

Empowering Communities Transforming Life

ANNUAL REPORT

FY 2020-21

www.idfngo.org



INTEGRATED DEVELOPMENT FOUNDATION

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BRIEF PROFILE OF THE ORGANISATION (IDF)

Since its inception IDF has endeavoured to raise aspirations and improve everyday life for the most marginalized and excluded rural populations of Bihar & Jharkhand.

Founded in 1993 by a group of young social development professionals, Integrated Development Foundation (IDF) is registered under the Societies Registration Act, 1860. IDF works with its head office at Patna and eight field offices across Bihar & Jharkhand towards advocating for social change. With a mission is to ensure better health, security, and well-being for the poorest and most deprived members of rural communities & a vision to build an egalitarian society in which all community members can realize their right to a life of quality and dignity.

The organisation is guided by three operating principles: building local capacity, strengthening community institutions, and fostering community-based leadership & following the strategies for creating sustainable rural development through rights-based approach and leveraging women's empowerment. IDF projects are supported by UN agencies, national and international funders, Leading Corporates under CSR and state governments. IDF is also the lead member of several state and regional NGO networks.

IDF has travelled a long way through diverse strategies to strenuously take forward its mission in real spirit translating into practice while implementing various community based Projects at grass-root level.

While our long-term goal is to develop project models that are sustainable and can be replicated by government agencies state-wide, IDF has already created a major health education initiative on the issues of adolescent reproductive health and Menstrual Health Management. Established Smart/Digital Classes in rural government schools that time it was first in Bihar, ensured child centred community development in Bihar & Jharkhand, raised individual health standards in deprived rural, done capacity building of VHSNC members on components of Beti Bachao, Beti Padhao, Sanitation, Health ensured access to government services, Trained elected community leadership positions, extended education and delayed the age of marriage among girls, provide support with modern agriculture and livelihoods among several deprived rural families, working towards Capacity Building of local Elected Leaders towards participative planning and democratic decision making.

RECOGNITION

Facilitated under Support My School Campaign(SMS) towards improving school infrastructure, Received Total Sanitation Campaign (Nirmal Gram) awarded by chief minister of Bihar,

Credibility Alliance Certificate meeting desirable norms for governance, transparency, accountability, and internal policies and procedures.

Member of Grant Aid Committee GOB, District Health Mission and Voluntary Action Network India (VANI).

CONTACT PERSONS:

Manoj Kumar Verma, Director (9431456434) & Babul Prasad, Chairman

IMPORTANT CREDENTIALS OF THE ORGANIZATION (IDF)

Registered in 1993 (18th November), under the Societies Registration Act 1860, = No. **536**

Registered under FC(R) A = No. **031170122**

Registered under 80G and 12A = No. **1781-83 and 1784-86**

IDF PAN Number = No. **AAATI1253K**

TDS = No. **PTNI00415C**

ORGANIZATIONAL FOCUS

1. Adolescent Issues and RH
2. Reproductive, Sexual & Community Health
3. Disaster Preparedness and Relief
4. Livelihoods & Trafficking
5. Water and Sanitation
6. Child Protection & Care
7. Community Leadership & LSG

OUR VISION is an egalitarian society in which all community members can realize their right to a life of quality and dignity. This vision is guided by three operating principles: building local capacity, strengthening community institutions, and fostering community-based leadership. Our key strategies for creating sustainable rural development are using a rights-based approach and leveraging women's empowerment. IDF projects are supported by UN agencies, national and international funders, and state governments. IDF is also the lead member of several state and regional NGO networks.

MISSION STATEMENT:

IDF's mission is to ensure better health, security, and well-being for the poorest and most deprived members of rural communities.

DONORS (TILL DATE)

- * **International/Bilateral Agencies:** Australian High Commission, the Consulate General of Japan, Project Concern International, Action Aid, Pathfinder International, The Hunger Project, CARE, CRS, ICRW, NFI, SIMAVI, Water Aid, PACS (DFID) Geneva Global, PLAN International, IPAS, SDTT, LWR. Oxfam, CAF India, DCA, CorStone (a US agency), Save the Children, EnGender Health.
- * **UN Agencies:** UNDP, UNICEF, UNFPA, Global Sanitation Fund (GSF).
- * **Government Department:** WDC (IFAD Govt of Bihar), JWDS (IFAD-Govt. of Jharkhan)
- * **CSR (Corporate) Funding:** HDFC Bank, ITC, Syngenta India Ltd

CORE STRATEGY OF COMPETENCY

Capacity Building (through training, community process, FGD, community meetings etc)

