in the current month:	420

Crises Intervention Center North-west Delhi

Cases Reported:	Total
1. Total number of Rape cases (18 & above):	114
2. Total number of POCSO Rape cases (Below 18):	105
3. Total number of molestation cases:	74
4. Total number kidnapping cases:	127
5. Total number of kidnapping + Rape cases:	47
6. Total number of miscellaneous cases:	164
7. Total Number of cases reported in the current month:	588

Mobile Help Line Project (181) for Women: North Delhi

- ☞ To provide a support structure to the Mobile helpline program.
- ☞ To ensure transparency in the professional investigation, registration of FIR and medical examination as per SOPs.
- ☞ To reduce trauma and provide counselling help to the victim, family and the immediate attached community.
- ☞ Medical help where required, particularly for treatment of victim. (sometimes this is very expensive and financial support is needed).
- ☞ To help in the rehabilitation of the victim.

Activities to be undertaken:

- Awareness Program for Mobile Helpline and its service in the district through IEC activities with support of DCW/other NGOs.
- Provide counseling services to victim of sexual assault/abuse and their families as desire under the scheme.
- Counseling on calls for victims & families
- Provide medical service to victims/families
- Provide financial assistance to victims / Families if required
- Rehabilitation of victims and facilitate in process of assistance in the scheme of rehabilitation of rape victim at different level e.i. Police, DCP, DLSA.
- Linkage for entitlement with other schemes such as skill development, income generation, PDS, Social Welfare, SHGs, loaning with banks.
- Protection of victims for interaction during hearing on away of court.
- Follow-up the cases and prepare data base for documentation & disposal of cases.
- Inter-departmental meeting with different stakeholders & statutory body in consultation with DCW.

MONITORING AND EVALUATION:-

Monitoring of each activity will be done by project team based on tool (monthly report and staff meeting every month). Financial control will be done through preparing a monthly Cash Flow based on budget and its utilization every month. Variance will be brought in notice to the head of organisation for appropriate action. Internal audit will be done by internal auditor of the organisation.

Evaluation of project will be done at the end of project, which will be participatory. A team comprising of three members, one from DCW and representatives of implementing agency would conduct evaluation based on the indicators mention in the project. A brief report will be presented to DCW for an appropriate course correction and dissemination of experiences and further planning.

The Data has collected from the field/Police stations through organisation keeping in mind the process and outcome indicators of this project. The systems will be established to share data with the DCW in the prescribed formats and agreed upon time frame. The organisation will provide monthly, quarterly and annual progress and financial reports. The

project team will be responsible for ensuring overall quality of the program activities and data. The project team is responsible for overall documentation of the processes and methods of learning.

Sr.No.	Nature of calls received	Total No of Beneficiary
A	Marriage/Family	
1	Domestic Violence	776
2	Maintenance	20
3	Harassment by Family/Relatives	42
6	Rescue and Shelter	22
7	Sexual Harassment	129
8	Dowry	40
B	Violence against women	
1	Murder/Suicide	8
2	Molestation	24
3	Harassment by others	187
4	Acid Attack	1
5	Human Trafficking	1
6	Child Marriage	1
7	Missing/Kidnapping	48
C	Violence against women	
1	Miscellaneous	86
	Total Cases	1385

Information, Education, Communication (IEC) & Recreational Program:

Through our various programs we work with a multi strategy for sensitizing the civil society on issues of Child Rights by involving all our partners for the care, protection and development of children & women. Using effective communication tools like street plays, pamphlets, posters, folk dance, Films by children, News letter & Magazines, e-mails, website we try to reach out to those whose little help on bring about big changes in the lives of millions. Some of our activities this year have been:

