



**RURALINTEGRATED DEVELOPMENT  
SOCIETY (RIDS)**

**ANNUAL REPORT 2022-23**

## Annual Report for the Year 2022-2023

### ➤ HIV/AIDS Prevention Project Kambadur:

RIDS is a non-profit, non-government and secular organization working for improving the quality of life through Interpersonal Communication, Capacity Building and Research activities in Anantapur Districts of Andhra Pradesh. Organization is working for the Upliftment of Agricultural Labors, small and Marginal Farmers, Disabled people local art ions and women is concerned sections. At the same time creating political, Social Economical and Environmental awareness among the target groups of the rural areas.

**MISSION:** - RIDS is working with the mission through mobilizing, Encouraging and Organizing the people. We are also working through cultural. Programmers, get-togethers, Trainings and other campaigning methods. Thus, we are working with the rural people. RIDS mission is to provide Preventive Education, Medical Care, Socio-Economic, Psychosocial, and Legal Support through various approaches and Strategies.

#### ▪ **Objectives:** -

- To empower rural poor socially, economically and politically.
- To promote, gender Equality, Social Equality, and Economical Equality through Collective.
- To Prevent Desertification and protect Natural Resource's.
- Awareness generation towards education, Sanitation, Health community.
- Ownership and environment.
  - Improve leadership Qualities among rural poor women.
  - optimum utilization of Natural resources through sustainable methods.
  - To ensure Government Programs.
  - To Enhance Land Productive through eco-friendly Agriculture.
  - To livelihoods through Income generating activities.

▪ **Achievements Last year's Work Progress -2022-2023**

- We achieved 100% of 1st time ICTC tests out of 1432 HRGs and achieved 1432 100 % of, 2nd time ICTC Tests out of 1328 HRGs 93%.
- 1st Time 1432 out of 0 HRG's 430 ,30%
- 21 STI cases are identified. Treatment is extending to all of them and ICTC tests are also conducted. And also partner notification done to all to partners.
- Total 273 New HRGs are identified in the year 2022-2023.
- We have tried our best to achieve the Core Indicators of the project.
- Our ORW are using the Form B pictures in a Pictorial book to educate illiterate PEs.
- Increased focus is needed on the partner's treatment of the HRGs affected with STIs.
- Qualitative messaging is an important tool to empower the HRGs to access the services
- Managing and understanding HRGs prejudices is an important factor for the effective project management.

➤ **Typology wise proposed contract populations**

RIDS-Kambadur Composite Intervention started from 1st Apr-2011 to work with FSW and MSM communities covered Three Mandal's I) Kambadur, ii) Kundurpi, iii) Settur of Anantapuramu District supported by India HIV/AIDS Alliance – Andhra Pradesh”. April-2011 onwards the intervention supported by “ANDHRA PRADESH STATE AIDS CONTROL SOCIETY-NACO/APSACS”

➤ **Last year Coverage Details (2022-23):**

Site Name	Total Contract Population	Population			Total Population
		FSW	MSM	TG	
KAMBADUR	1200	390	29	16	435
KUNDURPI		494	0	0	494
SETTUR		514	0	0	514
<b>Total</b>		<b>1398</b>	<b>29</b>	<b>16</b>	<b>1443</b>

➤ **Knowledge level of HRGs on STI/HIV/AIDS:**

World AIDS Day, Candle Light Day, “International Women’s Day “and “sex workers day” that was organized previous year at the project level, the HRG’s have gained a significant knowledge and understanding about the Safe Sex Practices. The risk analysis message that was passed to the target group sensitized them to restrict to a large extent in practicing oral sex methods with different client groups. Their perception towards lesser risk of oral sex practices have noticeably decreased. They are now much aware about the risk prone adversities that seriously impact their health conditions. The women were given awareness on their rights, women Acts and Governments schemes on how to get the services of government schemes of linkages. Also, the FSWs who were diagnosed as HIV have significantly reduced their sex acts as well as the number of partners.

