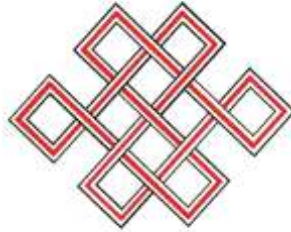


ANNUAL REPORT



APRIL 2024 TO MARCH 2025

WIDE ANGLE

WIDE ANGLE
SOCIAL DEVELOPMENT ORGANISATION
Sagolband Moirang Hanuba Leirak

Wide Angle CRY-AM Supported Projects

1. **Name of the project:** Wide Angle Social Development organization
2. **Project Area / Location:** 22 villages in 3 Blocks of 2 districts (Imphal West and Kangpokpi) of Manipur. As of now We are working in Imphal west District only (18 villages) due to the conflict in the State. We are hoping to work in the Kangpokpi District (4 villages) in the days to come once the situation comes to normalcy.
3. **Thematic Focus:** Protection and Education
4. **Period of Reporting:** January 2024-December-2025
5. **Summary of Problem Statement:** (Not more than ½ page)

On 3rd May 2023, an ethnic conflict erupted in Manipur between two major groups, leading to widespread displacement and confining many people to relief camps. This upheaval forced numerous children to drop out of education as many high schools and community centers were converted into relief centers, adversely affecting the education of non-displaced children. The relief camps suffer from severe resource shortages, including limited clothing, food, and inadequate education and medical facilities, severely impacting the mental health of all, especially children. Even after 1 year and 8 months, thousands remain in these camps, struggling with basic needs and heightened fear. The sudden violence forced displaced children to few existing school incapable of addressing the increasing number of children, causing a teacher shortage, pushing parents toward private schools, increasing their economic burden. Families rely on donations and local support, with some women in the hope to stabilizing incomes have started making and selling products like detergent and candle sticks. Community-level interventions are crucial to address psycho-social well-being, financial instability, and education continuity. In relief centers, providing life skills, counseling, extra coaching, and cultural activities for children, along with family counseling, are essential to mitigate hopelessness and distress.

6. **Term- Achievements Highlights:**

Program Activities Planned	Qualitative Progress/Achievements
Key Result Area 1 – 500 children in the operational villages in the age group of 6-18 years gets to complete their Primary and Secondary Education	
Worked with local stakeholders to re-establish and activate 6 dysfunctional SMCs (School Management Committee), ensuring better school governance and engagement.	<ul style="list-style-type: none"> ○ The intervention successfully reformed 6 dysfunctional School Management Committees (SMCs), ensuring the enrollment of 3651 children back into schools and regularizing attendance for 596 children through remedial centers.
Conducted extensive outreach and counseling to identify and enroll 591 previously laggard, irregular and out-of-school children back into the education system.	<ul style="list-style-type: none"> ○ Extensive enrollment drives reintegrated 596 from the category of laggard, irregular and out-of-school children, restoring their access to education and mainstreaming.
Set up remedial centers to provide structured academic support, improving attendance and	<ul style="list-style-type: none"> ○ Establishing 5 remedial centers provided academic support for 596 children,

learning outcomes for 591 children.	regularizing attendance and improving learning gap outcomes.
Distributed necessary educational materials to 591 children in remedial classes to support their learning and academic progress.	<ul style="list-style-type: none"> o Supplying essential educational materials further bolstered academic progress. Targeted interventions ensured smooth transitions for 226 children from grade V to VI and 117 children from grade VIII to IX maintaining continuity in education.
Provided targeted academic support and monitoring to help 226 children transition from grade 5 th to 6 th and 117 children from grade 8 th to 9 th .	<ul style="list-style-type: none"> o Focused preparation for board exams led to all 175 students in 10th board exams and 156 students in 12th board exams passed, demonstrating the program's efficacy in academic achievement and its profound impact on students' educational journeys. o This has been possible by running mock sessions and ensuring regular education support classes for the children from 5th to 12th std.
Key Result Area 2: Contribute towards creating a protective environment for children i.e. free from violence, abuse, and exploitation in the form of coaching centers and engagement in curricular activities for their holistic growth and development aiding in the peacebuilding process raised through the ethnic conflict.	
Conduct Child Protection meetings in 22 villages, including life skills training and national campaign rollout.	<ul style="list-style-type: none"> o The program engaged all 18 villages through organized meetings and sessions on Child Protection Issues, involving children collectives and parents in life skills training and the National campaign rollout. Meetings with VCPC/WCPC (Village/ward Child Protection Committee) in 7 villages ensured relief camp safety and facilitated children's enrollment in nearby schools
Organize safety sessions with VCPC/WCPC in 7 villages with relief camps, ensuring child linkage to nearby schools.	<ul style="list-style-type: none"> o 10 meetings were organized in 7 villages with relief camps, involving village chiefs, VCPC members, school teachers, and Anganwadi workers to ensure education continuity for children. In this process, 22 children have been enrolled in nearby schools from the relief centers.
Identification of CNCP (Children in Need of Care and Protection) child and have individual child care plans.	<ul style="list-style-type: none"> o 79 CNCP children were identified through community mapping who have been supported through sponsor ship scheme
Linking the CNCP children with social protection schemes.	<ul style="list-style-type: none"> o 79 CNCP children were identified through community mapping who have been

	supported through sponsorship scheme
Identification of Vulnerable Children for Child Marriage and mainstreaming in formal education.	<ul style="list-style-type: none"> 2 out of 2 identified child marriage cases were prevented through household-level counselling and linking the child to the learning centres. They were also mainstreamed into formal education.
Train stakeholders on Child Protection Issues and enhance awareness.	<ul style="list-style-type: none"> 137 stakeholders both panchayat and district level officials have been trained on Child Protection issues to enhance awareness.

7. Indicator wise Key achievement (from the AER/LFA) – Base number and achievement number (Percentages on its own are not relevant/understandable for the donor)

Log Frame Indicator	Targets	Achievement
Key Result Area 1: 500 children in the operational villages in the age group of 6-18 years gets to complete their Primary and Secondary Education.		
Number of SMCs that organized a meeting last quarter	6 SMC	6 schools were identified close to the 7 relief centres where 4 displaced children were enrolled back to school (SK IDEAL HIGH SCHOOL), thus the team reconstituted SMC in the schools with the help of the teachers and parents. The SMC ensured the enrolment of any dropout children in the future.
Number of children accessing structured academic sessions facilitated by project teams/community volunteers (small group sessions/whatsapp/phones etc)	400 children	A list of vulnerable children was prepared keeping in mind those displaced and those affected due to conversion of schools into relief centres. 596 identified children are being addressed through remedial centres where they are being taught basic numeracy, literacy as well as basic concepts of science, life skills and creating learning classes fitting into vocational courses.
Total number of out - of - school children - 6 to 14 years enrolled (never enrolled and drop outs)	20 children	27 children identified being dropped out due to the conversion of schools into relief centres. Out of them 4 children were enrolled. The families were counselled, safety at the schools was ensured through VCPC (Village Child Protection Committee), and handholding support was given during the enrolment process. As the govt school in operational area wrapped up the admission process for the academic session 2024, the team have strategize to enroll them back to school in the upcoming session
Number of 6-14 years children enrolled in schools	1283 children	In close coordination with the schools and the community especially at the household level with the families the team was able to counsel the parents to address their fears and send their children back to schools thus a total of 1182 children are back to schools and attending classes regularly.

