

2015-2016

Annual **REPORT**



**SAMARA
SOCIETY**
YESHWANTHPUR

Sexuality | Equality | Solidarity

REG. NO: SOR/BLU/DR/1484/2010-11

ORGANISATION INFORMATION

Name of Organization	: Samara Society Yeshwanthpur
Registration Date	: 15th March, 2011
Registration Number	: SOR/BLU/DR/1484/2010-11
Registration Office	: Samara Society Yeshwanthpur, No.360, A/3, Building VNR Complex 1st cross, 5th Main road, Yeshwanthpur, Bangalore-560022

SAMARA SOCIETY **PROFILE**

Total Sites	: 108 sites it covers most of areas of Yeshwanthpur, Malleshwaram, Hebbala, are major sites of Samara Society Yeshwanthpur Sexual Minorities and sex workers
Total Populations	: 1740 (MSM-T)
Projects	: Pehchan Project
Total Memberships	: 300
New Memberships	:
Project Details	: Samara Society Yeshwanthpur Pehchan project received in 1st July 2011 and implementing total 6 no-of the staffs under the project and PMC to hold the project 2 members
Committee	: Crises Committee, Clinical Committee, DIC Committee

OBJECTIVE



- Increased condom use by the MSM-T with their commercial partners
- Increased condom use by the MSM-T with their regular partners
- Reduced STI among MSM-T and their partners
- Increased social and family acceptance

STRATEGIES



- Regular outreach activity with the community and weekly Sunday meetings
- Crisis intervention and legal support
- Involvement of various government stakeholders including health and other welfare departments to access social entitlements
- Providing psychosocial support

Network and alliance building with other organization and networks at state as well as national level.

PROGRAMMERS **CURRENTLY**

Ksaps Ti & Pehchan Programme

1. Community mobilization
2. IEC materials
3. Focus group discussion
4. SHG formation
5. Social Entitlement

Behaviour change communication for all registered sexually minorities:

Through the peers and outreach workers, all registered MSM will get information and education on the following topics: personal hygiene, reproductive health issues in sexuality, STI and HIV basics, condom demonstration, HIV related services. Individual contact or through group meetings. Specific material will be used by the peers for these sessions

Monthly MSMs meetings:

In addition to the personal contact in the field by the peers, all MSM site wise monthly arrange in a meet once a week and have a fixed health topic in their agenda.

• MSM Referral Clinic

All the communities are provided with linkage to both private and Government Referral Clinics. The Doctors have been trained on STI Management by TSU. There are 6 Govt. referral clinics & 6 Private referral clinics in As an integrated service with ICTC & TB testing, STI testing & treatment, counselling services the clinic acts as a good hub for all-round health service. Clinics are also providing condoms for patients attending clinic with condom demos.

• Promotion of Regular health Services

One of the major components of the HIV programming is to provide quality health services to the sex workers. The STI related cases are being diagnosed by the trained doctors and are treated at the referral clinics. Sex workers are being promoted for more & more regular checkups so that all the sex workers have undergone STI checkup once in every 3 months. The promotion of regular check up once in 3 months will be continued in both Govt & Private referral clinics but more preference will be given to Govt Referral clinics.

• Ensuring access of STI services to reach partners and clients

STI management using the syndromic management approach has been recognized as an important intervention in HIV prevention. The community members have understood and appreciated the idea of early STI management and the quality of services they are receiving. The members are also aware of the need to bring their partners & lovers for treatment. The partners and the clients require more focus and will be given more attention. The local level Group, Site level groups & peers will take care of identifying and referring them to clinics. The community will continue to receive free services for STI treatment for themselves and their partner & clients.

- **Follow up of all STI cases and drop outs by health committee**

Follow-up is one of the functions of a good STI services. This year the follow up will be ensured through groups & Peer Educators to enable them to refer those who still had a complaint to go back to the doctor. All those who go for STI treatment and those who have not gone for regular health check up through Tracking sheets. The follow up to contact the partner and client is also an important part of STI management. This area also requires more concentration and the local health committees board have taken the responsibility of doing it.

Regular contact for registered MSM - T

A MSM - T peers will meet the MSM - T population in Chickballapur district at least twice a month. A common outreach worker (community facilitator for that town) will oversee both the FSW and MSM outreach of these 6 towns.