➤ **Behavior of HRG on Health Seeking Behavior**

It is imperative to delineate that all the community members in our project operational area, in case of any STI complaints, they visit our STI clinics only. The timely and appropriate diagnosis and quality treatment of STIs and reproductive tract infections is ensured with palliative counseling services by the project staff. During the STI treatment and STI complaint the HRGs not participating in sexual encounter with any client and lover, if any force by lover that time they are maximum using condom in sex encounter and also, they look to minimum personal hygiene during the STI and pregnancy. They aware on sexually reproductive health, importance of tubectomy. Nevertheless, in case of general health issues 80% of the KP'S takes the prescription from the Government hospital, and 20% of the HRG'S go to Private Doctors.

In certain situations, when there is no availability of condoms either with the HRG or client or at the outlets in the near vicinity, the HRG's are purchasing condoms prior to any sexual act with their clients.

➤ **Qualitative functional activities in TI program 2022-2023:**

➤ Group meetings:

in the part of BCC education in the TI programme group meeting is key activity to achieve organization goals and objectives, to educate on HIV/AIDS/STI and condom correct and consistent usage, health seeks behavior development in targeted key population and development of referrals and linkages by using IEC material and flip charts in group meeting. In this group meeting activity has been prior to conduct knowledge session to key population. RIDS has been implemented this activity to achieve implementing partner goals and objectives.

➤ Hotspot level meetings:

Hotspot meetings should play key role in overcome at hotspot level problems of HRG's and overcome poor services delivery. It is also one of the platforms to deliver key information regarding HIV/AIDS and this Pertains to hotspot level meeting with 15-20 HRGs by its Peer Educator, supported by ORW. Preferably all hotspots having issues, poor service delivery / crisis etc.

➤ Site level meetings:

This is a site wise Association meeting to develop community mobilization activities. It is purely Alliance activity but TI staff presence also

ensures in meeting to carry out crisis issues, social entitlements barriers, and accounts issues of CBG's. all the CBG leaders attended to the meeting with their CBG minutes books and Bank books. It is useful to develop the capacities of savings and credits in community leaders and also it is platform the develop second line leadership in community, by this increase's community participation not just on health but in other community development works.

➤ DIC level meetings:

The DIC level meeting is an intentional programme in TI, it makes the community problems analysis. It is open forum to share and Discuss community problems; it is forum to discuss on enabling environment in DIC and other referral centers, awareness on DIC services, utilization of DIC, Backlogs of referral services. This includes DIC level meeting minimum 2 times, the two meetings with 30-40 community members in a month (and another meeting with the community committee members to generate feedback on the quality of HIV prevention services to the target population. The documentation available in TI includes date and time of meeting, name and signature of participants, topic discussed, decision and action taken and follow up plan.

➤ Weekly Staff Review meetings:

Weekly review meetings should be chaired by the Project Manager of the TI. The meeting should review weekly progress and prepare weekly implementation plan for all staffs and peer educators. Weekly review meeting should plan in convenient place to ORW's and site PE's. Before the Weekly meeting PM has inform to CBO members, PE's and collect the clinical data from ANM, referral slips of RMC/ICTC/ICST for cross check, B format from field level. In during the meeting review each PE wise core indicator performance like in RMC, ICTC, RPR, Condom distribution, CD4 count, form B reporting, social entitlements and in the review meeting Share ORW's field visit observations with all PEs. Allow community committee representatives to share their observations.

➤ Monthly Staff Review meetings:

Monthly staff review meeting led by Project Director of TI project. The meeting should review monthly progress and prepare weekly, monthly implementation plan for all staffs and peer educators. MEA staff in the project has to share the hotspot / PE / ORW wise individual tracking records and analysis of service delivery. Action points based on the discussion to be shared with all staff including PEs. Monthly review meeting should plan next day of preparing/sending CMIS/SIMS reports. Before the meeting day inform to the whole staff, the participants are in the meeting PM, ORWs, ANM, MEA,

PEs. If any other invited Guests. Before the meeting TI collect the data from field data, clinical data, financial data, and Consolidate staff field visit reports observations and Consolidate community committee observations and recommendations.

The ORW's present the chart presentation of core indicators performance, review the gaps and community committee recommendations. Prepare next month plan- outreach, condom, advocacy and linkages and prepare data for District level TI review meeting. TI has conducted 12 Monthly Review meetings in the previous year.

➤ Quarterly Review meetings:

TI conducted 4 quarterly review meetings in the year. Qualitative and Quantitative analysis should prior in every quarterly review meeting, the meeting chaired by the project director. Reviewed as per the agreement quarter achievements and to develop strategies for next quarter.