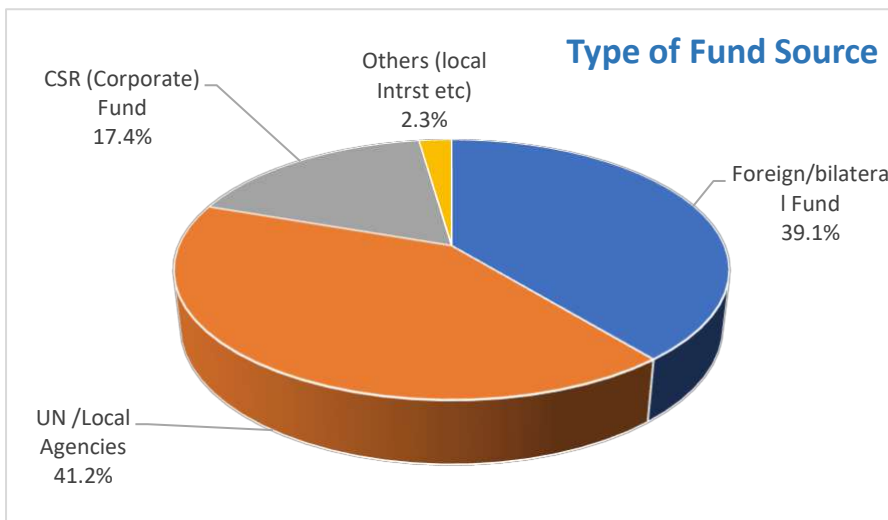
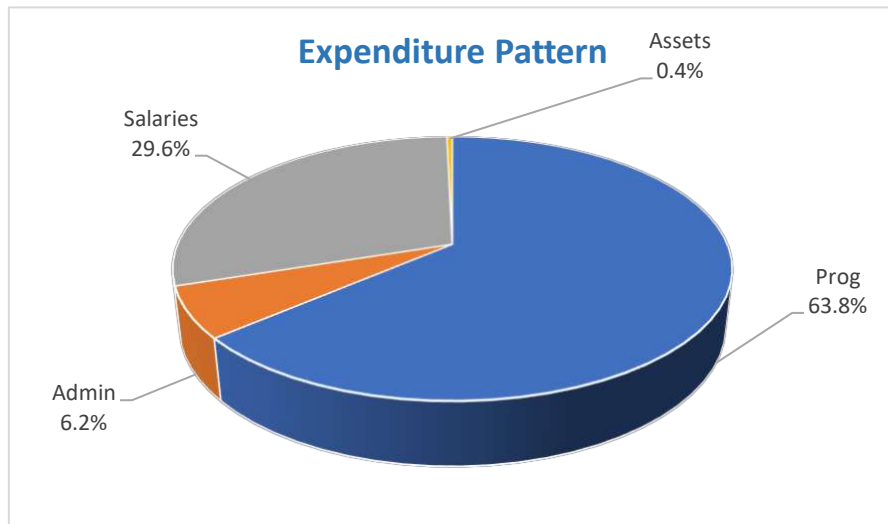
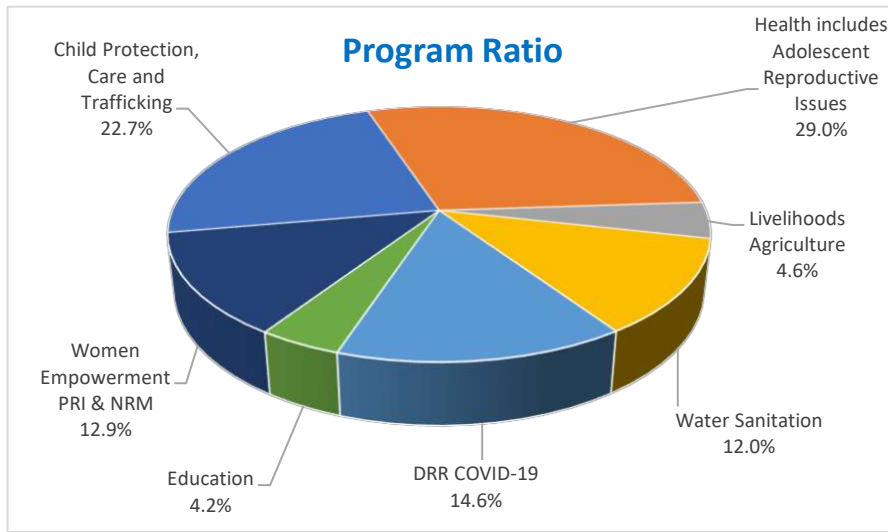
Building Institutions (empowered and organized platform) at community level and Mobilization.

Creating conducive environment

FINANCIAL REPORTS

Total Turnover of the Year 2020-21 is : INR 4,42,91,502.40

Financial Status of the Organization



Holistic Rural Development Program

Location:-Samastipur (Bihar), Supported by:- HDFC Bank

Project Background

Integrated Development Foundation has been implementing “Community Initiatives for Sustainable Development” Project in identified 10 villages of Samastipur district with the support of HDFC Bank Parivartan. Organisation in collaboration with Bank’s CSR Mission directed efforts to build capacity of rural communities and draw them into the cycle of growth, development and empowerment. The project has brought significant improvement in different development parameters and created a niche in safe drinking water and sanitation provisioning, livelihood & employable skill enhancement, ensuring quality education, health awareness and well-being since November 2016. In the fourth year of implementation, Project focused on strengthening the capacity of community-based Institutions and different frameworks for taking it forward and ensure sustainability through supporting local leadership manage and monitor resources created in the intervention areas. Programmatic and institutional convergence were key thrust areas where interventions were undertaken with ultimate aim of sustainability of the results obtained through continual support and handholding.

