

UTKAL SEVAK SAMAJ

A **NNUAL** **REPORT** **2014-2015**

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Abbreviations

AIDS	: Acquired Immune Deficiency Syndrome	IEC	: Information Education and Communication
ANC	: Ante Natal Care	IFA	: Iron Folic Acid
ANM	: Auxiliary Nurse Midwives	MMR	: Maternal Mortality Rate
ART	: Anti Retroviral Treatment	MSM	: Men Having Sex With Men
ASHA	: Accredited Social Health Activist	NACO	: National AIDS Control Organization
BCC	: Behavior Change Communication	NHM	: National Health Mission
CD4	: Cluster Differentiation 4	NMR	: Neonatal Mortality Rate
CSC	: Care and Support Centre	OPD	: Out Patient Door
DMC	: Designated Microscopic Centre	OSACS	: Odisha State AIDS Control Society
DOT	: Directly Observed Treatment	PLHIV	: People Living with HIV
DRT	: Discrimination Response Team	PNC	: Post Natal Care
EID	: Early Infant Diagnosis	PPTCT	: Prevention of Parent to Child Transmission
FSW	: Female Sex Worker	RNTCP	: Revised National Tuberculosis Control Program
HBC	: Home Based Care	RTI	: Reproductive Tract Infection
HIV	: Human Immune Deficiency Virus	SGM	: Support Group Meeting
HRG	: High Risk Group	STD	: Sexually Transmitted Disease
ICTC	: Integrated Counseling and Testing Centre	STI	: Sexual Tract Infection
IDU	: Intravenous Drug User	WSHG	: Women Self Help Group
		PLWMI	: People Living with Mental Illness

Glossary

Angan wadi Centre	: Integrated Child Development Centre
Gaon Kalyan Samiti	: Village Welfare Committee
Gram Swaraj	: Village Self Rule
Panchayati Raj	: Local self Governance
Swasthya Samiti	: Health Committee
SABALA	: Empowered Adolescent Girls
VIHAAN	: Dawn's First Light

Message

From Secretary



World is changing very fast, so changes are marked in each and every sphere of human life. Democratic rules are gaining ground allowing human being to value his life. Human rights and dignity is of paramount importance in a country like ours. In spite of all sincere intentions, the investment on Antipoverty programs are not reaching the poor. Mainstream Governance is gaining power, where as other social institutions are becoming powerless. As a result of some good programs, people organizations are coming up in community level. They need space both in social, political and economic sphere for their sustained growth and active participation in Development. Good governance can only speed up the pace of this growth with Transparent and Accountable system in place. Transfer of power to people will ensure citizenry participation in development ensuring sustainability putting pressure on elected and paid servants. Time has come when each citizen needs to be fully aware about his/her rights and duties to make sure good and committed people in the Electoral Governance and corruption free active pro poor and committed people in Administrative Services.

Besides all these, spiritualism needs to be a guiding principle in every life. Love, affection, sympathy, support and guidance to those in need could address so many problems of the present day society. Human being need to enjoy the joy of giving. In this context following words of a great saint is found to be more relevant.

“At the end of life

We will not be judged by how many diplomas we have received

How much money we have made,

How many great things we have done,

We will be judged by

“I was hungry and you get me to eat,

I was naked and you clothed me,

I was homeless and you took me in.”

Hungry not only for bread, hungry for love.

Naked not only for clothing but for human dignity and respect.

Homeless not only for want of a room of bricks but homeless because of rejection.”

Amiya Bhusan Biswal
Secretary, Utkal Sevak Samaj

About the Organisation

The Genesis

Utkal Sevak Samaj was formed out of a youth group's effort at helping migrant tribal wage workers in 1989. Few youths from kotasahi -Tangi, a rural pocket, initiated a process of social action during that period with keen interest to work for the cause of people who suffer due to Industrial pollution. Coupled with that, they resorted to environment protection, primarily with a motto of curbing environmental decay and degradation in the nearby areas. That brought success to them which ultimately became a public movement.

Boosted with that success and conviction for improving the quality of the life of rural poor, those youths metamorphosed their individualistic social movement to a voluntary development movement to influence at macro level and to give a specific and integrated approach to development exercises in place of a scattered welfare approach. Since then the organization has been taking up various issues like promotion of Sustainable Environment, Community Mobilization, Poverty Alleviation, Community Health, Empowerment of Women, Human Right issues, Problems of Child Labor, Disaster Management, HIV & AIDS etc. At present USS is operating in seven districts (Angul, Cuttack, Bolangir, Balasore, Bhadrak, Jajpur & Khurda) of Odisha.

Mean while, the organization has come out from its fledging state to a mature organization collaborating with Government and other support agencies to make a lasting impression in the minds and hearts of people it serves.

Mission

Working for sustainable community development of the poor and marginalized (including tribal, dalits, women etc) and joining them in their struggle for their rights as a social constituent, a citizen and a Human Being.

Vision

Seeing both men and women equally and independently utilizing their resources (personal and communal, social and natural) for bettering the standards of living (life with dignity) and being self reliant move towards total Gram Swaraj with real Politico-Economic Power of Self Rule.

Objectives

Education: To educate the weaker/vulnerable section of the society on the factors of their under development and mechanisms to overcome those.