➤ District TI's Review meeting:

District TI review meeting should be chaired by PO-TSU, DPM-DAPCU, and Add.DM&HO -ALO. APSACS conducted 6 District level TI's Review meetings in the year of April 2022 to Mar 2023. RIDS-kalyandurg has participated in all review meetings to present TI performance related within the period. Sharing's are more valuable in the review meetings to implement project in a successful way.

➤ CGA& Risk Assessment:

This is an imperative activity to assess the vulnerabilities in targeted population in TI programme. The frequency of analysis is every 3 months once. ORW should take the responsibility and get the data from hotspots. Data should be taken from every HRG registered. The analysis helps us to proper outreach plan, facilities priority to HRG's. The condom gap analysis design as mentioned above is part of micro-planning system aimed at analyzing and reducing the condom gap at the NGO level. The data collection is done by the PE with the support/ help of Outreach Worker.

➤ Stake holder Analysis:

The most important step in creating an enabling environment is a careful analysis of the power structure in which FSW/MSM is involved. This analysis must be peer led in order to be effective. It has to identify, and strategies to address, the various stakeholders who influence FSWs/MSM/TG whether directly or indirectly, positively or negatively. These are the people whose support can help to create an enabling environment for the TI.

➤ Referrals and linkages Development:

Referral means Referral is the process by which client needs are assessed and prioritized to provide assistance and network or linkage means strengthening the link between different service providers to provide better support the client.

➤ Task committees:

Task committees are extremely important in the community project. Committees help us in own up the programme and monitoring and supervision the TI activities and services. TI has formed 6 task committees. Each committee should have different roles and responsibilities. Reviews of committees are an ongoing process of every month.

➤ Advocacy and crisis Issues/management:

Advocacy means “Gathering support for action on a specific issue to bring about change”. Appropriately targeted interventions are essential to preventing HIV transmission and addressing the consequences of HIV/AIDS. In the part of that required to advocacy with - people who have influence over decision makers e.g., community leaders, media, other policy makers. The TI have done one advocacy meeting with local Gundas in April-2022 to Mar-2023 on the basis of HRG’s harassed and violated by them frequently.

**RIDS-1 KAMBADUR****TI PERFORMANCE INDICATORS 2022-2023**

S No	Indicator	Target	Achievement	%
1	Contract Population	1200	1443	120%
2	New HRGs Identification	240	273	114%
3	Total HRG's Registered	1200	1443	120%
4	Active Population	1200	1443	120%
5	Released Budget Vs Expenditure	16,98,553	15,19,130	90%
6	Condom Distribution Vs Distribution	578208	305155	53%
7	Social Marketing Condom Distribution	11564	2952	26%
8	Clinic Attendance (2022-23)	1443	1443	100%
9	No of STI's	0	21	100%
10	No of PT's	273	273	100%
11	No of 1st HIV Testing's	1432	1432	100%
12	No of 2nd Time HIV Testing's	1432	1328	93%
13	No of HIV Positives	0	1	100%
14	No of PLHA's Link to ART	0	1	100%
15	No of 1 <sup>st</sup> RPR Testing's	1443	452	30%
16	No of 2nd Time RPR Testing's	0	0	0%
17	No of RPR Positives	0	0	0%
18	Crisis Identification & Solved	23	23	100%
19	Advocacy Meetings	5	2	40%



➤ HIV/AIDS Prevention Project Kalynadurgam:

➤ **Typology wise proposed contract populations**

Site Name	Total Contract Population	Population			Total Population
		FSW	MSM	TG	
BOMMANAHAL	1322	317	109	12	438
BRAMHASAMUDRAM		169	97	0	266
KALYANDURGAM		359	0	0	359
URAVAKONDA		259	72	21	352
<b>Total</b>		<b>1104</b>	<b>278</b>	<b>33</b>	<b>1415</b>

RIDS-Kalyandurgam Composite Intervention started from 1st Apr-2011 to work with FSW and MSM communities covered Four Mandal's I) Kalyandurgam, ii) Bramhasamudram, iii) Uravakonda & iv) Bommanahal of Anantapuramu District supported by India HIV/AIDS Alliance – Andhra Pradesh”. April-2011 onwards the intervention supported by “**ANDHRA PRADESH STATE AIDS CONTROL SOCIETY-NACO/APSACS**”