Project Objectives:

- To foster increased access to safe drinking water and catalyse universal sanitation coverage of households and the ODF status for villages.
- To encourage increased agricultural productivity, adoption of modern agriculture practices & techniques and cost minimization for agriculture development and livelihood enhancement.
- To promote quality education & improved learning for children by creating child friendly and learning environment in schools.
- To facilitate better access to health services and facilities for the poor through health, nutrition hygiene and sanitation promotion activities and fostering interface with government departments.
- To ensure sustained increased income of the deprived section of the community through promoting income generation activities, micro enterprise both farm and on farm with special focus for women.

Thematic Areas

- Skill Development & Livelihood Enhancement
- Healthcare and Hygiene
- Natural Resource Management
- Promotion of Education
- Financial Literacy and Inclusion

Skill Development & Livelihood Promotion

1. Sewing Skill Centre for Adolescents and Women

To induce basic tailoring skills to adolescents and women, the continued to operate in Bishanpur Baande village of Samastipur under the guidance of professionally trained trainer. 120 Adolescents and

women were trained in tailoring and apparel making. The Centre remained operational maintaining the COVID 19 guidelines to prevent spread of the disease. Small batches were covered to avert proximity to one another. The Trainer has been deployed to train and guide the participants in apparel making. It was really advantageous to utilise the centre to facilitate Mask making. 5000 Masks made in the centre were distributed among community members. Certificates were given away to the participants after graduating the course. The Centre was handed over to Village Development Committee before exit from the field. The centre is now being operated by Master Trainer developed and monitored jointly by Women SHG and VDC of the village.



2. Capacity enhancement & support to farmers for organic farming



Organic farming provides great benefits related to maintaining and improving fertility, soil structure and biodiversity, and reduce erosion. It also reduces the risks of human, animal, and environmental exposure to toxic materials. Equipping farmers with was an important focus of the project and 3-Day training was organised for 70 Farmers to equip them with knowledge and skill for undertaking organic farming. The technical training was organised at Dr. Rajendra Prasad Central Agriculture University, PUSA,

Samastipur. The training focused on importance of organic farming, Integrated Nutrient Management, Integrated Pest Management including nematodes prevention, Methodology for preparation of Vermi Compost, Vegetable cultivation as a profitable venture. The sessions were dealt by different technical experts of agronomy, soil science, entomology, horticulture. Exposure visit was also facilitated to Fatehpur village of Vaishali district to introduce farmers to the practical aspects of organic farming and learning best practices. The training has provided impetus in enhancing the knowledge of the small farmers to pursue organic farming in their respective fields.

Micro enterprise on Mushroom Cultivation

Mushroom Production center was established in Pahepur village of project area. This was set up as group enterprise with involvement of 11 members of Maa Durga Swayam Sahayata Samuh. A Shed measuring 1100 Sq. Feet having multi-layer beds for growing button mushroom was set up with the support of HDFC Bank Parivartan. The center was formally launched by Mr. Vikas Kumar, District Agriculture Officer, Samastipur. Group members were provided training on technical aspects of mushroom cultivation. The group is



undertaking this micro business and solicit significant income from the cultivation. Earlier to that Mushroom Production center was set up for Saraswati Vandana Swayam Sahayata Samuh, Bishanpur Bande in which 10 SHG members are engaged.

3. Veterinary camp and capacity building on livestock farmers

Veterinary camp and capacity building on livestock farmers were envisioned to curb the incidences of infectious diseases especially milching animal cow, buffalo goat etc. and capacitate livestock farmers for species breeding which would be valuable for livestock farmers as per concern of income generation as well as proper cattle management. 3 veterinary camps were organized on cluster basis in Pahepur, Rampur Dudhpura and Narayanpur Dadhiya where livestock farmers came with their cattle for treatment and consultation. Government Veterinary doctor was engaged to provide their services and to foster linkages with the government facility. Livestock farmers were made aware on livestock management and treatment of milching animals during the camps. **135** animals were treated or checked-up in veterinary camps whereas **106** farmers were enlightened on their respective queries pertaining to livestock management.

Healthcare & Hygiene

Awareness on Health, sanitation, personal hygiene, is miserably low among the community and especially among women. Malnutrition among pregnant and lactating women, adolescent girls and among children has been obvious. There is also a scope of improvement in menstrual health hygiene and immunization percentage among children. To bridge the gap in health, water and sanitation the project planned interventions promoting healthy lifestyle and Health check- up, improved hygiene behaviour, Sanitation provisioning & sustainable use, promoting environmental health and support to health and nutrition services.

4. Interface Meeting with Health Department, ICDS & LSBA at Block Level

Interface meetings were organised with line department Officials twice at Banaras Estate conference Hall, Samastipur, Bihar with a view to initiate dialogue of community with Line department officials and to have interface with the departments. Representatives of VDCs and SHGs from our 10 intervention villages participated in the meeting. District Program Manager, Health Department District Coordinator, District Water and Sanitation Committee, Medical Officer In charge, PHC, Samastipur, Child Development Project Officer, Lady Supervisor, ICDS participated in the meeting. In the interaction with the line departments, community representatives raised different issues related to the thematic domain and service related problems and officials answered queries of the community members. The event proved fruitful in linking the community with line department and paved the way for strengthened service delivery.