Empowerment: To develop the capacity of community level people's democratic organizations.

Action: To prepare the community to take care of their own development needs by achieving the Access and Control over the Resources and Influencing Mainstream Governance in their favor.

Co-ordination: To co – ordinate with like minded Individuals and Institutions to achieve the objective of the Organization.



Project Title:-TI Project on In- Migrant Labors

A major source of HIV related vulnerability is mobility and migration. Angul is one of the high HIV prevalence Districts in Odisha. It is highly vulnerable due to its large Migrant Population. USS works with 20,285 Migrant Labours in JSPL of Chhendipada Block of Angul District supported by Odisha State AIDS Control Society (OSACS).

Objective

Is zero New HIV infection. USS is committed to the NACP –III objective to Halt and Reverse the Epidemic of HIV & AIDS.

Project Strategies

Include Condom promotion, Community Mobilization, Referral and Linkages, Management of STIs, Enabling Environment and Behavior Change Communication.

The activities carried out are

Individual and Group sessions, STI Care and Treatment, ICTC Referral, Organization of Health Camp, Distribution of Condoms, Training to Community level peer leaders, Advocacy on issues related to Migrants.

Key Achievements

- ★ 7288 Migrant Laborers reached out through IEC/BCC activities.
- ★ 5226 Migrant Laborers counseled, referred and 2569 got tested, 10 HIV positive found.
- ★ 254 STI patients identified and treated.
- ★ 10 HIV positive cases linked with Treatment and other Supports. 12 cases previously identified ensured Treatment Adherence.



Project Title:-Prevention of Parent to Child Transmission (PPTCT) Project

There are numerous barriers exist at community level for optimal uptake of PPTCT Services. Utkal Sevak Samaj works with in communities to address these barriers and enhance service use that is increasing rates of PPTCT enrolment, retention in care and successful treatment. The organization implemented the project in Angul, Cuttack, Bolangir, Balasore, Bhadrak and Khurda District of Odisha supported by IL & FS ETS Ltd, New Delhi.

Objectives

- ★ Primary Prevention of HIV, especially among women of child bearing age
- ★ Preventing un intended pregnancies among women living with HIV
- ★ Prevent HIV transmission from pregnant women infected with HIV to their child
- ★ Provide Care ,Support and Treatment to women living with HIV & her children

The PPTCT services provided access to all pregnant women for HIV Diagnostic, Prevention, Care and Treatment services. These include counseling and HIV testing of all pregnant women enrolled into Antenatal Care (ANC). Mother is counseled on infant feeding options and Family Planning. The project ensures involvement of spouse and other family members for Care and Support. Linkages with ICTCs, ART centers and other District level Hospitals are made to promote lifelong ART to all pregnant women regardless of CD4 count and clinical stage.

The project promoted institutional deliveries of all HIV infected pregnant women, provision of ARV prophylaxis to infants from birth up to minimum 6 months. It also provides nutrition



counseling and psychosocial support for HIV infected pregnant women, strengthen community follow up and outreach through local Network to support HIV –Positive Pregnant Women and their Families. PRI members, ASHA, Anganwadi

workers, ANMs are also included in this programme for early identification of pregnancy, HIV testing with in first trimester, initiation of ART in the earliest possible.



Key Achievements

- ★ 239 Support Group Meeting organized.
- ★ 1193 Meeting with Health Workers done.
- ★ The Out Reach Workers visited 676 Families and provided at home counseling services.
- ★ 2 CLHIV got 18 months services through this project.
- ★ 93 Pregnant Women got PPTCT services (Diagnosis, Institutional Delivery, Therapy etc.

Project Areas

Angul, Bolangir, Balasore, Bhadrak, Cuttack and Khurda District of Odisha.

Case Study

In Balasore District, During the Month of April-15 One Case was found by our ORW in the Khirokona Village of Simulia Block who was a Positive pregnant women and her status was unknown to the ASHA didi of concerned village and other village Members. She admitted in the District Head Quarter Hospital of Balasore by the Support of our ORW Sujata Biswal, where She delivered a child in the hospital with all institutional care. She administered NVP and same was provided to her New Born. In the mean time ASHA didi of her village came to know about her status during Post Natal Care. She disclosed her status to her family members, villagers and AWW of that village.

When she returned to Anganwadi Center of her village for Immunization of her child she was Stigmatized and discriminated and the New born baby could not be Immunized. Even she faced discrimination by the Villagers and Members of her Family. She kept Isolated. The Community did not accept her as Normal One. She was frustrated, shocked, and depressed. In the mean time she communicated the same to our ORW for Help. Then the ORW discussed the matter in the office.

We reached that Village along with other people with HIV to sensitize the Community. We called Ward Member, Sarpanch, ASHA didi, AWW, School Teacher Informal Village Leaders, all family members & other villagers for solution of this Sensitive issue. We made them understand the facts related to HIV/AIDS, How it spreads and how does not by using posters, leaflets and showing them other Audio Visuals. We also discussed about the misconceptions towards HIV/AIDS and Human Right issues related to it. Gradually, everyone started talking in favor of her and assured to provide all possible support. She was accepted by the community and she is now leaving happily without suffering from Stigma and Discrimination. We are also in regular touch with her to ensure regular support. Sarpanch is also planning to involve her in various Government Schemes.