Number of children that did not miss school continuously for 3 months or more	400 children	596 children who are currently being covered through the learning centers have been tracked for their regularity in schools through school registers and found that their average attendance in school is in the range of 75-80%.
Number of children (6-18 years) that attended at least 75% classes during the academic year	400 children	596 children enrolled in the remedial classes have been attending 75% of the classes in the last three months namely April, May, and June 2024. The data is collected from the school attendance registers.
Number of children transiting from grade 5 to grade 6	154 (last year achievement)	226 children have transited from class 5 th to 6 th in addition to the 181 children identified last year. Over time more children have been regularized in the schools through constant household-level follow-ups and parent counselling and thus they transited to the next class.
Number of children transiting from grade 8 to grade 9	82 (last year achievement)	117 children have transited from class 8 th to 9 th in addition to the 96 identified children 4 children had been regularized in schools and have transited to the next class through academic support and constant counselling.
Proportion of children cleared 10th board exams	156 children	175 children appeared for class 10th board exams and cleared it. All of them have been supported through additional learning classes and mock examinations, support was also given in the process of filling the examination forms and reaching the examination centre.
Proportion of children cleared 12th board exams	134 children	There were 156 children who appeared for class 12 board examinations and out of those 155 children cleared the same.
Key Result Area 2: Contribute towards creating a protective environment for children i.e. free from violence, abuse, and exploitation in the form of coaching centers and engagement in curricular activities for their holistic growth and development aiding in the peacebuilding process raised through the ethnic conflict.		
Number of CSA (Child Sexual Abuse) cases reported to CWC/DCPU (Child Welfare Committee/District Child Protection Unit)	All identified	14 CSA cases were produced in CWC and have been reported in Imphal West district so far.
Proportion of CNCPs with Individual Child Care Plan	As identified	79 CNCP children have been identified and for all individual child care plan have been ensured they were produced to CWC after which they have been linked with a CCI.
Number of child marriages stopped	10 targets	All the 2 identified child marriage cases have been stopped.
Proportion of families with vulnerable children linked with	100 families	79 CNCP children have been linked to government

social protection schemes		schemes under Mission Vatsalya.
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8. Challenges /road blocks and what are we doing to address these challenges in next year (for annual reports)

- Meeting with stakeholders was a major challenge in the conflict as movement was restricted and any form of meeting and people groups were not allowed. As a result of this, the VLCPC (Village Level Child Protection Committee) meeting could not take place and the identification of CNCP children is delayed
- **H2 Mitigation plan:** As the state is resuming its peace in the current times, VCPC meetings are regularized. As a strategy the inactive VCPC will be identified and reformation or activation will be done based on the need.
- Complete shutdown of schools for 3 months and irregularity in school operations creating huge learning gaps, especially for children confined in relief camps.
- **H2 Mitigation Plan:** Learning centers established in some villages have been successful in addressing the anxiety and fear amongst the children as well as addressing the learning gaps in children. Thus, the team will be taking this up with the Education department for setting up temporary learning centers in the camp which will help them cope with distress and return to normalcy.
- Children and their families are suffering from fear and anxiety both who are in the relief centers and those who are indirectly affected by the violence. This is causing mental health issues like disconnection, feelings of hopelessness and fear as well as reluctance to get back to education.

H2 Mitigation Plan: The team has been discussing the scope for the provisioning of mental health programs for children worst hit in the conflict.

9. Key Plans for Next Half: Pls keep it brief with bullet points with numbers

Physical education/ physical training at the 5 centres				
	Proportion of vulnerable children for protection & empowerment	600 children	Identification of vulnerable children from community with the support of local stakeholders and meeting.	Ensuring, overall development and self-empowerment to 600 children at the 5 centres.
	Capacity building, life Skills and psycho-social support for the 600 children	600 children	Identified 600 children	Life skill sessions consisting all the aspects of issues like (CSA, Child marriage, trafficking and child labour), mechanism tools for protection and also building self-confidence and empowerment.
	Promotion for a happy child friendly environment with a healthy living.	1182 children	Identified children in 10 villages	Provision for a Sports Meet for the centre children in a year.

Promotion of Culture and Tradition/Talent hunt and Stress Relief Mechanism				
1.	Revival of old culture and tradition through dance to the new generation children which will also keep them physically fit.	150 children in the 5 centres.	Identify 150 children in the 5 centres	A combined learning of basic education along with physical fitness in a happy child friendly environment. Improved in attendance and request to include dance classes in a week by the parents. Provision for Annual Cultural Meet for Remedial Centres.
2.	Mechanism tools for Psycho-social support for vulnerable children in the village.	150 children in the 5 centres.	Identify 150 children in the 5 centres	Stress relief mechanism from vulnerable situation and specially the situation in the State. Promotion of healthy mind and body.
3.	Promoting of social justice and right to participation of every child.	150 children in 5 centres	Identify 150 children in the 5 centres	A common platform to express, emote and explore ensuring the Right to Participation of the children.

Key Result Area 1: 500 children in the operational villages in the age group of 6-18 years get to complete their Primary and Secondary Education.

- Facilitate structured academic sessions for 596 children through 5 centres, analysing gaps and providing necessary support. Linking 600 students with the learning centres.
- Enroll out-of-school children aged 6 to 14 by identifying dropouts, conducting life skill sessions, and mainstreaming them into schools.
- Identify the vulnerable families and ensure the rolling out of the life skill sessions of the year 3 module with the children targeting minimum of 200 children
- Engage children in sports and cultural activities for 100 children to channelize their energy positively and to address the fear and confusion in them.

Key Result Area 2: Contribute towards creating a protective environment for children i.e. free from violence, abuse, and exploitation in the form of coaching centers and engagement in curricular activities for their holistic growth and development aiding in the peacebuilding process raised through the ethnic conflict.

- Explore opportunities with MCPCR (Manipur Commission for Protection of Child Rights) for the provisioning of trauma counselling for children and families in the relief centers and in the villages witnessing ethnic violence targeting minimum of 50 families and 100 children.
- Identification of 90% (currently 79 children) of CNCP children and linking them to social protection schemes.
- Prevention of 50% (total 7 cases identified) of child marriage cases and mainstream them to school.
- Regularized 10 VCPC meetings with a focus on safety at the 5 learning centers and robust identification and linkages of 90% CNCP children with social protection schemes.

10. Update on major stakeholder meetings that the project may have organized /participated in:

1. Quarterly Meeting with CWC/JJB, DCPU, Police, ARMY and SCPCR (State Commission for Protection of Child Rights).
2. Meeting with child club members and with parents.