5. Celebrating and supporting Village Health and Nutrition Day

The basic objective of organizing Village Health and Nutrition Day in AWCs is to provide momentum to the efforts towards increasing early registration, ANC checkups, counseling on institutional deliveries, counseling on breastfeeding, family planning, immunization, menstrual hygiene etc. leading to better

maternal and child health. It also proved helpful for the reduction in cases of malnutrition and anemia among village women'. Total 20 units of VHNDs were conducted in 10 intervention villages. 65 Pregnant and lactating mothers, 138 children & 270 others received periodic checkups, immunization services. All lactating mothers were oriented on the feeding practices and nutritional supplement requirement for the infants. ANM and IDF team members facilitated beneficiaries and community members on right age of marriage and conception, exclusive breastfeeding and immunization.



6. Conducting Village Health Camps

Health examinations and early detection of disease is very important to receive timely treatment and speedy recuperation. Conduction of Village level Health camps is an important step towards benefitting the community for consultation and diagnostic services at the threshold. 10 units of health camps were organized in 10 intervention villages. Varied range of complications were reported in the camp which included seasonal ailment, pediatric cases, geriatric cases, eye related problems, bronchial and



pulmonary cases, gynecological problems and people suffering from gastro intestinal problems. People needed further medical attention were referred to the government health facility for availing health care services. 521 Community members received consultation services and physical examination by PHC doctor in these camps. The camp was beneficial with regard to detection of cases that were hitherto not known to the patient and timely referral for further treatment made it possible to avail timely treatment.

7. Capacity building of Community level frontline workers on RCH

3- Day training of Women Group leaders and Aganwadi Workers on Reproductive and Child health was organized to enhance their Knowledge and capacity on reproductive and child health services. The main focus of the training was to give scientific information on the topics, eliminating misconceptions, important precautions and making them understand the standard parameters and protocol for improved maternal and child



health. Participatory methods were applied to solicit better dissemination and learning. The training focused on Adolescence (Stages, Characteristics, Nutrition, Menstrual Health & Personal Hygiene, Resilience, Right age of marriage),Ante Natal and intranatal care(Conception, Care during pregnancy and in course of delivery) Post-partum care, Family Planning(Spacing, Tubectomy, Vasectomy),STIs including HIV/AIDS, Reproductive Tract Infections, New Born care, feeding for neonates and children and Immunization. The training was instrumental in promoting better understanding of the field functionaries on reproductive and child health which ultimately led to better adolescent, maternal and child health. These adequately trained SHG peers has been working as advocates for reproductive and health rights at the local level.

Natural Resource Management

8. Solar Based Group Irrigation

Solar based irrigation system provides the environment of sustainable agriculture practices and reduce the cost to agriculture input and maximum output and also increase the intensity of vegetation in intervention area. Solar Based group Irrigation system was installed in Middle corner of Bishanpur Baande village which needed irrigation facility. The system has been installed with 5 HP submersible solar water pumping



system with 5200 WP solar panels, controller and structure, necessary electrical and plumbing material with water outlet at the pump and mechanical flow meter. There is one operating room constructed through community contribution. Fencing of entire area of set up was executed for safety of the devices, pump and panels. Brick work in specified area was also facilitated for use as pavement connected with operating system. Total 40 Acres of agriculture land in the catchment are covered benefitting 30 Farmers from solar based group irrigation system. Irrigation Committee was formed in the name of Apna Unnat Kisan Samuh, Bishanpur Baande which is responsible for overall management of the group irrigation system. The committee has finalised the rules and regulation of operation and one Operator has been deputed for running the system.

Promotion of Education

9. Upgrading & beautification of schools

Conducive environment plays vital role in development of children and it acts as a catalyst for inclusive growth. Renovation, plumbing work, whitewashing of classrooms and customization of Anandsala was done in the last year. This year project focused on beautification work of 7 intervention schools. External wall painting with emulsion was done and beautiful Hand painting was inscribed in all schools. It helped in increasing the attendance of students in classes and enhanced their interest in study. Around 2023 students get better place and environment for learning.

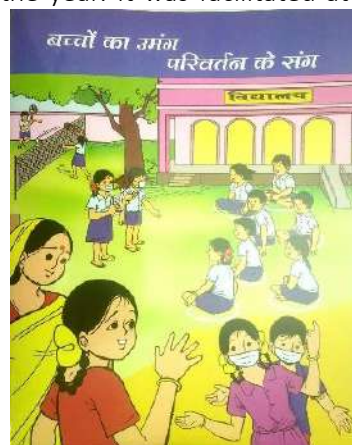


10. Remedial Classes for Primary Schools

Remedial classes were conducted in 7 seven intervention schools for weaker students who were not compatible with regular class module. 4 Remedial teachers were deployed for undertaking remedial classes. It has also ensured mainstreaming of drop out students for regular studies. Community interface Meetings served as an instrument to foster continuous dialogue of remedial teachers with parents of children and the general community and to bring children to classes. Moreover, Learning methodology and individual based lesson plan adopted by remedial teachers attracted children to come to the classes on regular basis. These children showed significant improvement in understanding of subject matter, writing ability, conceptual clarity, mathematical skills, language proficiency and scientific tenor. 210 such students were extended support during the year. It was facilitated at the community level following the COVID 19 Protocol.