Project Title:-Akshya India Global Fund TB Project

Bring sustainable health involvements in the community level is one of the primary thrust area of Utkal Sevak Samaj. To contribute in favor of the Humanitarian Action of LEPRO India's participation in Tuberculosis control programme, USS has been implementing the project titled "Akshya India Global Fund TB Project" that envisages to decrease morbidity and mortality due to Drug Resistant TB and improve access to quality TB care and control services. This project is intended to address the challenges like low Case Notification Rates, High Treatment Default Rates, and other areas with vulnerable population on health systems. In the reporting year the project strategies included

- ★ Advocacy,
- ★ Behaviour and Practice change Communication
- ★ Social mobilization,
- ★ Community TB care, and
- ★ Prevention of TB and HIV co infection.

Objectives of this Project

- Improve the reach, visibility and effectiveness of RNTCP through civil society support.
- Engage communities and community-based care providers to improve TB care and control, especially for marginalized and vulnerable populations including TB-HIV patients.

Key Achievements - Cuttack

- ✓ 70 GKS meeting conducted
- ✓ 14 GKS follow up done.
- ✓ 50 Participants undergone soft skill Training in two batches.
- ✓ 36 CBO's got Training in two batches.
- ✓ 28 participants got RHCP Training.
- ✓ 30 PLHIVs Trained.
- ✓ 45 participants Trained on Work Place Intervention.
- ✓ 30 person retrieved and intake the medicines regularly.
- ✓ 39 TB positive identified and out of them 38 puts on DOT.
- ✓ 108 participants participated on World TB Day Sensitization Prog.
- ✓ 722 Sputum Collection done.

Key Achievements - Angul

- ✓ 74 GKS Meeting Conducted
- ✓ 16 GKS follow up Meeting Conducted.
- ✓ 120 Participants undergone soft skill Training in two batches.
- ✓ 104 CBO's got Training in two batches.
- ✓ 60 participants got RHCP Training.
- ✓ 26 PLHIVs Trained.
- ✓ 98 participants Trained on Work Place Intervention.
- ✓ 08 person retrieved and intake the medicines regularly.
- ✓ 47 TB positive identified and puts on DOT.
- ✓ 87 participants participated on World TB Day sensitization prog.
- ✓ 720 Sputum Collection done.

Project Areas

Athagarh, Salipur, Mahanga & Nischintakoili Block of Cuttack District
Banrapal and Chendipada Block of Angul District

Target Population in Cuttack District: - 5, 66,928(Male-2, 91,286 & Female-2, 75,642)

Target Population in Angul District: - 5, 86,041(Male-3, 44,000 & Female-2, 42,041)

A Case Study

Changed the life of Jogia and Many More

Mr. Joginath Pradhan (Jogia), 25 Years Young Tribal Man (Sabara Community) from Mahuria Village, Ward No: 7, Gobara Gram Panchayat of Athagarh Block, Cuttack District. He is the elder Son of Late Krushna Chandra Pradhan and Benga Pradhan. He Studied up to 8th Class. He is a Daily wage Labor depends on Cultivation and Forest Collection. Besides, he is a good Traditional Singer.

The Village Mahuria and other 10 Villages are most remote villages of Cuttack District having no communication facilities, no Health, Education and Government Institutions. The Villagers are facing lots of problems during rainy Season due to mud road. Mainly for severe health problems like, malaria, jaundice, pregnant cases for delivery; the people use to seek Jogia for help who send

them to nearest PHC (Berhumpur) with the support of 4 People Carriage (Khatia).

Joginath Pradhan first came to lime light during one District level RHCP Training held at Rajbati, Mangarajpur, Choudwar, Cuttak .As a Traditional healer, he participated actively and expressed his interest and willingness to identify and refer the TB suspects to nearest DMC and collect and transport the sputum samples to DMC and provide Anti TB treatment to TB Cases if properly trained.

After RHCP training, with the utilization of learning's (The knowledge and skills gained from training) Joginnath Pradhan involved actively in TB Awareness Activities and motivated the tribal people of the locality those are having symptoms of tuberculosis and also mobilized them for sputum examination. Lastly he made a mechanism and put 3 to 4 people at a time and collect transportation money from each individuals and hire a tempo/auto to transport sputum samples from respective villagers to Berhumpur DMC.

Till now he has referred 11 TB symptomatics out of which 4 persons found positive, put them under DOTS strategy and 2 TB patients are cured. Jogia for his good work is now selected as a DOTS provider by STS of Banki TU and LT of Bramha Pura CHC.

After designated as DOTS PROVIDER, he is very much happy and interested to play a vital role in his tribal area in TB Control.

Presently 5 Patients are taking Anti Tuberculosis Treatment regularly from Joginnath Pradhan.

Joginnath also committed to the cause of TB Control and playing 3 Roles at a time (Health Educator creating awareness on TB among the villagers of his locality, Sputum Collector and transportation holder and DOTS provider)



Project Title:-VIHAAN-Care & Support Centre (CSC)

(To improve the survival and quality of life of people living with HIV)

VIHAAN Means "Dawn's First Light," is a project for improving Care, Support & Treatment Services for people living with HIV. The Project Provides expanded access to key services, increase treatment adherence, reduce stigma and discrimination and improve the quality of life of people living with HIV through care & support Centers (CSC).