11. Update on trainings and capacity buildings held for the project team and for the community by the project team:

1. Training for the team on the Management of Information System.
2. Training on understanding trauma counselling of the children in the relief centres and the communities.
3. Vocational Training
4. Life Skill Trainer to Trainee Session

12. Stories of positive change/ Case stories: mention efforts made by project in detail to achieve the impact

Title: From Child Marriage to Aspiration and Empowerment

Background:

The story is about Thoibi (name changed), a 16-year-old girl from Thaoroijam Village, Manipur. On the 15th of July 2024, Thoibi eloped with Kabir (name changed), a 23-year-old man. This event shook Thoibi's family, especially her mother, Sorokhaibam Devi, who was knew the consequences of early marriage and who dreams to protect her daughter's future. Devi reached out to Phandom Premila, CRY's remedial teacher to help Thoibi in guidance and counselling. Premila was keen to help all the vulnerable children took an empathetic and proactive approach. She immediately took the matter into her hands to counsel and support Thoibi.

Problem Identified:

The incident highlighted deep-rooted social issues, such as the prevalence of child marriage in the village. At the core of the problem was Thoibi, a young girl whose dreams and aspirations were overshadowed by societal norms and family pressures. At the high phase of adolescent and lack of awareness about the legal age of marriage and its consequences coupled up with cultural acceptance, posed a significant threat to Thoibi's future.

Project Interventions:

1. **Immediate Intervention and Counseling:**
Upon receiving the news, remedial teacher Premila rushed to Thobi's house. She approached

Thoibi with kindness that creates a safe space for the young girl to share her feelings. Over a simple cup of tea, Premila engaged in a heartfelt conversation empathetically addressing her aspirations and the importance of education and the brutal consequences of early child marriage.

2. **Legal Awareness:**
Premila informed Thoibi about the legal age of marriage in India that is 18 years for girls and 21 years for boys. Additionally, she also explained the health risks and socio-economic challenges associated with early marriage. She emphasized the potential consequences, such as maternal and infant mortality, that could arise from marrying at a young age.
3. **Family Support and Consensus Building:**
Premila ensured that Thoibi parents were part of the counseling process. She assured them of their vital role in supporting their daughter's future and urged them to stand firm against societal pressures.
4. **Empowering Thoibi:**
By focusing on Thoibi's dreams and long-term goals, Premila inspired her to envision a life beyond early marriage. This shift in perspective motivated Thoibi to align her decisions with her aspirations.

Impact:

Through Premila's timely intervention, Thoibi realized the value of education and personal growth. She agreed to her parents' wishes to postpone marriage until she turned 18. This not only ensured compliance with the law but also safeguarded her health and future opportunities. Thoibi resumed her education with renewed determination, setting an example for other girls in her village.

Outcome:

The incident served as a transformative moment for the community, raising awareness about child marriage and the importance of education for girls. It also highlighted the critical role of remedial teachers like Premila in advocating for children's rights and empowering vulnerable families.

13. Some Photographs of the Project: (Pls refer to Annexure – Wide Angle - Photographs)





Wide Angle Social Development Organization in collaboration with CRY (Child Rights and You) has been addressing the issues of Child Rights, the challenges children face especially with those who belong to socio-economic vulnerable background for the past two decades. To mitigate these challenges and meet the needs of the vulnerable children, we have working with 22 villages in Imphal West and Kangpokpi District. Out of these 22 villages, we are currently running 5 remedial coaching classes viz. Maklang, Thaoroijam, Salam, Ngairangbam and Heinoupok. Additionally, our team have been giving free dance classes and free life skills sessions to schools and the children in our operational area too. Moreover, for the year 2025, our team have also been extensively carrying out the outreaching and enrolling procedure of both dance and remedial classes with the help of flyers and poster. Following are the activities and programs conducted for the month of February.

REPORTS FROM SCHOOL VISITS FROM OUR OPERATIONAL AREAS

Several field visits were made by our team to schools in our operational areas to expand dance classes for children in classes V to VIII. These sessions aim to promote Manipur's rich culture while enhancing children's physical and mental well-being. Schools responded positively, recognizing the value of integrating cultural education into extracurricular activities. With prior success in five villages

(Heinoupok, Maklang, Ngairangbam, Thaoroijam and Salam) under Imphal West District, we are now aiming to working with school in our operational area to reach out maximum children and given them support. We are in the process to finalize schedules and commence the classes.



Visit at Patsoi Yaorang Upper Primary School



Visit at Yurembam Upper Primary School



Visiting with the local stakeholder of Namching Village (Titus Rongmei, village chief and his Wife) 12-02-25



Meeting with the Principal of at the Good Shepherd Academey, New Keithelmanbi



Visit at Takyel Khongbal Upper Primary School, 11th Feb'25



Mid-Day Meal at the Takyel Khongbal Upper Primary School.

A Short Report on CNCP Case

On 10 th February' 25 our remedial teacher of Thaoroijam Phamdom Premila successfully intervened and kept two children from our operational area, Patsoi Yaorang at the Rural Women and Children Development Welfare Association. The two children are siblings (Abenao, aged 13years & Piyush, aged 10 years). They had been staying at their home in Patsoi Yaorang under the guardianship of Kojjam Bina Devi (grandmother) and K. Inaotombi (uncle) after their parents K. Boinao (father) and K. Priya (mother) passed away due to drug over dose and leukaemia respectively. As the guardians are in their in old age and due to poverty, vulnerable background they faced extreme difficulties to support both the children and wished to keep them in a space where the children can be given adequate care, support and protection. Upon hearing the conditions of the family, Premila reached out to them, made a home visit on 4 th of February. She further reached out to the Hon'ble chairperson of CCW, Geetabali Sanasam to help with the legal procedure. And on 10 th Feb, the children were successfully kept at the Child Care Institution in Takyel, Imphal.

Abenao and Piyush are in a safe and nurturing environment where they can continue their education and rebuild their lives. The institution provides them with shelter, food, medical care, and psychological support to help them cope with their traumatic past.



Glimpse of our remedial students of Ngairangbam

Parents Teacher meeting held on 18 th of Feb'25 discussing about the remedial classes and planned to integrate more life skills sessions, creative learning program. The parents were delighted about the additional initiatives that will add more extracurricular activities to the children.

WIDE ANGLE



Home visit on 16th of Feb at the house of Nameirakpam Crorepati & Creative learning class

Creative learning class was held 12-2-25. The creative learning classes was organised by remedial teacher Priyalaxmi and taught the children to make flowers from waste papers with objective to let the children know about the recycling. The students urged to hold one creative learning class per week.

LOCAL STAKEHOLDER MEETING

On 12th of February'25 Shri Ibomcha Singh, President of Western Sporting Club made a visit to the remedial centre of Ngairangbam. During his visit, he observed the crowded conditions of the center and recognized the valuable intervention provided by remedial teacher Priyalaxmi Huidrom under the CRY initiative. Impressed by the dedication of the teacher and the need for a more accommodating learning environment, Shri Ibomcha Singh generously offered his own spacious home to be used as a venue for the coaching classes.

Maklang Remedial Center:



Distribution of TLM support to the children of Maklang Centre on 18th of Feb '25



S.U.P.W Classes was held at the Maklang Centre on 16th of Feb'25. The children were excited and made several cards and badges from colour papers.

SALAM REMEDIAL CENTRE:



A Small Singju Party of Salam Remedial Children as an extra fun class.

HEINOUPOK Center:3rd February'2025: Remedial Teacher Soubam Ranjita, made several home visits for outreaching new students. On 5th February'2025: Drawing Competition as a creative learning program was organised at the coaching centre of Heinoupok Remedial Center.