11. IEC Promotion for best practices

IEC provides impetus in dissemination of information, serves as important media effecting behavior change and educate different stakeholders on thematic domain enriching the knowledge. One comic Book "*Bachhon ka Sang, Parivartan ki Umang*" was developed, printed and distributed to children. This comic book helps in understanding the importance of health in day-to-day life and focuses upon healthy living albeit COVID 19 prevention. Video Documentary on achievements and impact of HRDP interventions in the cluster brought in the field of livelihood enhancement, Quality education and Health & sanitation was undertaken through the engagement of consultant. Video Documentary "*Parivartan- Ek Pahal Atmanirbharta Ki Ore*" was produced by consultant which reflect the wave of change through HRDP interventions in Samastipur cluster. The documentary was video cast during the District level Hand over cum convergence ceremony on 16th of March 2021. The budget for video documentation was managed from the saving under activities of education domain and approval to this effect was granted.



12. Capacity building of School Management Committees

School Management Committee (SMC) is elected body at school level which plays an important role in school functioning and oversee the utilization of schools grant. Orientation of SMC members were organized to make committee enlightened on the roles and responsibilities. 7 units of training in 7 schools were organized at the school level. In the orientation, members were introduced about their role in school management including maintenance, coordination and participation of children in the affairs of the school. Formal discussion on the resources supported under Holistic Rural Development Program was also done to have a common understanding of the support system and sustainability of the momentum generated.



13. Village Level Hand over event :

Village level Handover Ceremony was organised under the aegis of HDFC Bank Parivartan in all

intervention villages of Samastipur district to solemnise formal handover of the programme to the respective community.

The event also envisaged fostering convergent strive to continue further with same momentum. Members of Village development Committee, Adolescent group members, Farmers group, PRI members, School Management Committee members were present on the occasion. All assets and resources were formally handed over to village Development Committee. All the resources, assets and systems were handed over formally to the Village Development Committee by giving away handing over certificates in the presence of villagers.



14. District level Handover Ceremony

The District level Hand Over cum Convergence Ceremony was organised by Integrated Development Foundation under the aegis of HDFC Bank Parivartan on 16th March 2021 at Town Hall Samastipur to solemnise formal handover of the programme to the respective community. The event also envisaged fostering convergent strive to continue further with same momentum. The Programme was attended by Line department Officials, PRIs, HDFC Bank Officials, IDF Board members and community members.



Formal handing over was solemnised through giving away of Hand over Certificate to respective Village Development Committee. VDC members of 10 villages were bestowed upon the certificates by the guests on the Dias. A video documentary on the HRDP achievements and positive impact on the lives of people in the intervention area was telecast for viewers. The video documentary highlighted project attributes in different domains and narrates the story of change. Members of Farmers Club, Village Development Committee, SHG, Adolescent club, School Management Committee, Panchayati Raj Institutions representatives, CSO representatives' were present on the occasion.

Financial Literacy and Inclusion

15. Capacity building of Village Development Committee (VDC)

Capacity building program for Village Development Committee members was organised attended by 30 functionaries of 10 Villages. Two-Day technical training focused on community leadership for local planning & monitoring. These participants were taken for Inter-district Exposure visit for their learning on Village Development Model. The exposure visit of Village Development Committees members was paid to Dharnai Panchayat, in Makhdumpur Block of Jehanabad District for their exposed to the working of Gram Panchayat and Gram Kutchury. Convergence with different agencies and departments for development work in Panchayat was evident in the area. Panchayat has also initiated work for revenue

generation. The training proved fruitful in strengthening capacity of the VDC functionary from all 10 intervention villages.



16. Training of SHGs on Convergence

Two-Day training on Convergence was organised for 30 SHG leaders of 10 intervention villages to make them acquainted with strategies of convergence with local self-government institutions, social security schemes and their important role in Ward Sabha & Panchayats for better development planning. Lead District Manager, livelihood Manager, Jeevika dealt sessions on credit linkages, government schemes, and priority sectors for support. Panchayat Raj System Resource person, Mrs. Vandana Bhardwaj, and Dr. Mithilesh Kumar, Master Trainer, National Institute of Rural Development imparted training on local self-governance. Specific sessions on institutional convergence and areas of interface with Local self-government Institutions was facilitated.



17. Promoting Livelihood of ultra-Poor

This initiative was undertaken with a view to protect livelihood of the ultra-poor families in intervention area and to assist them to have regular income to support their families. Village wise mapping of households was done by the field workers to ascertain number of families in dire need of assistance to either sustain their livelihood or resume their daily wage earning. In course of the individual contact with those families, they expressed their helplessness as how the daily wage earning has shattered due to the lockdown followed by the health emergency in the country. They needed assistance to resume their respective work based on their previous experience or skills required. These families, unwitting victims of financial crisis triggered by lockdown, were selected for support. They were supported for daily wage earning business like Vegetable selling business, Tea & Snacks Shop, Small grocery Shop, Fruit Selling, Fast Food, Cosmetic Shop and egg selling. An average of Rs 10000/= per family was supported to initiate or recommence livelihood activities by the concerned families. 45 Families were supported under alternate plan for promoting livelihood of ultra-poor.