Utkal Sevak Samaj is implementing VIHAAN –CSC supported by India HIV/AIDS Alliance/Global Fund Round - 4 through LEPRASociety in Cuttack District of Odisha. It is committed to the health and well being of PLHIV community and their affected families. The focus is to reach those from underserved and marginalized populations, including women, children and High Risk Groups, (such as Female Sex Workers, Men who have sex with Men, Transgender and people who inject drugs). A safe space for PLHIV, CSC coordinate with nearby ART Centers and provide access to essential care and support services, including counseling, outreach and follow up, health referrals and linkages to social welfare schemes and social entitlements.

Objectives of this Project

- Early linkages of PLHIV to Care, Support & Treatment services
- Improved Treatment Adherence and Education for PLHIV
- Expanded Positive Prevention Activities
- Improved Social Protection and Wellbeing of PLHIV
- Strengthened community systems and reduced Stigma & Discrimination.

Target Population:

Total PLHIV=2126

(Male=1125, Female=810, TG=16, MC=99, FC=76)

(Within financial period Apr'14 to Mar'15 =Total PLHIV =1085,

M=596, F=400, TG=13, MC=39, FC=37)

Project Areas

Cuttack District, Odisha State of India.



Key Achievements

- ★ 180 Support Group Meetings Organized
- ★ 589 On ART & 496 Pre -ART clients registered in CSC and received counseling
- ★ 255 PLHIVs linked with Madhubabu Pension Yojana & 31 PLHIVs with Prusty Posoka Yojana, 55 PLHIV with Goddwill pass and 3 PLHIV with Sukanya Samrudhi Yojana

Swarna(Fictitious Character) is a thirty-five year old HIV positive widow. She had got married to Prafulla Muduli who was a truck driver earning Rs 4000/- per month. Being a driver he used to come to his house twice or thrice in a month. He was addicted to alcohol. After two years of their conjugal life, Prafulla very often suffered from fever and diarrhoea and came to S.C.B medical College & Hospital, Cuttack and found HIV positive. He did not disclose this even to his wife. Later on Swarna became pregnant and gave birth to a baby boy. After 3 years Swarna also suffered from fever and loose motion. She came to S.C.B medical, Cuttack and in the month of April 2009, she also found HIV positive. Both husband and wife did not disclose this matter to none of their family members. Towards the end of 2009 Prafulla suffered a lot and ultimately died. After Prafulla's death the in laws of Swarna were quite rude and tortured her. When her brother came to know about all these he brought his sister back to his village Dhanupada. This incident also filed in the police station and now Swarna is waiting for justice. In the mean while in 2009 she registered herself in ART Centre, SCB MCH, Cuttack. But did not collect medicine due to fear of stigma and lack of knowledge. Once her name was given to CSC -Vihaan, USS as Pre-ART LFU and outreach worker of CSC-USS went to follow up her. At first she & her family members were not saying about her HIV status but they told that her husband has died in HIV. After marathon follow-up and counselling by the outreach worker of CSC, her family members and she herself disclosed her HIV status and agreed to come to ARTPC, Cuttack for her treatment. Her brother brought her to ART plus centre where all sorts of Investigations were done by the help of the outreach workers of CSC. After CD4 count test she was found eligible for ART. Her ART treatment was also started & CSC referred her son to ICTC-I, SCB MCH, Cuttack for HIV testing and he also detected HIV positive. He will also be covered under pediatric ART once become eligible for that. Swarna was deeply disheartened when she came to know about his son's positive result. She wept and cursed her fate. But she was counseled by CSC that with HIV, one can lead a healthy and happy life by taking proper treatment and healthy practice. Now she is under treatment and feeling better. Her brother is very much obliged and thankful to CSC because of their great effort and unconditional care & support for which they could able to see the light of hope.

Link Worker Scheme (LWS) Project

The fight against HIV & AIDS particularly in rural area becomes more pronounced in view of stigma and discrimination surrounding HIV, resulting in poor access to health care, gender inequality and above all infections going undetected. The existing primary health care system has limited scope and capacity to deal with the sensitive issues like HIV, sexuality and drug use. Keeping this in mind, Link Worker Scheme has been conceived for building the capacity of the rural community in fighting HIV.

Utkal Sevak Samaj implementing the Link Worker Scheme Project in Cuttack District of Odisha with funding from NACO through OSACS as lead partner. The focus of the project are:

- HIV testing,
- Follow up of Returnee Migrants
- Linkages with Government facilities and Social Services.
- Linking with the marginalized sub populations to the Public Health Services for STI, ICTC and then their follow up.

These are key areas that are addressed by these link workers.

Link Workers Scheme is aimed at reducing the vulnerability of the most at risk adolescents, especially vulnerable adolescents and High Risk Groups in the rural areas as well as mitigating the impact of HIV on those who are already living with the virus.