THAOROIJAM CENTER:On 12th Feb, drawing competition was held at the Thaoroijam Center as a part of extracurricular activities.

REPORT ON THE MEETING WITH THE CHAIRPERSON OF THE JUVENILE JUSTICE COMMITTEE, HIGH COURT OF MANIPUR AND HON'BLE MR. JUSTICE A. BIMOL SINGH





20 th February 2025: A meeting at the High Court of Manipur with Hon'ble Mr. Justice A. Bimol Singh, Judge, High Court of Manipur: Athokpam Shanta Devi, Registrar (Vigilance), Secretary, JJ Committee High Court of Manipur: along with Chairperson of MCPCR Keisham Pradipkumar; Montu Ahanthem Secretary of Wide Angle, Dainem Yulhung Project Coordinator of CRY, Lakshmirani, M.I.S Coordinator of CRY was held to discuss the matter regarding adoption of the Manipur State Policy for Children, 2020. The meeting required the presence of respected dignitaries from other relevant departments to ensure a comprehensive discussion. Therefore, it was decided to reschedule the meeting for 25th February 2025 at 3:30 PM at the Judges Lounge, High Court of Manipur, for further deliberations with all necessary stakeholders

Hence the meeting was held again on the above-mentioned date, chaired by Hon'ble Mr. Justice A. Bimol Singh, Hon'ble Mrs. Justice Golmei Gaiphullshilu, Chairperson, Manipur Commission for Protection of Child Rights, Commissioner (Social Welfare), Government of Manipur, Director (Social Welfare), Manipur and Secretary of Wide Angle Montu Ahanthem. The key discussions of the meeting are to review the Manipur State Policy for Children, 2020. Identified challenges in enforcing child protection laws and discussed strategies for better implementation and stakeholder coordination. The meeting concluded with a follow-up review scheduled.



Brief Meeting at the office of MCPCR on 20th Feb'25 for the scheduled meeting at the High Court of Manipur on the Manipur State Policy for Children, 2020.

February Field Visit Reports

7th February, 11th February: F.O.O Meeky Maibam, Dance Teacher Donald Ahanthem and M.I.S Lakshmirani went for field visit to Takyel Khongbal Upper Primary School at Langjing, Patsoi Part 3

and Yurembam and Patsoi Yaorang Upper Primary School to plan for the dance table for enrolling the students of the school in our free dance class as a part of extending the dance class prospect.

3rd Feb, 25: F.O.O Meeky Maibam, went for field visits to check the infrastructures, environment and the regularities of the children at the Salam, Heinoupok and Thaoroijam remedial centres.

4th Feb' 25: F.O.O Meeky Maibam, went for field visits to check the infrastructures, environment and the regularities of the children at the Maklang and Ngairangbam Centers.

12th February 2025: Montu Ahanthem, Secretary Wide Angle, M.I.S Lakshmirani, FOO officers Donaldo Ahanthem and Meeky Maibam went for field visits to **Moidangpok, Namching and New Keithelmanbi** and have brief meeting with the teachers of Good Shepherd Academy and Moidangpok Lower Primary School, interacted with the students, took permissions from the headmasters for conducting time to time life skills session of the students.

A brief meeting with the Village Chief of Namching Village, Titus Rongmei was also held to discuss about the ground situation of the village amidst the chaotic situation

25th February 2025: Montu Ahanthem, Secretary Wide Angle, Dainem Yulhung Project Coordinator, M.I.S Lakshmirani, went for a field visit to Maklang and Ngairangbam center for Sessions to check on the dance classes carried out by Donaldo Ahanthem.



Dance Class at Ngairangbam Center

Targeted Intervention Project Reports for Wide Angle

CBS Report

Community Base Screening (CBS) was held on 25th April 2024 at Patsoi-1, Imphal West for High Risk Group (HRG). Before conducting the CBS Camp. The team comprised of ORWs, M

Dhana and Mahesh visited Patsoi-1 area on 20th April 2024 to identify the HRGs, who are in need of testing HIV, and the team identified the 11 HRGs for the camp and they are agreed to conduct the screening of HIV.

After meeting with the other staffs namely Project Manager and Nurse, it was decided to conduct the CBS camp at Khumbong Thus the CBS camp was conducted as per the plan on 25th April 2024 at Patsoi-1. The camp began at 11.30 A.M and concluded at 1.00.P.M the screening was conducted by Nurse namely Mrs. Indira and Mrs. Shileima. At the end of the camp there was light refreshment. The camp concluded with a vote of thank by M. Dhana, ORWs. One HRG found reactive and the other 10 are found non- reactive.



WIDE ANGLE

CBS Report

The team comprised of ORW and PE namely Sanayaima and Berlin visited the Chain of Freedom, Drug Rehabilitation centre Awang Khunou on 25th April 2024, and discuss about the CBS. they agreed what we proposed and fixed a date on 30th April 2024. Then our team also met the chief functionary of the Chain of Freedom and discuss about the camp, and they also agree upon.

As per the plan, we reached the Drug Rehabilitation Centre, Awang Khunou at 12.00noon. And conducted HIV screening to 20 clients. The camp concluded at 1.00 PM. The screening was conducted by Nurses namely Mrs. Indira and Mrs. Shileima. At the end of the camp

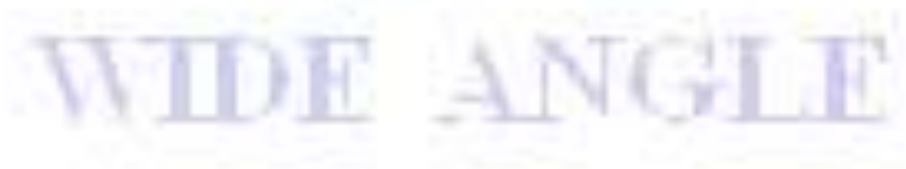
there was light refreshment. The camp concluded with a vote of thank by Mr. Sanayaima,ORWs. All the HRGs result came out non- reactive.



CBS Report

The team comprised of ORW and PE namely Dhana and Manorajan visited at Khaidem Leikai on 20th May 2024, met HRGS and discuss about the CBS. they agreed what we proposed and fixed a date on 23rd May 2024.

As per the plan, we reached one of the residences of HRG at 1.00 PM. And conducted HIV screening to 12 clients. The camp concluded at 2.00 PM. The screening was conducted by Nurses namely Mrs. Indira and Mrs. Shileima. At the end of the camp there was light refreshment. The camp concluded with a vote of thank by Mr. Dhana, ORWs. All the HRGs result came out non- reactive.





CBS Report

Community Base Screening (CBS) was held on 22nd August 2024 at Khumbong Mamang Leikai, Imphal West for High Risk Group (HRG). Before conducting the CBS Camp. The team comprised of ORW, Mr. Somokanta and Berlin, PE, visited at Khumbong Mamang Leikai area on 18th August 2024 to identify the HRGs, who are in need of testing HIV, and the team identified the 10 HRGs for the camp and they are agreed to conduct the screening of HIV.

After meeting with the other staffs namely Project Manager and Nurse, it was decided to conduct the CBS camp at at Khumbong Mamang Leikai Thus the CBS camp was conducted as per the plan the camp was held on 22nd August 2024 at at Khumbong Mamang Leikai The camp began at 11.30 A.M and concluded at 1.00.P.M the screening was conducted by Nurse namely Mrs. Indira and Mrs. Shileima. At the end of the camp there was light refreshment. The camp concluded with a vote of thank by MR. Somokanta, ORW. All the 10 HRGs were found non-reactive.