Project No. 2

I-CLEAN Project

Location:- Bhatadasi in Vaishali District, Supported by:- CSR wing of Syngenta India Ltd.

A. Introduction

This is 3rd and last year of intervention of I-CLEAN project in Bhatadasi Village Haat in Vaishali with the support of CSR of Syngenta India Limitedaagri-business company. Syngenta India is contributing to Indian agriculture through products and solutions for enhancing productivity and yield. Syngenta has products in Seeds, Seed Care, Crop Protection, Crop Nutrients and Yield Protection.

B. Project Outline

1. Concept

The concept of the village *haats* is the oldest in India and is same in Vaishali district of Bihar so in BhatadasiHaat. Traditionally, village *haats* was a place of barter system, which gradually developed into the rural marketing system. Village haat continue to play a vital role in the rural economy, these markets provides people an opportunity not only to purchase consumer goods, but also to sell surplus agricultural and allied products. The village haats caters to the need of the minimum of 25 to 40 villages, drawing around 2500-4000 persons who come to buy and sell. It attracts a lot of agricultural products such as fresh vegetables, fruits, agri.-based products and meat market and significant amount of packaged goods are also sold. Today village *haats* have great significant value, which has a great advantage where consumers have variety of choices to purchase as per their requirement and need. They have long been an essential place for exchange where farmers and local people have congregated to conduct trade since times immemorial. The haats offers them the product of their choice in the lower price range. Further the freshness of the produce; buying in bulk, a weekly and the bargaining advantage attract the rural people in the *haat*.



C. Objective:

- Enhance economic and health condition by assuring access to water, sanitation and hygiene services in the village *Haats* to safeguard clean environment & facilities that attract more people to market.
- To build clean and safe environment in and around village haats where people are educated, practice good hygiene behavior and enable them to lead dignified and healthy lives.
- To eradicate diarrheal cases & other water born diseases and minimizing the effect of environment degradation in our intervention area.



D. Process :

Same as previous year this year also after selection of Haat place, documentary evidence of ownership is checked and verified in Bhatadasi village. A request letter is received from owner of the land. On the basis of that, a long term agreement (15 yrs) between IDF and owner is made. The design of the

haat place is prepared with the help of Engineer/Architecture. This is further approved by Syngenta and finally consent of the owners was taken. On the basis of the plan, construction work started by engaging a contractor. The software activities started simultaneously.

A private *Haat* at BHATADASI, Rajapakar in Vaishali District has been completed with eight platforms with sheds, 5 solar lights, a hand pump with soak pit.



Development of rural markets by constructing Platform and Iron Shed

IDF has developed infrastructure in existing mandis such as construction of the high raised concrete platform for the vendors/sellers Construction of sheds. The internal path way constructed along the high raised concrete platform. It would be ensured that is no water logging during the rainy season and business is carried out in normal pace. This would attract more and more vendors and buyers in the mandis.



Before the commencement of the project, a detail physical assessment and analysis was done with the owners of the mandis/haats.



Hand pumps are being used by the Buyer and Seller and was very much useful and maintenance of the hand pump are the responsibility of the Seller/shop keepers

In the premises of Haat Five **Solar Lights** panels with new technologies of LED bulbs, that consumes less power has been installed. After the installation of the solar light, the mandi market have extended business hours up-to the late evening. This was more effective during the winter season in the northern parts of Bihar. It also ensured the safety and security of the women and children.

of the solar lights contributed towards the clean environment and it also saved our precious resources such as gas and kerosene.



Project No. 3

Adolescent Health Development Program - TARUNAYA Project

Location:- JAMUI, Supported by:- Engender Health

Introduction

Rastriya Kishor Swasthya Karyakram (RKSK) was launched in ten priority districts of Bihar showing low Sexual and reproductive health indicator. **Jamui**, Gaya, East Champaran, Purnia, Katihar, Kisangani, Sheohar, Sitamarhi, Araria and Saharsa districts are covered under the programme. RKSK program focus on the WIFS, facilities-based services (clinical and counselling), community-based services (Peer educator and Adolescent health day) and menstrual health scheme. As per the provisions of the program, Every Community Health Centre (CHC) would have Adolescent Friendly Health Clinics (AFHC) for clinical and counselling services to adolescent. ASHA is entrusted to select 4 peer educators per 1000 of population. These Peer Educators will serve as source of sensitization and referrals to experts and services. Each Peer educator is expected to form a group of 10-15 boys and girls and conduct meetings using PE kit, participate in the Adolescent health day and refer the cases to AFHC. Quarterly AFHC has the provisions to provide the clinical and counselling services, but in absence of counsellor, footfall in the AFHCs is very low. To sustain and strengthen the RKSK program, capacity building of the service providers and Peer Educators is very important to efficiently implement the programme maximizing health benefits of the adolescents.