Project Areas

150 Villages in 5 Blocks (Cuttack Sadar, Tangi- Choudwar, Mahanga, Salipur and Nischintakoili) of Cuttack District.

Population Covered

High Risk.Groups-407 (FSW-269, MSM-108, and IDU-27) Bridge Population: 10851 (Truckers-1868, Migrant Male-8515, & Migrant Female-468), Vulnerable Population: Male-20509, Female-20153, and PLHIV-37.

Objective of the Project

- Aims at building a Rural Community Model to address the complex needs of rural HIV Prevention, Care and Support requirements in selected geographies.
- The Scheme aims at reaching out to rural population who are vulnerable and are at risk of HIV/AIDS in a non stigmatized enabling environment.
- The Scheme aims at improving access to information materials, commodities (condoms / needles/syringes) through collaborating with nearest TI or Government Health Facilities, Testing and Treatment services ensuring there is no duplication of services of resources.
- The scheme aims at improving linkage to other social and Health Benefits provided by other line Departments in line with local norms, regulations suitable for vulnerable populations.

The Services provided under link worker scheme are

Community outreach to establish Linkages with Services: Link Workers reach out to those vulnerable populations who are not able to access to HIV related services. During these project period 49755 beneficiaries under HRG, Bridge and Vulnerable population has been covered through different activities. 4996 got tested, 270 clients received STI treatment among them. around 3000 people reached out through cultural activities and 49755 people through IEC activities. 1123 village volunteers strengthened on STI/HIV/AIDS and condom demonstration.

Advocacy

The focus of advocating for availability of quality services and reduction of Stigma and Discrimination against HRG & PLHIV. 11 Advocacy done with PRI members and Block Officials to strengthen Linkages with Social Security Scheme.

Community Mobilization

Public events such as World AIDS Day, National Youth Day & International Women's Day organized where 3956 people participated.

Key Achievements

- Ø Presence of 40 Link Workers in 150 villages in five blocks (Cuttack Sadar, Tangi - Choudwar, Mahanga, Salipur & Nischintakoili) of the Cuttack District.
- Ø Covered 49755 people through outreach activities.
- Ø 4996 people used services of ICTC and got tested
- Ø Mainstreaming HIV & AIDS activities were carried out with various departments.
- Ø One disable (Polio) girl supported through CDMO and got disable certificate and pension scheme although it was beyond the per view of this project.

Demographic Case Study

(Migrant and HIV in Kayalapada-GP, at Rural Cuttack)

Total Population of Kayalapada GP:-5969

Number of Migrants in Kayalapada GP:-433

HIV Prevalence in Kayalapada-0.25 %

HIV Prevalence in Migrants-1.15 %

Link Worker Scheme has linked Migration with increase in HIV transmission in Odisha. Migrants act as a bridge population spreading HIV between Urban & Rural areas, and between High Risk and Low Risk Groups.

Being mobile is itself is not a risk factor of HIV infection. It is the situations encountered and the behaviors possibly engaged during mobility or migration that increases vulnerability and risk regarding HIV & AIDS. Despite being an important driver of the HIV epidemic in Odisha, data on migrant sexual behaviors is limited. Moreover, migrants have been found to have low risk perception of HIV transmission compared with other High Risk Groups.

For example, in Cuttack there is a GP named Kayalapada, Where 5 families are infected with HIV and all family's bread winners were migrant and infected with HIV. Now their wives and kids are also living with HIV and suffering a lot, their knowledge level is too low regarding HIV and AIDS.



Project Title:-Community Mental health & Development (CMHD) Project

If you have trouble winding down, you may find that relaxation, breathing and yoga or meditation can help. A balanced life style can also help to manage the stress better. But there are some people those are mentally ill because of various factors and need early identification and regular treatment.

Utkal Sevak Samaj started the Community Based Mental Health programme in 2008 covering 165 villages in selected 16 blocks of Cuttack, Jajpur and Dhenkanal District of Odisha supported by Basic Needs of India, Bangalore. This support has gone a long way in identifying & serving the target families but later the



intervention has reduced to 10 GPs of Cuttack District with the objective to ensure sustainability of the process. Basic requirements of identified PLWMI are fulfilled through regular follow-up measures at their door step and providing one-to-one counseling looking at the reasons behind the mental state.

Objective of this Project

Prevention of mental ill health and to identify PLWMI to ensure regular treatment.

Target Area

10 GPs (Safa, Garudagaon, Kanheipur, Salagaon, Nakhara, Kusupur, Kundi, Harianta, Vatimunda, Kayalapada) of Cuttack District

Target Population: - 412 PLWMI & One Lakh General Population.

Key Achievements

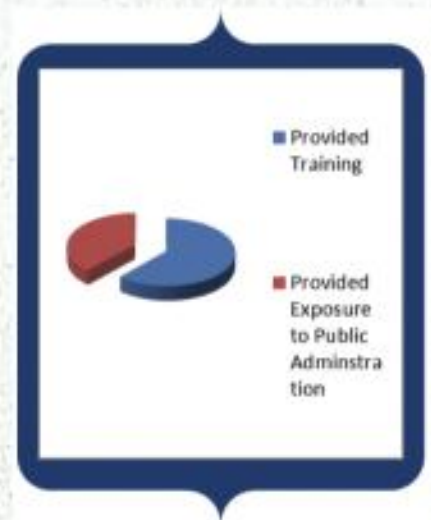
- 120 PLWMI Treated
- 167 Awareness Meeting Organized in FP level.
- 76 Advocacy done in Panchayat Level
- Vocational Training provided to 40 PLWMI families.