**RIDS-2 KALYANDURG****TI PERFORMANCE INDICATORS 2022-2023**

S No	Indicator	Target	Achievement	%
1	Contract Population	1322	1415	107%
2	New HRGs Identification	264	338	128%
3	Total HRG's Registered	1322	1415	107%
4	Active Population	1322	1415	107%
5	Released Budget Vs Expenditure	18,98,120	17,20,436.80	91%
6	Condom Distribution Vs Distribution	644724	513864	63%
7	Social Marketing Condom Distribution	32236	11346	35%
8	Clinic Attendance (2022-23)	1415	1415	100%
9	No of STI's	0	29	100%
10	No of PT's	338	304	100%
11	No of 1st HIV Testing's	1404	1404	100%
12	No of 2nd Time HIV Testing's	1404	1279	92%
13	No of HIV Positives	338	0	0%
14	No of PLHA's Link to ART	0	0	0%
15	No of 1 <sup>st</sup> RPR Testing's	1415	418	30%
16	No of 2nd Time RPR Testing's	0	0	0%
17	No of RPR Positives	0	0	0%
18	Crisis Identification & Solved	42	42	100%
19	Advocacy Meetings	5	6	100%

➤ HIV/AIDS Prevention Project Ananthapuramu:

➤ **Typology wise proposed contract populations**

Site Name	Total Contract Population	Population			Total Population
		FSW	MSM	TG	
Ananthapuramu					

RIDS-Ananthapuramu Composite Intervention started from 1st July-2010 to work with FSW ,MSM and TGs communities covered Four Mandal's Ananthapuramu of Anantapuramu District supported by India HIV/AIDS Alliance – Andhra Pradesh”. July-2010 onwards the intervention supported by “**ANDHRA PRADESH STATE AIDS CONTROL SOCIETY-NACO/APSACS**”

**RIDS-3 Ananthapuramu****TI PERFORMANCE INDICATORS 2022-2023**

S No	Indicator	Target	Achievement	%
1	Contract Population	1566	1917	122%
2	New HRGs Identification	313	351	122%
3	Total HRG's Registered	1566	1917	122%
4	Active Population	1566	1917	122%
5	Released Budget Vs Expenditure	19,87,553	18,01,686	91%
6	Condom Distribution Vs Distribution	644724	513864	63%
7	Social Marketing Condom Distribution	32236	11346	35%
8	Clinic Attendance (2022-23)	1917	1917	100%
9	No of STI's	17	17	100%
10	No of PT's	351	351	100%
11	No of 1st HIV Testing's	1887	1887	100%
12	No of 2nd Time HIV Testing's	1917	1768	92%
13	No of HIV Positives	7	7	100%
14	No of PLHA's Link to ART	7	7	100%
15	No of 1 <sup>st</sup> RPR Testing's	1891	1891	30%
16	No of 2nd Time RPR Testing's	1917	1220	0%
17	No of RPR Positives	0	0	0%
18	Crisis Identification & Solved	12	12	100%
19	Advocacy Meetings	6	6	100%

## ➤ ICRISAT:

### **Introduction:**

International Crops Research Institute for the Semi-Arid Tropics (ICRISAT) Contract renewal as “Partner Institution” enter into this Partner Sub-grant Agreement extending starting from **1st July 2020** onwards for mobilize farmers, Organizing farmers meetings and explaining good agricultural practices, field days, collecting farmers data on demonstration, crop cutting experiments, ground water levels documentation all trails **“Improving Livelihoods through Integrated Water Resources Management at Tadipatri, Ananthapuramu”**, funded by **Ultratech Cement Limited (Donor)**. Under this watershed 2 villages coverage 1) Petnikota, Kolimigundla mandal, Kurnool District and 2) Ayyavaripalli, Tadipatri mandal, Ananthapuramu District.

The most relevant outcome of the ICRISAT Watershed area innovation of agriculture aspects, Natural Resource Management of environmental impacts. It is increasingly used for the process of technical and institutional at the farm level of impact. Technology production increasingly is embedded in innovation systems.