Centre based services

Another important strategy will be to provide health and other need based services through a separate DIC. The DIC will provide space to conduct counselling services, awareness programmes, rest, entertainment, recreation, conducting magnet theatre programmes, condom promotion, health camps, IEC, Audio visual equipments, Health Checkups and Syphilis Screening etc.

Crisis Management

- Support Crisis Management team
- Rapport building with the Police personnel, Media and other civil leaders to at
- Developing crisis times in all towns.
- End any crisis faced by any individual at local level.

This system will continue with additional inputs to the Crisis Management with advocacy, 377 act related and also to build up their negotiation skills to solve the crisis.

Some appropriate strategies were worked out to solve problems at various levels. Usually the problems/crises are created at site level between MSMs and their clients, partners/lovers related discrimination at work place, police harassment at site, rowdy harassment, problems in the families and others. These issues are addressed by a team of people which is formed at the DIC level. Though there is scope for strengthening the crises management team with additional knowledge and skills with related to problems solving techniques, negotiation skills, appropriate communication skills and others.

- Strengthen community systems that reach men who have sex with men, Hijra and transgender communities in India
- Increase the number reached by community based activities and services for men who have sex with men, Hijra and transgender
- Strengthen the relevant health system resources and increase the involvement of community systems End any crisis faced by any individual at local level.
- Increase knowledge and advocacy related for MSM, Hijra and transgender communities

ICTC / PPTCT REFERRALS

-Pre ART registration/ ART

-Referrals to external service providers for SRH/ HIV services which includes

- ANC, PNC including Reference for abortion and complications resulting from unsafe abortion
- Early diagnosis and treatment for breast and cervical cancer
- Promotion, education and support for exclusive breast feeding
- Appropriate treatment of sub-fertility and infertility
- Other contraceptives
- Institutional deliveries
- Condom (from the Pehchan Project only)
- Counselling – relationship, sexual and reproductive health rights .

Committee

Crises Committee, Clinical Committee, DIC Committee

PROGRAM ACTIVITY

ACTIVITY	TOTAL NO
Clinical Meetings	10
Monthly Crises Meeting	12
Weekly Meeting (Community Meeting)	34
Weekly Staff Meetings	24
Monthly Zonal Meeting	5
Program Review Meetings and Planning	10
Coordination Meeting with TI and Other Stake Holders	14
Intuitional Meetings (PMC)	5
Intuitional Meetings (Board Meeting)	10

ACTIVITY **REPORT**



Sensitizations Program

Sensitizations Programs Done in the project in every Quarter and also we have done polices sensitization of more then 10 stations around the site of the Project.

Health Camps

Health camps for the TG community and for the MSM community in the sites of the community were come, we have done 10 Health camps done no of the participants were more then 20 to 25.

Mobile Clinic

Monthly Mobile clinic for the TG community in the Hamams and in Residential areas no of the community tested in the mobile clinic are 35 to 40 the services given in the mobile camps are GENERAL CHECK UP, BP,SUGAR, HIV,STI,COUNSELINGS ETC.

Events and Cultural Program

The events will be done with in the community meetings or in some out door events and also we use this strategy as in the health camps and Hiv Testing camps more monthly 1 events done and more then 20 to 30 community will be presented in.

Awareness Program

Awareness Program is done for the family, ICTC, Government officials, students and other local steak holders.

Family Counseling no of the Counseling Done

Partners Counseling no of the Counseling Done

ART Adherence

Positive Living

Psychosocial Counseling

Trauma Violence's

Risk Reduction, Risk Assessment, High Risk Behavior

STI Counseling, Free HIV Testing, Post test and Counseling

Mental Health Counseling

Strategy we have implemented a counseling center with in the TG Residential areas that they can access counseling services with in the area and also they can be fallow up the process.

PROJECT DESCRIPTION

The existing unmet need (in terms of services, programme or advocacy)

Despite sincere efforts by the CBOs (SSYs) extending their services addressing the issues of HIV and AIDS amongst MTH communities through Target Interventions (TI+) advance programs, the MTHs are not utilising the health services fully due to simple negligence and other reasons. This continues to be widening gaps in target Interventions and not successfully reaching the target communities in promoting their health aspects.

In the same, the senior MTH Community after a long duration of accessing the health services through the TI+Advance programs, they begin to passively and not keen to avail the services. They show their lethargic attitude towards availing the health services further that leads to negative impact on their lives.