Project Title:-SABALA

There are 1327 Kishori Samoochas having membership around 12,000 Adolescent Girls between 11-18 years of age in Tangi - Choudwar, Mahanga, Nischintakoili, Salipur & Narasinghpur of Cuttack District. With the objective to improve the Knowledge & Awareness on Reproductive Health, Personal Hygiene Cleanliness. Nutritional and Health Status of Adolescent Girls USS is working with 750 Adolescent Girls to Empower them by providing Education in Life Skills, RCH General Health, Menstrual Hygiene, Personal Cleanliness, Sanitation Health and Nutrition. The focus of the scheme is primarily on out of School Girls.

Objectives of this Project

- Enable self Development and Empowerment of Adolescent Girls.
- Improve Nutrition and Health status.
- Spread Awareness among Adolescent Girls about Health, Hygiene, Nutrition, Adolescent Reproductive and Sexual Health (ARSH) and Family and Child Care
- Upgrade their Home- Based skills (Economic Activities such as Tailoring, Embroidery, Pickle-Making, etc), Life Skills and Vocational Skills
- Mainstream out of-school Adolescent Girls into Formal or Non Formal Education
- Inform and guide them about existing public services such as Health Centers (PHC and CHC), Post Offices, Police Stations, Railway Station, Bank (Dhanjan Yojana, Balika Samrudhi Yojana, Atal Pension Yojana etc.)



Target Area

Mahanga, Tangi-Choudwar, Salipur, Nischintakoili & Narasinghpur Block of Cuttack District.

Target Population

1200 Adolescent Girls of Mahanga, Tangi- Choudwar, Salipur, Nischintakoili & Narasinghpur Block of Cuttack District.

Key Achievements

- ★ 1200 Adolescent Girls received Reproductive Health Personal Hygiene Sanitation Nutrition, Life Skill Education and Vocational Training.
- ★ 30 Exposure visits organized taking 750 Adolescent Girls to various Govt. Schemes, Services & Programmes.

Project Title:-Mahila Arogya Samiti (MAS)

Broad Objective of this Project

Mahila Arogya Samiti (MAS) is a forum of women group of the slums of cuttack city who desire to contribute to well being of the community with a sense of social commitment and leadership skill to look after their health and other determinants in holistic manner. One MAS covers 50 to 100 slum households with flexibility in concentration of the slum population with particular "ward".

Key Objectives

- ★ Formation & Strengthening of Women Group to take care off their own Health Needs.
- ★ Play Active Role in the Identification of Pregnant Women & link them with ANC, Safe Delivery & PNC care.
- ★ Ensure 100% Immonization of Infants, Child, Pregnant Women & Adolescent Girls.
- ★ Ensure Cleanliness of the Slums both by Voluntary Labour Contribution as well as by involving CMC workers
- ★ Creat Awareness among Slum people regarding prevention of Diarrhoea, Dengu, Malaria,Swain Flu etc..

Target Area

Cuttack Municipal Corporation Area

Target Population:

Women Slumdwellers of 14 slums.

Key Achievements

19 no's of MAS formed in 14 slums supported by UHM, Cuttack Municipal corporation. 19 Mahila Arogya Samittees received Rs.5000/-each to spend towards Health and Sanitation of their respective communities. Monthly meeting done by each MAS in every month. Action plan for Slum Health Programme on Adolescent Health, Personal Hygiene community sanitation, Mass Immunization, Prevention & Control of Infectious & Contagious Diseases, ANC, Institutional Delivery & PNC Services done.

OUR BOARD (EXECUTIVE COMMITTEE)

Name	Designation	Competency
Mr. Kamala kanta Mohanty	President	26 years in Legal Practice, Legal Education & Legal Aid.
Mr. Bharat Sahoo	Vice President	26 years in Rural Development & Water Shed Management
Mr. Amiya Bhusan Biswal	Secretary	26 years in Development Program Management and Resource Mobilization, Article Writing in Mass Media
Ms. Shantilata Sarangi	Asst. Secretary	3yrs Experience in Women Organisation
Mrs. Bharati Mohapatra	Treasurer	26 years in Educational Training, Planning and Administration of Micro Research, Development of Modules, Bookwriting
Mr. Radhakanta Das	Executive Committee Member	29 years in Tribal Welfare Programme Management & Rights Based Advocacy
Mr. Pramod Kumar Ojha	Executive Committee Member	26 years in Social Work with Gandhian Approach, Disaster management, Governance

ORGANISATION'S STAFF MEMBERS

Staff	Male	Female	Total
Regular	76	57	133
Volunteers	622	441	1063
TOTAL	698	498	1196



*Our Donors***Government Agency**

- ★ National Health Mission (Dept of Health & Family Welfare, GoO)
- ★ Department of women and child development(WCD, GoO)
- ★ District Child Labor Society, Ministry of Labor/ District Child Labor Society
- ★ Orissa State AIDS control society(OSACS)