Project Description Outline of Project, target group, Objective & Goal of the project

Target population/group

The Proposed project “Adolescents Health and Development Program in Bihar” will be implemented in **05 RKSK blocks of Jamui** covering 491 villages in 5 blocks. The project would cover nearly 30,000 adolescent girls and boys through the Peer Educator model. 05 CHC at the block level, 24 APHC and 125 Health Sub Centre at the community level would be strategic point of interventions. The project would reach out to **1180 Peer Educators through 256 ASHA and 30 ANM**. The primary key stockholders of the project are:



1. Adolescent girls and boys of the age group (10-19) years
 - Adolescent boys and girls of age group (10-14) years
 - Adolescent boys and girls of the age group (15-19) years
2. The secondary key stockholders of the project are
 - ASHA, ANMs, Health officials and AWW
 - Parents of the adolescent girls and boys
3. The tertiary key stockholders of the project are
 - Teachers/PRI's/etc.

Goal of the Project

Empower adolescents in Bihar by facilitating access to information, services and needed enabling environment

Objectives

- To promote peer education model for systematic dissemination on adolescent health issues among the peer
- To strengthen facility level clinical and counselling services for adolescents in the target area
- To enhance physical and emotional resilience of adolescents through timely help and institutional referral
- To facilitate convergence and linkages with government schemes for adolescents

Problem, Solutions & Impact

In Jamui district adolescents and young adults aged 10–19 have less coverage of getting the health facilities services from PHC/CHC as shows low awareness level. Menstrual problem, substance drug abuse and mental health in terms of stress, anxiety, depression among are key issues leading causes of ill-health rampant among adolescents.

Iron deficiency anaemia was the second leading cause of years lost by adolescents to poor health. Iron and folic acid supplements are a solution that also helps to promote health before adolescents become parents. Regular deworming in areas where intestinal helminths such as hookworm are common is recommended to prevent micronutrient (including iron) deficiencies.

Developing healthy eating habits in adolescence are foundations for good health in adulthood. Reducing the marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt and providing access to healthy foods are important for all, but especially for children and adolescents.

Details about the nature of the activities

- IDF has identified adolescents who represents from Marginalized communities in 10 blocks of Jamui district. These communities are untouched and far from development process and difficult to access Govt. aided schemes; mostly are either drop-out or not going to school regularly
- Intervene in 200 villages with 200 selected Champions (100 male Champions & 100 female Champions) to capacitate 2000 adolescents on RSKK prog.
- To promote peer education model for systematic dissemination on adolescent health issues among the Champions
- IDF identified 900 stakeholders (Teacher, Mukhiya, ANM, ASHA, Sevika, Vikas Mitra, Jeevika Facilitator, Jeevika Group Leader and Ward Member). Building trust of stakeholders is very important, aided by understanding their viewpoints and motivations towards adolescents reach to access to health and education services in their areas.
- Capacity building of ASHA Facilitators' on RSKK to build a strong framework on community and facility level intervention with Peer Educator model
- To strengthen facility level clinical and counselling services for adolescents in the target are; 1 trained ANM/GNM will sit in AFHCs.
- Capacitate facility level staffs (ANM, GNM, ASHA Facilitator's) on GYSI increased understanding on the background, definition, and meaning of social exclusion and its different spheres like social, economic, political, cultural and religious.

- Promoting awareness through Events (Int. Youth Day, Int. Heart Day, and Kishore Sammelan) knowledge and efforts made to create platforms to advance meaningful youth engagement around adolescent health issues.
- To facilitate convergence and linkages with government schemes for adolescents



Challenges faced

- PIP is an annual process of planning, approval and allocation of budgets where allocation made to CHCs from district was delayed resulting slow down the activities like key programmatic components - AFHCs, counselling, AHDs, peer education, WIFS and Menstrual Hygiene Scheme (MHS); which difficult for us to provide guidance and monitoring of physical progress made against the approved activities and budget.
- Insufficient human and financial resources were mobilised to ensure maximum impact. Further, the strategy's focus on clinical service provision in a limited number of health facilities with a complementary focus on promoting community support and adolescent demand for them meant that services were not as easily accessible to adolescents in their communities, and in addition many were not even aware of them. Ex.; tried to engage ANM for full-time in AFHC is difficult as limited nos. of ANM/GNM in each centre as well engage them COVID vaccination.
- Identification of Champions & adolescents from marginalized communities were tough to handle and make them difficult to understand for their involvement, which mostly rampant among SCs & Mahadalit communities
- The intervention is framed in terms of an adolescent's team that delivers participatory adolescent groups, youth leadership activities and livelihood promotion. The intervention engages health care providers by inviting them to group meetings and providing a referral system to adolescents needing help with health, sexual and reproductive, and nutritional needs.
- Inter-sectoral coordination among line departments is less to achieve the goal of RSKK progg.
- Jamui is naxal effected district, so field moment is taken care for all Mentors

Activities

1. Innovate on outreach mechanisms to maximize vulnerable adolescents reached:

Team has started intervention through selection of PEs, undergone induction on RSKK progg. and issues; where we reached 1129 Peer Educators including reached out to 2200 Champion and adolescents; which estimated to be a calculated work force to reach audiences in significantly larger

numbers in future.

2. Customize programs to address the heterogeneity of the adolescent population:

While the umbrella group called 'adolescents' sees programs aimed mostly at 10-14, 15-19-year old, this group comprises of boys and girl, very young adolescent girls, tribal and marginalised adolescents, each of which has distinct needs that they take immediate measures must be taken to address key SRHR barriers and associated challenges after regular meeting.