What you propose to do to address this unmet need

In this regard, the MTH communities need **an intensive education program** on availing advance services through TI+ programs. The need has been designed as **FORUM THEATRE program** to sensitise the MTH communities and thus they begin to avail the services fully and benefit in safe guarding their health.

Your project goals and objectives

Goal: The MTH communities access and avail the Target Interventions extending by CBOs (SSY) on the issues of HIV and AIDS and enjoying healthy, safer lives.

Objectives:

To put extra efforts to conscientise the MTH communities the importance of Target Intervention programs on the issues of HIV and AIDS through FORUM THEATRE programs.

To monitor the growth in the rate of accessing the TI+ programs by the MTH communities in target areas.

How innovative it is. In your narrative ensure that you specify which population and geographical region it will benefit.

The FORUM THEATRE: To conscientise the MTH communities the importance of Target Intervention programs on the issues of HIV and AIDS is a novel and innovative strategy. It adds quality to the existing TI + program.

Forum Theatre provides an innovative approach to public forums (here MTH communities) and is at the core of the Theatre of the Oppressed. It is the form most widely used by educators and by community and labour organizers in work with their constituency. Forum Theatre has been used by organizers and educators worldwide for democratizing their own organizations, analyzing problems and preparing for action.

In Forum Theatre, participants determine what their priority issues are--usually problems from everyday life--and develop short themes. Role-playing serves as a vehicle for analyzing power, stimulating public debate and searching for solutions. Participants explore the complexity of the individual/group relation at a variety of levels of human exchange. They are invited to map out: a) the dynamics of power within and between groups; b) the experience and the fear of powerlessness within the individual; and c) rigid patterns of perception that generate miscommunication and conflict, as well as ways of transforming them. The aim of the forum is not to find an ideal solution, but to invent new ways of confronting problems. Following each intervention, audience members discuss the solution offered. The experience has been called a "rehearsal for life."

Here, the FORUM THEATRE will be designed two themes:

1. The core objective of the TI+ programs on HIV and AIDS and how to access and avail the same. Also, if not utilise the same, the negative impact on the lives of MTH communities, especially on younger generations.
2. The attitudinal change in the senior MTH communities in showing lethargic attitudes and thus victimising towards HIV and AIDS and become seriously ill.

Population: The MTH communities within the purview of the TI+ Project areas of the SSY

Geographical Area: Ramamurthy Nagar, Veerannapalya and Malleswaram

Brief project activities, deliverables and timeline: Use this section to list or highlight your key project activities, timelines and deliverables and programme design

Project Activities

- To form and capacitate a FORUM THEATRE (consist of 15 artists) to stage concerts on the importance of Target Interventions on the issues of HIV and AIDS
- Scripts writing by external expert – 2 scripts are proposed
- Intensive practising the Forum theatre skits
- Conducting one Mega FORUM THEATRE show on one theme
- Organising 3 Forum Theatre shows in 3 different venues
- Monitoring the impact on the FORUM THEATRE shows
- Documentation on the impact of the program

Deliverables

- Conducting one Mega FORUM THEATRE show on one theme
- Organising 3 Forum Theatre shows in 3 different venues
- Documentation on the impact of the program

Time line: 16th August, 2016– 15th Dec., 2016

Brief monitoring and evaluation plan

- Individual and group post-shows interaction with MTH communities
- Documenting the positive remarks of the FORUM THEATRE shows from the MTH communities in all 4 shows
- Monitoring the increased beneficiaries on TI+ programs by internal monitoring committee proposed by the SSY.
- Preparation of impact analysis of the innovative project and submitting the same to the SSY

ADVOCACY



- Approaching Voter ID, Pan Card, Rental Agreement, Ration Card for MTH Community
- Approaching For Name change And Gender Certificate
- Community Meeting, community Capacity Building
- SHG Formations 2 Groups
- Protest and Rally
- Events
- Meeting with other partners and Organization

ACHIEVEMENTS AND OUT COME

- The no of the community membership increased
- HIV testing done with in the governments ICTC and community accessing the services
- Counseling follow up done
- Family acceptances
- Crises Intervention done and resolve within
- SHG implementing
- No of social entitlements services accessed by the community
- BCC to the community