In the process of implementation of Rainfall information, Bore well data collection and Water levels survey, Percolation tank Survey, mobilization of farmer meetings, ICRISAT distributed seed farmer plots collect yield particulars and crop cutting experiment, Capacity Building, Support for smooth implementation of the project. A brief report of the same is as given below

### **Water levels survey:**

After Borewell/Openwell survey Water levels Every 15 days once survey because of Water resources is considered to be an effective method to reduce water stress in a watershed during the noon-monsoon season by recharging groundwater with rain water during the monsoon season. A watershed is defined as a hydrological area in which all rain water flows to a common points or outlet. Water travels from head water to the downstream area until it reaches a bigger stream.



Water level indicator: measure water levels

## Petnikota Desilting



## >CMSS

Community Management Seed System working since 2012. The main object of the programme CMSS is to provide quality seed to the farmers through Seed Production under certain social regulations with the local bore well farmers in their villages under the idle “ManaVithanamManchiVithanam” and “Seed Village Programme by Agriculture Department”.

In the eve of implementing the programme the organization RIDS is working to facilitating the CMSS programme with the support and cooperation of Agriculture Department and WASSAN, Hyderabad. In this regards we have successfully progressed the CMSS programme in producing good quality K6-Groundnut seed in GarladinneMandal through ManaVithanaKendram (MVK). Ground nut seed Procurement details are below the table.

### **Kharif -2022**

<b>SI.No</b>	<b>MVK Name</b>	<b>Mandal Name</b>	<b>No of Farmers</b>	<b>No. of Quintals</b>
1	Kotanka MVK	Garladinne	250	756.80
<b>Total</b>			<b>250</b>	<b>756.80</b>

### **Rabi -2022-23**

<b>SI.No</b>	<b>MVK Name</b>	<b>Mandal Name</b>	<b>No of Farmers</b>	<b>No. of Quintals</b>
1	Kotanka MVK	Garladinne	152	400
<b>Total</b>			<b>152</b>	<b>400</b>



**kotanka MVK**



**kotanka MVK**



**Farmers Meeting in Kotanka Village**

## >PODF NABARD

Promotion of Farmer Producer Organizations working since March 2019. RIDS covered Garladinne and Singanamala Mandals. Under this programme Promotion of Farmer Producer Organization (FPO) and Marketing facility, Seed, Fertilizer developed at locally, to arrange backward and forward linkages, to tap effectively the on-going schemes of government departments and arrange for regular credit and other monetary support from banks and other financial institutions.

**Mobilisation of Farmers:** i) The POPI to undertake a base line survey of the farmers around a particular cluster, commodity, market, processing/ storage units, etc. and they may be mobilized and adequate awareness created for organizing into POs. ii) Existing Farmer Clubs, SHGs, JLGs, Village Watershed Committees, Wadi clusters, Dairy co-operative Societies, inactive PACS, other interest groups, etc. could be considered for organizing them into PO. iii) Monthly meeting of farmers of the selected area would be organized by POPIs to create awareness on concept & functioning of POs and to induce transparency in the functioning of POs.

**Preparation of Business Plan:** POPI to ensure that a robust business plan including the sources of finance for minimum 5 years is prepared by the PO in consultation with the POPI.

**Monitoring:** The POPI is required to monitor the project closely and keep NABARD informed of the progress through constitution of a Project Monitoring Committee (PMC) under the chairmanship of DDM. Depending on the size and nature of the project, NABARD may nominate a representative as one of the member of PMC. POPI shall enter data of PO and its shareholder members on the web portal developed by HO, on a real time basis. Release of grant for second & subsequent instalments would be subject to complete & correct updation of data on the digital platform web portal developed by NABARD.

**KOTANKA FPO**(kotanka village, Garladinne Mandal) : The Kotanka Farmers Producer Organization is a great achievement for the year 2022-23 Turnover cross in Rs.2.50 crore. for the cmss programme. Total share holders are 570 members. Equity mobilized Rs.570000, 5 Years business plan prepared submit to APMAS Hyd. the fpo is eligible for BDA 5lakhs. Training in BOD Members and CEO .and purchase the 10 no BEDs Donate the Village Covid isolation Centre in kotanka Village.