CBS Report

Community Base Screening (CBS) was held on 30th August 2024 at Heibongpokpi, Imphal West for High Risk Group (HRG). Before conducting the CBS Camp. The team comprised of ORWs, M Dhana and Mahesh visited Heibongpokpi area on 25th August 2024 to identify the HRGs, who are in need of testing HIV, and the team identified the 15HRGs for the camp and they are agreed to conduct the screening of HIV.

After meeting with the other staffs namely Project Manager and Nurse, it was decided to conduct the CBS camp at Heibongpokpi. Thus the CBS camp was conducted as per the plan the camp was held on 30th August 2024 at Heibongpokpi, Imphal West. The camp began at 11.30 A.M and concluded at 1.00.P.M the screening was conducted by Nurse namely Mrs. Indira and Mrs. Shileima. At the end of the camp there was light refreshment. The camp concluded with a vote of thank by M. Dhana, ORWs. All the 15 HRGs were found

WIDE ANGLE



CBS Report

Community Base Screening (CBS) was held on 23rd September 2024 at Meitram, Imphal West for High Risk Group (HRG). Before conducting the CBS Camp the team comprised of ORWs, M Dhana and Mahesh visited Meitram area on 20th September 2024 to identify the HRGs, who are in need of testing HIV, and the team identified the 13HRGs for the camp and they are agreed to conduct the screening of HIV.

After meeting with the other staffs namely Project Manager and Nurse, it was decided to conduct the CBS camp at Meitram. Thus the CBS camp was conducted as per the plan the camp was held on 23rd September 2024 at Meitram, Imphal West. The camp began at 11.30 A.M and concluded at 1.00.P.M the screening was conducted by Nurse namely Mrs. Indira and Mrs. Shileima. At the end of the camp there was light refreshment. The camp concluded with a vote of thank by M. Dhana, ORWs. All the 13 HRGs were found



CBS Report

Community Base Screening (CBS) was held on 29th October 2024 at Chain of Freedom Foundation, Awang Khunou, Imphal West for High Risk Group (HRG). Before conducting the CBS Camp the team comprised of ORWs, M Dhana and Mahesh visited Meitram area on 25th October 2024 visited the said Rehabilitation centre and met the Project Manager for conducting CBS camp among their inmates. The Project Manager agreed our proposal and decided to conduct the camp on 29th October 2024.

After meeting with the other staffs namely Project Manager and Nurse, it was decided to conduct the CBS camp at Chain of Freedom Foundation. Thus the CBS camp was conducted as per the plan. The camp began at 11.30 A.M and concluded at 1.00.P.M the screening was conducted by Nurse namely Mrs. Indira and Mrs. Shileima. No of screening was 18 HRGs and all found non-reactive. At the end of the camp there was light refreshment. The camp concluded with a vote of thank by M. Dhana, ORW, Wide Angle.



CBS Report

Community Base Screening (CBS) was held on 29th September 2024 at Patsoi-Part-3, Imphal West for High Risk Group (HRG) during the Village Level Awareness program on HIV and STI sponsored by Manipur State AIDS Control Society (MACS) Imphal West for High Risk Group (HRG). 5 HRGs were screened and all found Non-reactive.



CBS Report

Community Base Screening (CBS) was held on 30th September 2024 at Salam Mayai Leikai, Imphal West for High Risk Group (HRG) during the Village Level Awareness program on HIV and STI sponsored by Manipur State AIDS Control Society (MACS) Imphal West for High Risk Group (HRG). 5 HRGs were screened and all found Non-reactive.



CBS Report

Community Base Screening (CBS) was held on 5th October- 2024 at Sajirok, Imphal West for High Risk Group (HRG) during the Village Level Awareness program on HIV and STI sponsored by Manipur State AIDS Control Society (MACS) Imphal West for High Risk Group (HRG). 6 HRGs were screened and all found Non-reactive.



CBS Report

Community Base Screening (CBS) was held on 25th November 2024 at Utlou West for High Risk Group (HRG). Before conducting the CBS Camp the team comprised of ORWs, M Dhana and Mahesh visited Meitram area on 25th October 2024 visited the said Rehabilitation centre and met the Project Manager for conducting CBS camp among their inmates. The Project Manager agreed our proposal and decided to conduct the camp on 29th October 2024.

After meeting with the other staffs namely Project Manager and Nurse, it was decided to conduct the CBS camp at Chain of Freedom Foundation. Thus the CBS camp was conducted as per the plan. The camp began at 11.30 A.M and concluded at 1.00.P.M the screening was conducted by Nurse namely Mrs. Indira and Mrs. Shileima. No of screening was 11 HRGs and all found non-reactive. At the end of the camp there was light refreshment. The camp concluded with a vote of thank by M. Dhana,ORW, Wide Angle.



CBS Report

Community Base Screening (CBS) was held on 30th December 2024 at Meitram Yarou, Imphal West for High Risk Group (HRG). Before conducting the CBS Camp the team comprised of ORWs, M Dhana and Mahesh visited Meitram area on 20th December 2024 key person for conducting CBS camp among their HRGs. The team asked him to arrange some HRGs for conducting CBS. He also agreed and decided to conduct the camp on 30th December-24.

After meeting with the other staffs namely Project Manager and Nurse, it was decided to conduct the CBS camp at Meitram Yarou. Thus the CBS camp was conducted as per the plan. The camp began at 11.30 A.M and concluded at 1.00.P.M the screening was conducted by Nurse namely Mrs. Indira and Mrs. Shileima. No of screening was 16 HRGs and all found non-reactive. At the end of the camp there as

light refreshment. The camp concluded with a vote of thank by M. Dhana, ORW, Wide Angle.



CBS Report

Community Base Screening (CBS) was held on 30th January- 2025 at Khumbong, Imphal West for High Risk Group (HRG). Before conducting the CBS Camp the team comprised of ORWs, Somokanta and Berlin (PE) visited Khumbong area on 22nd January 2025 to meet key person for conducting CBS camp among their HRGs. The team asked him to arrange some HRGs for conducting CBS. He also agreed and decided to conduct the camp on 30th January-25.

After meeting with the other staffs namely Project Manager and Nurse, it was decided to conduct the CBS camp at Khumbong. Thus the CBS camp was conducted as per the plan. The camp began at 1.00 P.M and concluded at 2.00.P.M the screening was conducted by Nurse namely Mrs. Indira and Mrs. Shileima. No of screening was 7 HRGs and all found non-reactive. At the end of the camp there as light refreshment. The camp concluded with a vote of thank by Somokanta, ORW Wide Angle.



CBS Report

Community Base Screening (CBS) was held on 20th January- 2025 at Sagolband Moirang Hanuba Leirak, Imphal West for Spouses of High Risk Group (HRG). Before conducting the CBS Camp the team comprised of ORW Spouse, , Mrs. Meenaka and Mrs. Indira, Nurse visited area 16th January- 2025 to meet the spouses for conducting CBS camp. The team asked them to arrange some Spouses for conducting CBS. They also agreed and decided to conduct the camp on 20th January-25.

