

# ANNUAL ACTIVITIES REPORT

April 2015 – March 2016

## YINGLI MISSION SOCIETY

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## **1. SELF HELP GROUP**

*Most of our projects set up self-help groups (SHGs), or develop existing ones. SHGs are groups of 10 – 20 people, usually women, sometimes only men, sometimes both men and women. They have office-bearers (president, secretary, treasurer) who ensure meetings are held regularly (e.g. once a month) and that records are kept. Members contribute an affordable amount (e.g. 20 rupees a month) to a central 'pot'. They can then borrow small amounts at better rates than are available from the moneylenders. Typical reasons for borrowing include: buying medicine, school costs, livelihood costs such as buying seed, or social costs such as weddings. SHGs may also work on communal projects such as developing pastureland.*

*Once the SHG has records to prove it's been operating properly for a certain period, it can access a government-backed credit scheme. This allows the group to take out a small bank loan, which can be used to develop livelihood activities. When the group pays back its first loan, it becomes entitled to a larger amount of credit.*

*The YMS has able to reach out to 56 SHGs and provided trainings on Micro-finance, Book Keeping etc. The YMS has also visited nearly 15 villages and provided trainings on SHG formation.*

## **2. GENERAL HEALTH CAMPS**

*These are small duration camps organised in different parts of the Longleng District on the basis of health needs of a specific location. These health camps aim at promoting health seeking behaviour in the long term and thus, unlike a general curative health camp, these camps also majorly work on building awareness regarding common ailments, family planning methods, nutrition and hygiene and sanitation. These camps provide comprehensive health services free of any cost.*

*Free general health check-ups, blood group testing and RH typing, were among the many tests provided. Various conditions including malnutrition, jaundice and skin disorders were treated. Some patients were given referrals to the District Hospital for further treatment, free of charge. The main objective to organized this kind of health camp is to improve access of Below Poverty Line and Above Poverty Line families to quality medical care for identified speciality services requiring hospitalization for following surgeries and therapies or consultations in free of cost.*

*These health camps are organized with support from well wishers, donations, civic bodies, NGOs and individual volunteers. The YMS has conducted over 4 general health camps in the year 2015-16 and has benefitted more than 500 people directly.*

## **3. FAMILY COUNSELLING CENTER**

*Counseling has become an integral part dealing with the socio-economic empowerment of people and is a major focus of YMS work.*

*The Family Counseling Center is a 3 year old initiative of YMS. The majority of the FCC's cases concern the following issues:*

- *Marital maladjustment with spouse and/or in-laws*
- *Domestic violence*

- *Spousal conflicts due to personality differences, interference of in-laws, extra-marital relationships and/or alcohol or drug addictions or financial problems*

*The FCC seeks to strengthen and supplement family and individual adaptive capacities and to prepare individuals and families for meeting a spectrum of life changes and difficulties through services aimed at preventing problems and crises, strengthening family coping skills and locating accessible resource networks.*

*In the year 2015-16, we have handled 123 cases to date concerning the issues listed below.*

- *Behavioral problems*
- *Deserted wife*
- *Ill treatment/harassment*
- *Extra marital relationships*
- *Drug-addiction /alcoholism*
- *In-law problems*
- *Wife beating*
- *Premarital relationship problems*
- *Property disputes*
- *Vocational training*

#### **4. AWARENESS PROGRAM**

*YMS conducts a variety of educational and social awareness programs in the rural villages and in schools. YMS encourages rural women to conduct awareness campaign on the importance of nutrition and breastfeeding, and hygiene and sanitation. YMS also conducts regular awareness campaigns with the members of its Micro-Credit Self Help Groups (SHGs). Each month, SHG leaders come to PSDFs office for a meeting and receive awareness training that they then take back to their individual groups. The close-knit environment of the SHGs allows the women to discuss previously taboo subjects, such as domestic violence, breastfeeding and alcoholism.*