Ground nut Processing in kotanka village



BOD Members Training at AF ecology centre



Training on CEOs at Punganuru

**Kallumadi FPO**(Kallumadi chennakesava swammy rupss) : The Kallumadi Farmers

Producer Organization .Total share holders are 239 members. Equity mobilized Rs.239000, 5 Years business plan prepared submit to APMAS Hyd.the fpo is eligible for BDA 5lakhs.Training in BOD Members and CEO . 30 no Womens Tailaring Training under MEDP NABARD Programme.



CEOs Tailaring at AF Ecology Centre



Rural Mart Mobile VAN Inagation



DDM Monitaring VISIT at Kallumadi FPO



DDM-NABARD Visit at Kallumadi FPO

## ➤ 100% Vaccination Programme

### 1. Line listing and data management

- ❖ Through RIDS NGO In Each GP & Habitations HH survey has been conducted through CRP's to find the eligible population & Vaccination status of each family & simultaneously educating & Motivating the non vaccinated & identifying the 2nd dose depending persons.
- ❖ Mobilizing & Educating the community about the vaccination camps.
- ❖ Supporting health dept in organizing vaccination camps.
- ❖ Data Management
- ❖ Base line information has been collected through PHC's of concerned Mandal's
- ❖ HH data of each GP & Habitation has Been uploaded in VaxITapp

### 2. Coordination with PHC

- ❖ Advocacy and lobbying with the line department (Health Department), updating them about the field level situation, community preparedness on a time-to-time basis before the planning of Vaccination Drives.

- ❖ Mobilization of vaccine in-time at vaccination center.
- ❖ Organizing people to reach-out the vaccine drive point.
- ❖ Organizing minimum basic logistics like drinking water, shade for the people to come and wait for their turn at the vaccination center(s).
- ❖ Support the vaccination teams in Data entry work (in Co-win App) at the Drive Spot, and also in any other such works as desired during the drive.
- ❖ Providing Human Resource at **PHC level** for data entry support.

### **3. Community mobilisation/ addressing hesitation**

- ❖ RIDS has been working in these TWO Mandals for the past 20 years.
- ❖ We have been organizing several welfare programmes for the benefit of the communities here.
- ❖ Our staff visit these villages at regular intervals, and thus we have a good rapport with the communities as well as with various government departments as we will be representing several issues to the government officials
- ❖ RIDS Recruited the staff, who will stay at the village level, GP level and PHC level to ensure 100% reach out, guide and monitor the progress on a daily basis.
- ❖ Organize small group meetings or participate in regular meetings organized by the Anganwadis, SHGs, SMC meetings and sensitise the members/community on the need of vaccination.

### **4. Vaccination process/camps**

- ❖ We conducted Coordination meeting with Health Department explain about Vaccination program objectives and our staff field level mobilization of vaccination drives.
- ❖ Door to Door Baseline data collected regard to Primary details and vaccination status etc.
- ❖ Based on Baseline data our staff prepare the non-vaccinated eligible people to be ready for the upcoming vaccine drives; and ensure that they reach the vaccination point on the day of vaccination.
- ❖ Transportation of vaccine vials in-time at vaccination center on drive day.
- ❖ Mobilization people to reach-out the vaccine drive point.
- ❖ Our staff updating about the field level situation, community preparedness on a time-to-time basis before the planning of Vaccination Drives.

- ❖ Identified migrated labour from Rajasthan, Jarkand, Bihar, Gujarat to Singanamala and Garladinnemandal factories ie.Champour, Vegetable (Big Basket), Tires, Stone Crosser, Fertilizers, Poultry sheds etc. Our staff not vaccinated migration peoples identified and mobilization of vaccination support of Health department.
- ❖ Identified and mobilization of Not Vaccination day wage labour's and Vaccinated farmer fields.
- ❖ Hard-to-Reach area peoples identified and vaccination special drive conducted through Health department.

## 5. Challenges and Learning

### ➤ **Challenges:-**

- ❖ More time taking with the rigid people to get them vaccinated.
- ❖ Secretariats staff has trouble in transportation of vaccination vials. We facilitated Transportation of vaccine vials easy to vaccination.
- ❖ Not covered by the Health department, Our staff identified migration peoples mobilization vaccination.

### ➤ **Challenges:-**

- ❖ In Each Panchayath on Appointment of CRP's door to door baseline survey doingso has made it easier to identify non-vaccinated peoples.
- ❖ According to the Health Department, vaccination has been facilitated by the presence of our staff on a panchayath wise basis by continuous follow up's