After meeting with the other staffs namely Project Manager and Nurse, it was decided to conduct the CBS camp at Sagolband Moirang Hanuba Leirak. Thus the CBS camp was conducted as per the plan. The camp began at 11.00 A.M and concluded at 12.30 P.M the screening was conducted by Nurse namely Mrs. Indira and Mrs. Shileima. No of screening was 10 Spouses and all found non-reactive. At the end of the camp there as light refreshment. The camp concluded with a vote of thank by Mrs. Meenaka, ORW, Spouse, Wide Angle.



Report for Village level awareness on HIV and STI Under intensified IEC campaign

Village level awareness on HIV and STI under intensified IEC campaign was held on 26th September- 24 at Heinoupok, Imphal west. The program was participated by 49 participants, (6 males and 43 females). The program was organized by Wide Angle Social Development Organization, sponsored by Manipur State AIDS control society (MACS).

The program began at 11.30 A.M with a warm welcome by M. Dhana, ORW, Wide Angle. In his welcome speech, he shared on the need of knowing basic knowledge of HIV and STI, how they spread from person to person, so that we can protective ourselves and others from HIV and STI.

In technical session, S Bhaiga, Project Manager, Wide Angle shared on the following points-

What is HIV?

Human immune deficiency virus

The virus attacks the Immune system of the Human.

It makes a person more vulnerable to other infections and diseases.

A person infected with HIV is known as an HIV-Positive person or Person Living with HIV (PLHIV)

What is AIDS?

Acquired – not born with, transmitted from person to person.

Immune – it affects the body's immune system.

Deficiency- Malfunctioning of the body's immune system.

Syndrome- Someone with AIDS might experience opportunistic infections.

How does it spread?

Unprotected sexual intercourse with an infected person.

Vertical transmission (from mother to child – in utero, during delivery, breastmilk)

Infection drug use (rare- infected blood/ blood products)

Signs and symptoms of HIV and AIDS

During the first few weeks after the initial infections

No Symptoms or influenza like illness including fever, headache, rash, sore throat.

After the infection progressive weakens the immune system.

- Swollen lymph nodes
- Weight loss
- Fever, diarrhea
- Cough

Without treatment develop severe illness such as

Herpes Zoster, tuberculosis, oral candidiasis, pneumocystis, jiroveci pneumonia.

He also shared on Sexually Transmitted Infections (STI) and Reproductive Tract Infection (RTI) as

- STI spread primarily through person-to-person sexual contact.
- Most of the STI's can also be transmitted from an infective mother to her infant during pregnancy and at-labour and through blood products and tissues transfer.
- It is very common to have STI and not have any symptom. More than 50% of cases of all STI may be asymptomatic.
- Therefore, absence of signs/symptoms does not guarantee that a person is free from STI.
- A person may be infected with more than one STI at a time.
- HIV can also be transmitted through sexual route and is an STI.

Regarding the Reproductive Tract Infection (RTI), he shared as

- RTI is an infection of the reproductive tract.
- In women it includes the infection of vagina, cervix, uterus, fallopian tubes and/or in ovaries.
- In men, it may involve testes, scrotum and/or prostate but may also involve external genitalia.

- Some RTI are caused in the same way as STI, but RTI could be caused by overgrowth of normal organisms in the reproductive system or they could be infections caused by improper medical procedures such as catheterization, termination of pregnancy.
- Practices like douching, multiple sexual partners and inconsistent condom use are also associated with increased risk of RTI.

Myths and misconception about HIV/AIDS

- HIV always leads to AIDS.
- HIV can be transmitted through hugs and kisses.
- HIV can spread by breathing the same air.
- HIV can spread via infected water or food.
- HIV cannot spread through a needle.
- HIV can be contracted by touching a toilet seat or door handle.
- HIV can spread by sharing eating utensils with a HIV positive person.
- HIV can spread through touching, shaking hands, hugging, making friends, eating, drinking, studying, working, sharing clothes, toilets, towels, or a house with HIV positive person.

HIV can be cured but not AIDS.

- If you and your partner seem healthy, then it is not necessary to know the HIV status of you both.
- I do not require HIV testing as I have not done any such thing.
- If I take any type of blood test, I can get to know HIV automatically.
- HIV is transmissible via infected insects and pets.
- If my HIV test returns negative the first time, then I do not need HIV test ever again.
- If I have committed any mistake unknowingly that leads me to believe I could get HIV, then I should get HIV tested as soon as possible.

My HIV test will come to the knowledge of everyone.

He also shared on HIV Toll free number as 1097.

The program concluded at 1.00 P.M with a vote of thank by Mrs. Seileima, ANM, Wide Angle.

Report for Village level awareness on HIV and STI Under intensified IEC campaign

Village level awareness on HIV and STI under intensified IEC campaign was held on 29th September-24 at Patsoi- 3, Imphal west. The program was participated by 41 participants, (30 males and 11 females). The program was organized by Wide Angle Social Development Organization, sponsored by Manipur State AIDS control society (MACS).

The program began at 12. 30 P. M with a warm welcome by M. Dhana, ORW, Wide Angle. In his welcome speech, he shared on the need of knowing basic knowledge of HIV and STI, how

they spread from person to person, so that we can protective ourselves and others from HIV and STI.

In technical session, S Bhaiga, Project Manager, Wide Angle shared on the following points-

What is HIV?

Human immune deficiency virus

The virus attacks the Immune system of the Human.

It makes a person more vulnerable to other infections and diseases.

A person infected with HIV is known as an HIV-Positive person or Person Living with HIV (PLHIV)

What is AIDS?

Acquired – not born with, transmitted from person to person.

Immune – it affects the body's immune system.

Deficiency- Malfunctioning of the body's immune system.

Syndrome- Someone with AIDS might experience opportunistic infections.

How does it spread?

Unprotected sexual intercourse with an infected person.

Vertical transmission (from mother to child – in utero, during delivery, breastmilk)

Infection drug use (rare- infected blood/ blood products)

Signs and symptoms of HIV and AIDS

During the first few weeks after the initial infections

No Symptoms or influenza like illness including fever, headache, rash, sore throat.

After the infection progressive weakens the immune system.

- Swollen lymph nodes
- Weight loss
- Fever, diarrhea
- Cough

Without treatment develop severe illness such as

Herpes Zoster, tuberculosis, oral candidiasis, pneumocystis, jiroveci pneumonia.

He also shared on Sexually Transmitted Infections (STI) and Reproductive Tract Infection (RTI) as

- STI spread primarily through person-to-person sexual contact.
- Most of the STI's can also be transmitted from an infective mother to her infant during pregnancy and at-labour and through blood products and tissues transfer.

- It is very common to have STI and not have any symptom. More than 50% of cases of all STI may be asymptomatic.
- Therefore, absence of signs/symptoms does not guarantee that a person is free from STI.
- A person may be infected with more than one STI at a time.
- HIV can also be transmitted through sexual route and is an STI.