#### **5. THE DESTITUTE/ELDERLY PROGRAM**

*One of the first dynamics, which took place at the YMS, was the identification of all those persons throughout the Villages who were elderly, destitute, widowed, orphaned, mentally or physically ill. Since 2009, all of these folks have participated in The Destitute / Elderly Program to some degree. These folks gather together to share a meal and to hear God's Word proclaimed. During these visits, they have the opportunity to share with our Project Supervisors any new developments in their lives. These folks also take the time to visit with each other. Old friendships are rekindled and new relationships are developed.*

*Our vision is to create sensitivity and awareness among people belonging to all walks of life to come forward and help other people who are suffering or are in need of any support. Giving birth to the spirit 'to help' in those people who remain untouched by misery, and a chance to offer and share with the underprivileged. Support from The Ramesh Shamdashani Foundation has allows us to continue to extend ourselves to the Destitute/Elderly persons. This is a blessing for the elderly, for in the past these dear ones were sorely neglected. Our Faith Community faithfully ensures the well-being of these precious folks. We care for these individuals from a physical, psychological and*

*spiritual aspect. We rejoice that these folks continue to experience positive behavioral changes in their lives, which allow them to become more self-sufficient. The sense of belonging to a community has inspired these destitute and elderly to want to be part of a faith community. Through the Ramesh Shamdashani Foundation, immense support and help had been gathered for people who have suffered through critical circumstances. Both the initiatives have impacted massive number of helpless in our society so far and continue to do so with full devotion - only to uplift the spirit of humanity. Hence, we are proud to be by their side in this life-saving endeavor.*

## **6. RELIEF TO POOR**

*The YMS believes in reaching out to the poor and the needy in the world by making provisions of food and help them by providing education expenses.*

*Food is the basic need of every human. We consider Food Support the most divine help, we or anyone, could offer to someone and make their life blessed! And in return all you get are more blessings. As far as education is concerned, it is the fundamental right of every child. As education is the key to a better future of the children and of the world. Education will open gates of opportunities for these financially poor unfortunate children and give them a chance to learn and become independent one day.*

*Our target is to be of better assistance to the underprivileged in as many ways as possible, either physically or financially. To make society a better place, we step forward to serve mankind. We work in several ways to achieve the dream of a brighter tomorrow in which everybody feels blessed. The YMS have conducted 3 camp on relief to poor through donations from well wishers and could able to reach out to 260 underprivileged with various support.*

## **7. SEMINAR ON FOREST CONSERVATION**

*With support from the well wishers and member's donation the YMS in line with the state program organized National Environment Awareness Campaign (NEAC). In the project year altogether organizations representing NGOs, multipurpose co-operative societies, schools and colleges spread across district under the theme, "Biodiversity Conservation" in spreading awareness and action components. The importance of biodiversity with rich biodiversity and with varying physiographical features favouring the natural habitat for a large number of orchid species.*

*"Therefore, we should create awareness among our people of the natural heritage and conserve it for future generations," he said.*

## **8. TI PROJECT – LONGLENG & TAMLU**

*Targeted Interventions (TIs) are prevention interventions that specifically address HRGs who are at risk of acquiring or transmitting HIV infection. The central purpose of TIs among IDUs and their sexual partners is to prevent transmission of HIV:*

- *Providing the essential means and services that IDUs and their sexual partners need to practice safe behaviours (injecting as well as sexual) to reduce transmission of HIV*
- *Creating an enabling environment, which not only does not place obstacles in the way of safer behaviours but also proactively supports the practice of safer behaviours*

- Ensuring that the IDU community (including their sexual partners) as a whole are empowered to decide for themselves and are able to lobby and advocate for what they need

### **Commodities and services provided through the TI**

#### Commodities:

- Needle/syringe exchange programme (NSEP) to cover 80% of the IDU population
- Free condoms (to 100% of population)
- Opioid substitution therapy (OST) to at least 20% of the population