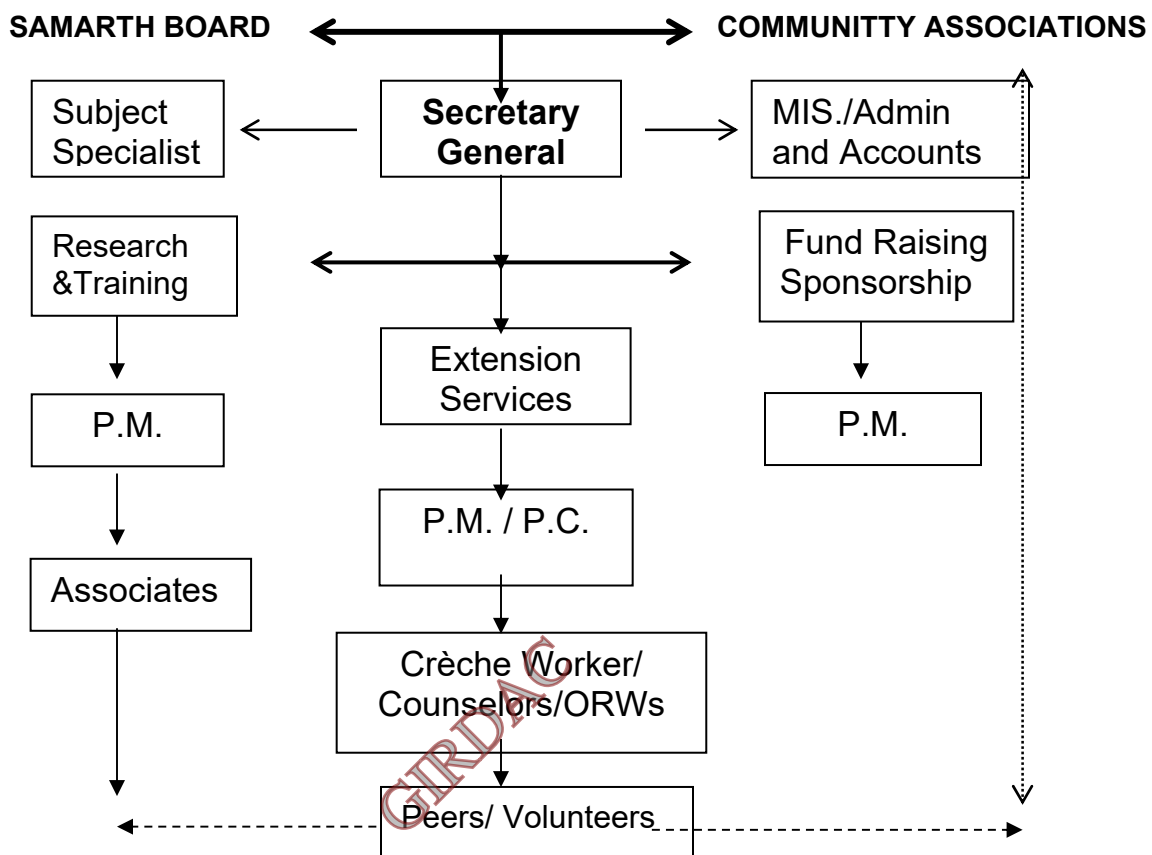
Staff Development Training:

- 10 person attended training on Capacity Building of NGO Staff Orientation to Stakeholder Analysis.
- 6 person attended Project related workshop at PSACS.
- 10 person attended training on TOT for Capacity Building of Volunteer Peer Leaders
- Project coordinator attended Project Management and Outreach Planning workshop.
- 5 people regularly attending quarterly meeting with partners of DSACS & PSACS.
- Project Coordinator attended regularly review meetings with project partners.
- Project coordinator of Homeless regularly attending JAAC meeting.
- Project Coordinator regularly attending the meeting of Vidyalaya Kalyan Samiti.
- Project Director regularly attending the meeting of District Advisory Committee of PC & PNDT Act.

Present Governing Body & Executive Members:

S. No.	Name	Educational Qualification and experience	Role & responsibility in NGO
1.	Mr. Ram Awtar Prajapati	MSW and 30 years experience in social sector & Govt. Sector	Chairperson
2	Dr. Pro. A. B. Singh	Retired professor with 34 years of experience in teaching, research and training	Vice chairperson
3.	Mr. M.M. Vidyarthi	MA (Social Work), Diploma in Labour Laws, Community Health Planning of Management and 30 years working experience in NGOs, Social Sector, member of Child Welfare Committee.	Secretary General and Executive Director
4	Dr. Kanta Rehman	PhD with M.A. Political Science and 22 years of experience in Human Rights, Research, Training. And working as course director in Human Rights.	Joint Secretary
5.	Mr. Jai Prakash	B.A. and 15 years Service with medical sector	Treasurer
6.	Mr. Ambhoj Kumar Prasad	M.Sc. & Diploma in Computer Application with 15 years of experience in software company.	Member
7.	Mr. Birbal Ram	MA with 31 years of working experience in Insurance sectors	Member

ORGANISATION STRUCTURE



Key Note:

PC: Project Coordinator, PM: Programme Manager, ORWs: Out Reach Workers

PROJECT ADDRESSES

- Crèche project, Basti Vikas Kendra, D -Block, Shahabad Dairy, Delhi – 110042
- Samarth TI Project- A-1/50, Himgiri Enclave, Burari, New Delhi. Ph:8800230589
- Samarth TI-2 Project at O-21-22, Majnu ka Tila, Delhi, Ph:8800230389
- Mobile Help Line (181) Project, at O-21-22, Aruna nagar, Majnu ka Tila, Delhi, Ph:9810605189
- Crises Intervention Center for Rape Victims - A-1/50, Himgiri Enclave, Burari, New Delhi
- Samarth Migrant TI Project, #41, Belongi Mohali, Punjab Ph:8968192979
-

All communications to be addressed to Secretary General,

SAMARTH-The Professionals

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Major collaborators/Supporters

- ▶ **Delhi Commission for Women.**
- ▶ **Dept. of Social Welfare.**
- ▶ **Dept. of Women & Child Development.**
- ▶ **Delhi State Aids Control Society, Delhi**
- ▶ **Punjab State Aids Control Society, Delhi**
- ▶ **Delhi Urban Shelter Improvement Board, Delhi**
- ▶ **National Institute of Social Defence, Ministry of Social Justice & Empowerment**
- ▶ **Times of India Groups**
- ▶ **Sitaram Jindal Foundation**
- ▶ **State Bank of India**
- ▶ **Plan India's partners.**
- ▶ **Individuals donors.**