Regarding the Reproductive Tract Infection (RTI), he shared as

- RTI is an infection of the reproductive tract.
- In women it includes the infection of vagina, cervix, uterus, fallopian tubes and/or in ovaries.
- In men, it may involve testes, scrotum and/or prostate but may also involve external genitalia.
- Some RTI are caused in the same way as STI, but RTI could be caused by overgrowth of normal organisms in the reproductive system or they could be infections caused by improper medical procedures such as catheterization, termination of pregnancy.
- Practices like douching, multiple sexual partners and inconsistent condom use are also associated with increased risk of RTI.

Myths and misconception about HIV/AIDS

- HIV always leads to AIDS.
- HIV can be transmitted through hugs and kisses.
- HIV can spread by breathing the same air.
- HIV can spread via infected water or food.
- HIV cannot spread through a needle.
- HIV can be contracted by touching a toilet seat or door handle.
- HIV can spread by sharing eating utensils with a HIV positive person.
- HIV can spread through touching, shaking hands, hugging, making friends, eating, drinking, studying, working, sharing clothes, toilets, towels, or a house with HIV positive person.

HIV can be cured but not AIDS.

- If you and your partner seem healthy, then it is not necessary to know the HIV status of you both.
- I do not require HIV testing as I have not done any such thing.
- If I take any type of blood test, I can get to know HIV automatically.
- HIV is transmissible via infected insects and pets.
- If my HIV test returns negative the first time, then I do not need HIV test ever again.
- If I have committed any mistake unknowingly that leads me to believe I could get HIV, then I should get HIV tested as soon as possible.

My HIV test will come to the knowledge of everyone.

He also shared on HIV Toll free number as 1097.

The program concluded at 2.00 P.M with a vote of thank by Mrs. Indira, ANM, Wide Angle.

Report for Village level awareness on HIV and STI Under intensified IEC campaign

Village level awareness on HIV and STI under intensified IEC campaign was held on 30th September- 24 at Salam Mayai Leikai Imphal west. The program was participated by 54 participants, (23 males and 31 females). The program was organized by Wide Angle Social Development Organization, sponsored by Manipur State AIDS control society (MACS).

The program began at 11.45 A.M with a warm welcome by Mr. Mahesh, ORW, Wide Angle. In his welcome speech, he shared on the need of knowing basic knowledge of HIV and STI, how they spread from person to person, so that we can protective ourselves and others from HIV and STI.

In technical session, S Bhaiga, Project Manager, Wide Angle shared on the following points-

What is HIV?

Human immune deficiency virus

The virus attacks the Immune system of the Human.

It makes a person more vulnerable to other infections and diseases.

A person infected with HIV is known as an HIV-Positive person or Person Living with HIV (PLHIV)

What is AIDS?

Acquired – not born with, transmitted from person to person.

Immune – it affects the body's immune system.

Deficiency- Malfunctioning of the body's immune system.

Syndrome- Someone with AIDS might experience opportunistic infections.

How does it spread?

Unprotected sexual intercourse with an infected person.

Vertical transmission (from mother to child – in utero, during delivery, breastmilk)

Infection drug use (rare- infected blood/ blood products)

Signs and symptoms of HIV and AIDS

During the first few weeks after the initial infections

No Symptoms or influenza like illness including fever, headache, rash, sore throat.

After the infection progressive weakens the immune system.

- Swollen lymph nodes
- Weight loss
- Fever, diarrhea
- Cough

Without treatment develop severe illness such as

Herpes Zoster, tuberculosis, oral candidiasis, pneumocystis, jiroveci pneumonia.

He also shared on Sexually Transmitted Infections (STI) and Reproductive Tract Infection (RTI) as

- STI spread primarily through person-to-person sexual contact.
- Most of the STI's can also be transmitted from an infective mother to her infant during pregnancy and at-labour and through blood products and tissues transfer.
- It is very common to have STI and not have any symptom. More than 50% of cases of all STI may be asymptomatic.
- Therefore, absence of signs/symptoms does not guarantee that a person is free from STI.
- A person may be infected with more than one STI at a time.
- HIV can also be transmitted through sexual route and is an STI.

Regarding the Reproductive Tract Infection (RTI), he shared as

- RTI in an infection of the reproductive tract.
- In women it includes the infection of vagina, cervix, uterus, fallopian tubes and/or in ovaries.
- In men, it may involve testes, scrotum and/or prostate but may also involve external genitalia.
- Some RTI are caused in the same way as STI, but RTI could be caused by overgrowth of normal organisms in the reproductive system or they could be infections caused by improper medical procedures such as catheterization, termination of pregnancy.
- Practices like douching, multiple sexual partners and inconsistent condom use are also associated with increased risk of RTI.

Myths and misconception about HIV/AIDS

- HIV always leads to AIDS.
- HIV can be transmitted through hugs and kisses.
- HIV can spread by breathing the same air.
- HIV can spread via infected water or food.
- HIV cannot spread through a needle.
- HIV can be contracted by touching a toilet seat or door handle.
- HIV can spread by sharing eating utensils with a HIV positive person.
- HIV can spread through touching, shaking hands, hugging, making friends, eating, drinking, studying, working, sharing clothes, toilets, towels, or a house with HIV positive person.

HIV can be cured but not AIDS.

- If you and your partner seem healthy, then it is not necessary to know the HIV status of you both.
- I do not require HIV testing as I have not done any such thing.
- If I take any type of blood test, I can get to know HIV automatically.
- HIV is transmissible via infected insects and pets.
- If my HIV test returns negative the first time, then I do not need HIV test ever again.
- If I have committed any mistake unknowingly that leads me to believe I could get HIV, then I should get HIV tested as soon as possible.

My HIV test will come to the knowledge of everyone.

He also shared on HIV Toll free number as 1097.

The program concluded at 1.45 P.M with a vote of thank by Mrs. Menaka, ORW, Spouse, Wide Angle.

Report for Village level awareness on HIV and STI Under intensified IEC campaign

Village level awareness on HIV and STI under intensified IEC campaign was held on 5th October- 24 at Sajirok, Imphal west. The program was participated by 45 participants, (8 males and 37 females). The program was organized by Wide Angle Social Development Organization, sponsored by Manipur State AIDS control society (MACS).

The program began at 12.30 P. M with a warm welcome by Mr. Sanayaima, ORW, Wide Angle. In his welcome speech, he shared on the need of knowing basic knowledge of HIV and STI, how they spread from person to person, so that we can protective ourselves and others from HIV and STI.

In technical session, S Bhaiga, Project Manager, Wide Angle shared on the following points-

What is HIV?

Human immune deficiency virus

The virus attacks the Immune system of the Human.

It makes a person more vulnerable to other infections and diseases.

A person infected with HIV is known as an HIV-Positive person or Person Living with HIV (PLHIV)

What is AIDS?

Acquired – not born with, transmitted from person to person.

Immune – it affects the body's immune system.

Deficiency- Malfunctioning of the body's immune system.

Syndrome- Someone with AIDS might experience opportunistic infections.

How does it spread?

Unprotected sexual intercourse with an infected person.

Vertical transmission (from mother to child – in utero, during delivery, breastmilk)

Infection drug use (rare- infected blood/ blood products)

Signs and symptoms of HIV and AIDS

During the first few weeks after the initial infections

No Symptoms or influenza like illness including fever, headache, rash, sore throat.

After the infection progressive weakens the immune system.