#### Services:

- Community outreach through peer educators supported by outreach workers engaging in communication with IDUs to reduce risk/vulnerability and provide requisite risk reduction materials
- Women outreach workers to reach out to women who have male injecting partners and provide them with self-care information and life skills and help them access reproductive health services
- Primary health care for abscess and wound management, STI treatment
- Drop in Centres (DICs)
- HIV prevention counselling

#### Structural Interventions:

- Basic advocacy
- Community mobilization

### **Linkages provided through the TI**

These services are not provided by the TI, but rather by other departments (e.g. MSJE, ICTC)

#### Linkages with other HIV services:

- TB referrals to DOTS
- ICTC linkages (VCTC, PPTCT)
- ART linkages and Hepatitis C management
- OI management
- Existing support groups (NGOs/CBOs)

#### Achievements in the year 2015-16:

<b>TAMLU</b>	<b>LONGLENG</b>
<p><b>Outreach coverage:</b></p> <ul style="list-style-type: none"> <li>• 100% [n=300] of 300 HRG targeted have been identified and registered.</li> <li>• 50% [n=150] HRG have been provided condom and STI services once in 6 months.</li> <li>• 64% [n=172] of HRG reached under NSEP on a monthly basis.</li> </ul> <p><b>Clinic services:</b></p> <ul style="list-style-type: none"> <li>• 300 clients have been provided counselling.</li> </ul>	<p><b>Outreach coverage:</b></p> <ul style="list-style-type: none"> <li>• 300 HRG out of 300 targeted have been identified and registered.</li> <li>• 100% HRG have been provided condom and STI services once in 6 months.</li> <li>• 100% of HRG reached under NSEP on a monthly basis.</li> </ul> <p><b>Clinic services:</b></p> <ul style="list-style-type: none"> <li>• All 300 clients have been provided counselling at least once .</li> <li>• There were no cases of STI reported during the last one year.</li> <li>• General Medical Check-up to HRG were given and 240</li> </ul>

<ul style="list-style-type: none"> <li>• 95% of clients tested for STI have been followed-up.</li> <li>• 300HRG targeted tested for HIV at ICTC. NO positive case was identified.</li> <li>• 2 HRG were given treatment for abscess &amp; followed up</li> <li>• 49 HRG with were linked to OST centre.</li> </ul> <p><b>Condom distribution:</b></p> <ul style="list-style-type: none"> <li>• [n=24,747] free condoms distributed against the target of 25488pcs to 300 HRG &amp; SPs contacted through BCC intervention.</li> </ul> <p><b>Needles / Syringes distribution through outreach / DIC:</b></p> <ul style="list-style-type: none"> <li>• 36,090 N/S were distributed to 300 IDUs.</li> </ul> <p><b>Enabling environment:</b></p> <ul style="list-style-type: none"> <li>• 14 advocacy meetings were conducted with 84 stakeholders.</li> <li>• While Crisis Management Team has been established 1 case of violation of rights of HRGs reported, &amp; were addressed within 24 hours time.</li> </ul>	<p>clients availed it i.e., 80% of the total clients.</p> <ul style="list-style-type: none"> <li>• 100%HRG were given abscess management against their target of 300 IDUs.</li> <li>• 71% [n=100] of 240 referred cases have been tested for HIV.</li> <li>• 240 HRG have been tested for Syphilis.</li> <li>• 4 HRG were referred to TB, DOTs centre</li> <li>• 250 HRGs were referred to OST and 200 clients were registered of which 133 clients are availing the service and 18 have completed it.</li> <li>• 52 % of SPs out of 42 referred have been tested for HIV</li> <li>• Till now no cases of HIV+ is detected.</li> </ul> <p><b>Condom distribution:</b></p> <ul style="list-style-type: none"> <li>• 98% [n=22500] free condoms distributed against the demand of 22500 pcs to 300 IDUs &amp; more than 95% [n=6500] condom was distributed to 60 SPs contacted through BCC intervention. The ratio being 1:6 for each IDU &amp;with a ratio of 1:7 SPs.</li> </ul> <p><b>Needles / Syringes distribution through outreach / DIC:</b></p> <ul style="list-style-type: none"> <li>• 25300 pcs of N/S distributed to 300.</li> </ul> <p><b>Enabling environment:</b></p> <ul style="list-style-type: none"> <li>• 12 advocacy meetings have been conducted. 9 meetings with stakeholders &amp; 3 with IDUs.</li> <li>• Crisis management team in place – comprising of 4 IDU and TI staffs as facilitators including Program manager, OR of incident site, PE of incident site and Counsellor. 1 incident involving 15 IDUs reported and addressed within 24 hours.</li> </ul> <p><b>Community mobilization:</b></p> <ul style="list-style-type: none"> <li>• Two support groups formed: <ul style="list-style-type: none"> <li>○ Mercy SHG formed in November 2009 is comprised of 7 spouses of IDUs. The group was formed to support the TI's project activities, especially focusing on service delivery.</li> <li>○ DIC committee was for during the month of September 2010. The group was formed to support the TI's project activities, especially focusing on service delivery &amp; involvement of the HRGs in the DIC activities.</li> </ul> </li> </ul>
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## 9. AWARENESS PROGRAM ON WOMEN & CHILD TRAFFICKING