Non-Government Agency

- ★ Global Fund(TB) Round-9 project/LEPRA Society, Odisha
- ★ Global Fund Round-4/ India HIV/AIDS Alliance/LEPRA Society,
- ★ Global Fund Round-6/ IL&FS Educations & Tecnology Seviles Ltd.
- ★ Misserior & Tata Trust Fund through Basic Needs India

TRAINING /EXPOSURE VISITS (By STAFFS/VOLUNTEERS OF THE ORGANIZATION)

Serial Number	Name & Designation of Staff	Name of the Program	Place	Organizer	Date
01	Bharati Muduli Kalpana Sahu Ranjana Behera Ritipragyan Panda	Training on Social Mapping & Listing (External)	Hotel Sheetal	PHFI	25 th & 26 th July 2014
02	40 Link Workers working under LWS Project	Refresher Training to link workers (Internal)	The Universe	USS with the support of OSACS	13 th & 14 th Nov 2014
03	40 Link Workers working under LWS Project	Reeta Sahoo Anirudha Das Bharati muduli Kalpana Sahu Ranjana Behera Jnana Ranjan Pradhan	Hotel Suryanshu	Training on MSDS in NACP IV	21 st January 2015

Serial Number	Name & Designation of Staff	Name of the Program	Place	Organizer	Date
04	Pramod Kumr Ojha Pramodini Sahoo Jagannath Mahanta Birakishore patra Bijay Barik Sujata Biswal Anita Rout Niranjan Bedanta Namita Panda Malati Panda Laxmidhar Das Saudamini Sahoo Laxmi Rana Sanjubala Sahu Nirmala Pradhan Malaya Ku. Sarangi Sasmita Pattanaik Banita Roul Nandini Biswal Janak Biswal Liza Naik Biswanath Harpal Sulochana Bahidar Minati Sagar	Prevention of Parent to Child Transmission of HIV (PPTCT) Refresher Training on Health Monitoring & Management System (PHMMMS) through mobile use	CYSD Training Center, BBSR	USS with the Support of IL&FS Education & Technology Services Ltd.	31 st Oct & 14 th to 2 nd Nov & 3 rd Nov to 5 th Nov.
05	Malay Kumar Sarangi Pramod Kumar Ojha Snehamayee Das Mrutyunjaya Mohanty Ranjana Behera	Learning through Games for Adolescent Girls	OMRAH Training Centre, Cuttack	District Social Welfare Officer, Cuttack	26.03.2015 to 28.03.2015
06	Malay Kumar Sarangi Bishnupriya Panda	Orientation program on MAS formation	CITY Hospital Conference Hall	National Urban Health Mission (NUHM)	17.06-2014
07	Rasmita Behera	Functionary Specific Training for PC		Lepra Society/ Alliance India	05.05.2014 to 10.05.2014
08	Bibhuti Bhusan Beura Mrutyunjay Mohanty Chinmay Behera Gyana Ranjan Nayak	Functionary Specific Training of Out Reach Worker		Lepra Society/ Alliance India	02.06.2014 to 07.06.2014
09	Arpita Aparajita	Functionary Specific Training of Counsellor		Lepra Society/ Alliance India	18.08.2014 to 24.08.2014
10	Snehamayee Das Sudhakar Beura	Induction Training for Out Reach worker		Lepra Society/ Alliance India	09.09.2014 to 12.09.2014

Serial Number	Name & Designation of Staff	Name of the Program	Place	Organizer	Date
11	Soumya Sandipta Sahu Accounts Officer	Induction Training on Financial Management		Lepra Society Alliance India	12.09.2014
12	Rasmita Behera-PC Monalisa Panda-Counselor	Computerized informationManagement system(CIMS), Training		Lepra Society, Alliance India	05.02.2015 to 06.05.2015
13	Monalisa Panda-Counselor	Functionary Specific Training of Counsellor		Lepra Society, Alliance India	22.02.2015 to 28.02.2015
14	Snehamayee Das Sudhakar Beura	Functionary Specific Training of Out Reach Worker		Saathi Alliance India	25.02.2015 to 02.03.2015
15	Basudev Behera	Functionary Specific Training of Out Reach Worker		Saathi Alliance India	20.03.2015 to 23.03.2015
16	Uday Narayan Thamba Sushant Kumar Das Saroj Ranjan Lenka	Field Exposure & Capacity Building on Akhya India Global Fund Tuberculosis Project	Hotel Sheetal, Cuttack	Lepra Society Bhubaneswar	21.05.14 to 22.05.14



Financial Information

Abridged Balance Sheet As on March 31st ,2015

Assets

Particulars	Amount	%
Fixed Assets	1,003,554.47	23.80
Investments	175,000.00	4.15
Deposits & Advances	17,100.00	0.41
Current Assets	3,020,251.80	71.64
Total	4,215,906.27	100

Liabilities

Particulars	Amount	%
General Fund	3,400,636.70	80.66
Loan/Borrowings	136,536.50	3.24
Current liabilities and provisions	846,806.75	20.09
income expenditure A/c balanced	(168,073.68)	(3.99)
Total	4,215,906.27	100

Abridged Income & Expenditure Account for the year ending March 31st ,2015

Income:

Particulars	Amount	%
Self generated	102,300.00	1.05
Indian Sources	8,372,607.00	86.19
International Sources	-	-
Others	1,239,620.39	12.76
Total	9,714,527.39	100