- Swollen lymph nodes
- Weight loss
- Fever, diarrhea
- Cough

Without treatment develop severe illness such as

Herpes Zoster, tuberculosis, oral candidiasis, pneumocystis, jiroveci pneumonia.

He also shared on Sexually Transmitted Infections (STI) and Reproductive Tract Infection (RTI) as

- STI spread primarily through person-to-person sexual contact.
- Most of the STI's can also be transmitted from an infective mother to her infant during pregnancy and at-labour and through blood products and tissues transfer.
- It is very common to have STI and not have any symptom. More than 50% of cases of all STI may be asymptomatic.
- Therefore, absence of signs/symptoms does not guarantee that a person is free from STI.
- A person may be infected with more than one STI at a time.
- HIV can also be transmitted through sexual route and is an STI.

Regarding the Reproductive Tract Infection (RTI), he shared as

- RTI in an infection of the reproductive tract.
- In women it includes the infection of vagina, cervix, uterus, fallopian tubes and/or in ovaries.
- In men, it may involve testes, scrotum and/or prostate but may also involve external genitalia.
- Some RTI are caused in the same way as STI, but RTI could be caused by overgrowth of normal organisms in the reproductive system or they could be infections caused by improper medical procedures such as catheterization, termination of pregnancy.
- Practices like douching, multiple sexual partners and inconsistent condom use are also associated with increased risk of RTI.

Myths and misconception about HIV/AIDS

- HIV always leads to AIDS.

- HIV can be transmitted through hugs and kisses.
- HIV can spread by breathing the same air.
- HIV can spread via infected water or food.
- HIV cannot spread through a needle.
- HIV can be contracted by touching a toilet seat or door handle.
- HIV can spread by sharing eating utensils with a HIV positive person.
- HIV can spread through touching, shaking hands, hugging, making friends, eating, drinking, studying, working, sharing clothes, toilets, towels, or a house with HIV positive person.

HIV can be cured but not AIDS.

- If you and your partner seem healthy, then it is not necessary to know the HIV status of you both.
- I do not require HIV testing as I have not done any such thing.
- If I take any type of blood test, I can get to know HIV automatically.
- HIV is transmissible via infected insects and pets.
- If my HIV test returns negative the first time, then I do not need HIV test ever again.
- If I have committed any mistake unknowingly that leads me to believe I could get HIV, then I should get HIV tested as soon as possible.

My HIV test will come to the knowledge of everyone.

He also shared on HIV Toll free number as 1097.

The program concluded at 2.30 P.M with a vote of thank by Mrs. Seileima, ANM, Wide Angle.

Some pictures of the Programme:

WIDE ANGLE

Health Camp at Khumbong on dated 01/10/2024



Village level Awareness on HIV and STI under intensified IEC Campaign at Heinoupok on dated 26/09/2024



**Village level Awareness on HIV and STI under intensified IEC
Campaign at Patsoi on dated 29/09/2024**



Village level Awareness on HIV and STI under intensified IEC Campaign at Sajirok Community Hall on dated 5/10/2024



Wide Angle support the People living with HIV(PLHIV)

As a part of harm reduction program for HIV, Wide Angle supports the people living with HIV (PLHIV). On regular basis, the team gives counselling for positive living, so that they can cope with their emotional and mental health challenges with the stigma and discrimination they have faced, regular medical check-up, and psychosocial support. Routine required referral and linkages to government testing facility to check their physical status, take medicine prescribed so that they keep on undetectable viral load which help to lead healthy lives and will not transmit HIV to their HIV negative spouses or partners through sex. Thus, we regularly monitor their living lifestyle, and motivate them to have a positive attitude and self-belief. Beside this, the team support nutrition, education, and skill development. Moreover, the team support and help them to get social benefit scheme like health card, so that they can get free or subsidiary treatment when they need any medical treatment. Some pictures of our clients which received the Govt. scheme with the support of our Wide Angle staff.



WIDE ANGLE



Report of Advocacy report, Community Hall, Sajirok

A One day Advocacy meeting was held on 13th May-24 organized by Wide Angle Social Development Organization at Community Hall, Sajirok . The program was attended by around 40 participants representing club members, women groups, youth leaders, students.

The program begins at 11.30 A.M with warm-welcome by Somokanta. In the welcome speech, he shared the overall objectives of the program and warmly welcomes all the participants.

S. Bhiaga Sharma, *ProjectManager* shared on the challenges in out reaching to the community, to minimize the level of trauma among women and children cause due to HIV/AIDS and to eliminate stigma and discrimination from the society. Activity related to reducing harm, stigma & discrimination i.e.organize the activity related for children affected by HIV/AIDS and to provide them space in engagement with the broader society in Manipur and to avail the services which is provided by Wide Angle through MACS. He also shared the harms of drug use and the strategy to control it, about Demand reduction, Supply reduction and harm reduction the effectiveness and importance of harm reduction.

At the end of the program, there is a group discussion among the participants and the resources persons, the discussion highlighted the need of coordination among all the different stakeholders to improve and support the drug users and they are the victim of the circumstances.

The participants also shared the need of organizing such program to the interior part of the villages as most the villagers are unaware the consequences of the drug abuse not only to himself but also to their family and the whole society.



The program concluded at 2.00 P.M. with light refreshment. Reported by- Somokanta , ORW, Wide Angle

Report of Advocacy report

A One day Advocacy meeting was held on 20th July 2024 organized by Wide Angle Social Development Organization at Community, Salam Mayai Leikai. The program was attended by around 24 participants representing club members, women groups, youth leaders.

The program begins at 11.30 A.M with warm-welcome by Mahesh, ORW. In his welcome speech, he shared the objectives of the advocacy program and he warmly welcomes all the participants. After this, S. Bhaiga, Project Manager, Wide Angle facilitates the program by elaborating on the challenges faced by our staff in outreaching to the community, to minimize the level of trauma among women and children cause due to HIV/AIDS and to eliminate stigma and discrimination from the society. Activity related to reducing harm, stigma & discrimination i.e. organize the activity related for children affected by HIV/AIDS and to provide them space in engagement with the broader society in Manipur and to avail the services which is provided by Wide Angle through MACS.

After that Mr. Dhana, ORW shared that due to lack of information and awareness their localities suffer a lot and it is a privilege to attend this program and hope the entire participant will gain immense knowledge on HIV/AIDS prevention program.

This was followed by some discussion on the topic “The issue of drug user and its impact on the society as well as the rights of drug users “. The participant includes Wide Angle Staffs staff some KPs, spouses and general people of Salam stated the harms of drug use and the strategy to control it, about Demand reduction, Supply reduction and harm reduction the effectiveness and importance of harm reduction. Some of our KPs express their woes and lack of knowledge others express their hate and misunderstanding.

As a conclusion remarks, S. Bhaiga shared that it is best to stop drug use but even if they cannot they should follow the safer practice to maintain their health and to avoid the prevention and control of HIV/AIDS and Wide Angle will provide any kind of help which is within their limitation and people’s co-operation and help in needed. One should respect and understand the feelings and rights of people whether they are IDU’s or not. Because IDU’s are also human being and they should be respected and give time as well as encouragement to change their habits by giving proper treatment. The discussion was wind up having a light refreshment altogether.

WIDE ANGLE

Health Camp at Khumbong on dated 01/10/2024