*The YMS is making sincere efforts for combating human trafficking in the district of Longleng, but in spite of all these efforts, the trafficking of women and children from the State is still continuing. The agencies or the middle man (including woman) are making many lucrative promises of employment in cities to the simple tribal and non tribal people for making them trapped.*

*Many of them trafficked in the false commitment of jobs in which middle man and placement agencies are involved for making fast money. Mostly, they are involved as domestic servants and non-skilled jobs. These people are not allowed to go outside the place they work and also paid lesser amount than promised. If someone raises voice against this exploitation, they are beaten, tortured and in some cases sexually abused also.*

*In order to discuss all these issues the organization started to hold session on Combating Human Trafficking and Child Sexual Abuse in Longleng district. The people are also informed about the provision of Child Protection Committees (CPCs) at the district, block and village level under the Integrated Child Protection Scheme (ICPS). Although, the CPCs has already started functioning at the state and district levels, but it will take some time to start at the block and village levels. He also explained various provisions of the Juvenile Justice (care and protection of children) Act, 2000.*

## **10. VITAMIN ANGEL PROGRAM**

*Vitamin Angels is a leading partner in the efforts to eliminate the death and diseases associated with micronutrient deficiencies especially vitamin A deficiency among infants and children. The YMS with support from the Vitamin Angels initiated the program in Longleng district of Nagaland in the year Dec 2013. The aim of the program is to reduce under-five child morbidity and mortality in at-risk population by providing children with the necessary vitamin A.*

### **Why vitamin A in Nagaland (India)?**

*Vitamin Angels connects vitamin A to young children 6-59 months of age, focusing on children at-risk for Vitamin A Deficiency (VAD), who are without easy access to government sponsored, facility and community-based health services. A simple, cost-effective dose of vitamin A every six months alleviates VAD and can prevent blindness and reduce under-five child mortality by 24% in at-risk populations. VAD is the most common cause of preventable blindness in children under five and reduction of VAD has a vital role in maintaining eye health and vision, growth, and immune function.*

*The vitamin angel program has three health workers / Nurse and through which activities like meeting caregivers and children, community based outreach approaches, micronutrient days and regular deworming programs are conducted. The program covers more than 19 villages of Longleng and Tamlu Block under Longleng District. From April 2015 till March 2016, the program has benefited more than 355 infants and 550 children.*

Photo clippings (April 2015 – March 2016)



Celebration of World AIDS Day 2015



World Disability Day 2015



Aged/Destitute Welfare Program





*Vitamin Angel Program*



*YMS Staff Review Meeting*



*Social Awareness Program*



*Environment Awareness Program*



*TI Program - Meeting with Stakeholders*