Expenditure:

Particulars	Amount	%
Prevention of HIV & Aids, Care, Support to PLHIVs	9,481.00	0.10
Strengthening response to HIV prevention among youth and reduction of stigma & discrimination of PLHIV in Odisha	45,241.00	0.47
Tuberculosis Control	862,138.00	8.87
Link Worker Scheme	1,729,031.80	17.80
Community Mental Health & development Program	173,750.00	1.79
Community Support Center for PLHIVs	1,023,746.45	10.54
Target intervention in migrant labour	1,575,416.00	16.22
Prevention of Parents to Child Transmission	2,168,481.00	22.32
Lifeskill Education of Adolescent girls	470,000.00	4.84
Child Labour Education	165,000.00	1.70
Others	1,492,242.14	15.36
Total	9,714,527.39	100

Auditors Name and Address

Statutory Auditor: R.C. Lal & Co., Ashok Nagar, Bhubaneswar

Internal Auditor: Ajit Sahoo & Co., Kalyani Nagar, Cuttack

Bankers Name & Address

State Bank of India, Cuttack

UCO Bank, Cuttack

Bank of India, Cuttack

Axis Bank, Cuttack

Visitors to our organisation

1. Mr. Arvind Narayan(Practice Head of health Initiative, IL&FS ETS)
2. Dr. Dipika Duttray(ADMO-PH, Cuttack)
3. J. Pruthviraj (Finance Officer, World Vision)
4. Y. Bhawani (Finance Officer) Lepra Society
5. Dr. Mani Kallaty (Project Director-Basic Needs India, Bangalore)
6. Dr. T Arun Rancalli (Regional Director - BNI, Bangalore)
7. Mr. Rajib Kumar Kunar(CMHD-BNI-Odisha)
8. Mr. Ankush Srivastava(Proprietor, IL&FS ETS)
9. Mr.Binod kumar Shaw(Audit Assistant, IL&FS ETS)
10. Mr. Sona Singh(DPM-Chhatishgarh DAPCU)
11. Mr. SishirBahini Pati(Technical Officer ,Mainstreaming Unit-OSACS)
12. Mr. Kishore Kanungo(DPM-Jaipur,Odisha DAPCU)
13. Ms. Anuja Behera(JD-TI-OSACS)
14. Ms. Sanchita Pattanaik(Consultant,MSDS-PHFI)
15. Mr. Lalit kumar(Research Scholar-PHFI)
16. Mr. Tapan Pradhan (Accountant-OSACS)
17. Mr. Chandan Singh(State coordinator of PPTCT, Odisha, IL&FS ETS)
18. Mr.Sudip Das (Regional coordinator UNICEF)
19. Mrs.Tuna Behera(DSWO –Cuttack)
20. Mr. Sudhanshu Sekhar Samant (NUHM,Cuttack)
21. Mrs Anju Sadananda(Lepra Society – Hyderabad)
22. Mr. Sandeep Swain(Project Director-Lepra Society)
23. Mr.Ramesh Ch Dash(Programme Manager-Lepra Society)
24. Mr.Rajendra Choudhury(M& E Officer-Lepra Society)
25. Mr.Umakanta Behera, Advocacy Officer-Lepra Society)
26. Mr.Gauranga Ch Pradhan(Finance Officer-Lepra Society)
27. Mr.Surya Prakash Das(M&E Officer,Lepra Society)
28. Mr.Satya Prakash Das(M&E officer,Lepra Society)
29. Mr.Rajkumar Das(Programme officer-Lepra Society)
30. Dr Jyotshna Mohapatra(PM AIGF TB Project)
31. Mr Sushant Mishra(Finance & admin officer AIGF TB Project)
32. Dr Sugota Bandopadhyaya(Technical Consultant AIGF TB Project)
33. Dr R Mohanty(On site Data Validator)

Photo Gallery



OUR DREAMS FOR TOMORROW

All the programs taken this year will be continued & scaled up on next year. On the basis of our growing strength & expertise all the sectors such as (1) Prevention, Control, Care & Support to PLHIV (2) Empowerment of Adolescent Girls (3) Prevention & Control of T.B & Mental Illness (4) Mother & Child Health will be scaled up.

The other sectors on which Organization has previous experience such as Natural Resource Management, Child Care & Rights, Governance, Education, Disaster Management, Women empowerment will also be restarted by USS in the appropriate geographies.

Some new sector, Organization has done as cross cutting issue of other Measure Programs such as Climate Change, Water Sanitation, Urban Poverty will also be initiated Next year

USS will make efforts to collaborate with Corporates, International Agencies, Local Donors, Trusts & Foundations, State and National Government to make the above dreams realize.

OUR INDEBTEDNESS

We, In USS acknowledge our indebtedness to all the community Groups we worked with for their participation, the Staff Members and Volunteers for their tireless Endeavour, the Exports and Consultants for their Technical inputs and Guidance, the Board Members and Office Bearers for their stewardship, the Program Supporters and partners for their reliance on the joint Ventures, our Network Member for their collaboration that provides momentum to the pace in our Socio and Developmental Action.



Visited us at:-

UTKAL SEVAK SAMAJ

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