3. Collaborate and tap existing service delivery platforms:

Line listing of 810 stakeholders (ASHA, PRIs, Jeevika group, Vikas Mitra, ANM, Sevika & other key person) plays a pivotal role for implementing RKSK prog. Their efforts for working to implement programs must strengthen existing service delivery mechanism.

4. Group meeting with Champion & adolescents:

- Improve awareness on and coverage of preventive and promotive interventions for adolescents
Increase awareness among parents and other gatekeepers and stakeholders on adolescent health
Needs Increase awareness among adolescents about the determinants of adolescent health such as nutrition, SRH, mental health, injuries and violence (including Gender Based Violence (GBV)), substance misuse and prevention for Non-Communicable Diseases (NCDs)
- Improve awareness on other adolescent health related services, in particular Adolescent Friendly Health Clinics (AFHCs) by improving community linkages and referrals
- Increase awareness and dissemination of materials on life skills building, leadership skills, awareness about various scholarship programs, career counselling, bridge education programs etc.
- Build partnerships with other departments working for the youth/adolescents in the community and engage them in IGA in future.

5. Capacity building of Staffs

The training-workshop took place on 15-19 February 2021 at Hotel Regency at Bodhgaya, Bihar 170 kilometres from Jamui. The training team arrived at the venue one day before in order to meet for fine-tuning of the agenda and coordination of facilitation. The members of the training team were Ms. Mini Kurup, State Head, Engender Health, Bihar, Mr. Sudarshan Shukla, DPC, Engender Health, Mr. Vizay from Engender Health, Mr. Chandan from Agrabami India, Mr. Manikant, Agrabami India, Mr. Sumit Kumar, MAMTA and Mr. Kaushik from IDF.

The training team agreed a draft agenda prior to the training-workshop; to get an overview, goal & objective of Tarunya project. The module consists of Sexual & Reproductive health, Need of



nutrition for health, Non- communicable diseases, emotional well-being/mental health, substance misuse, GYSI, School Health Progg., and reporting & documentation with feedback from participants. IDF team has actively participated in the training session with group presentation.

Outcomes of the Training-Workshop:

- Programmatic approach has been developed among the participants
- How to establish and strengthen AHFC, intervening WIFS, MHM & roll-out of School Health Programme.
- Team need to send yearly Work Plan
- Plan AHD, Strengthening AHFC, Peer Educators training and other key activities

6. Monitoring activities

Conduct capacity building programs for the Mentors: Time to time capacitate Mentors on different components on RKSK.

Field monitoring visits: The Project Manager and MIS Coordinator is responsible to visit the intervention areas to monitor staffs expected for quality work at block and CHC/PHC, monitor quality of the village level meetings, observing AHDs organize on quarterly basis.

Ensure utilization of social media for RKSK: A social media platform (**WhatsApp group called "RKSK Jamui"*) meant for daily reporting of activities posted by Mentors by EoB every day in their routine. The field office has expected to regularly review use of these platforms for reporting at all levels. IDF is expected to provide details on activities they will implement to facilitate the utilization at all levels.

Provide support in preparation block level micro plan: activities which has taken up to provide support in preparation of micro plans for AHD, AFC meeting, group formation by PEs & meeting adolescents by PEs in 5 PE blocks as well as Champions calls meeting with adolescents in non-PEs blocks.

Project No. 4

Empowering Community to Minimize Slavery and Combat Trafficking Risks

Location:-Muzaffarpur, Supported by:- Freedom fund

A. Background

The project covered thirty-six village of twelve panchayat in the administrative blocks i.e. Minapur & Mushahri of Muzaffarpur district. A District Outreach Worker, one Block Outreach Worker and four Community Workers covered the population of 45000 directly and 225000 indirectly.

B. Scope and objective of the Project:

All human beings deserve to live a dignified life without fear and all states have preface to ensure it. In this regard, continues efforts are made to provide safeguarding to the vulnerable community members especially children and their capacitation.

Current project aimed to influence the power of grassroots communities to drive down a reduction in child exploitation and abuse through leveraging government structures / systems and schemes & provisions. In the main time, COVID_19 pandemic affected the whole community, especially at-risk families and their children became more vulnerable as they lost their jobs, longer closer of schools put the children out of school and increased their vulnerability in terms of exploitation and abuse. They were in mental stress and distress by every means.

As per the COVID_19 protocol, activities of main project were paused and supplementary initiatives were taken to minimize the intensity of ill affects of COVID_19 through emergency relief activities and these were:

C. Project Activities:

1. Situational Analysis Of Covid_19 Affects:

The COVID_19 pandemic affected the whole community, especially women and children, by ever means. The poor and at-risk community members became more vulnerable as they lost their jobs, due to prolonged lock down daily wage labourers lost their earnings, children gone out of school and became more vulnerable towards child labour and abuse. To gage the effects of COVID_19, a rapid assessment was done at both working blocks i.e. Minapur, Mushahri on random sample basis. There were two objectives of this assessment and they were: firstly, to assess the impact of covid-19 on communities and secondly to find out sustainable solutions for gaps that drive vulnerability to trafficking and debt bondage. The themes covered are child protection, labour protection, health insurance, education and compensation. The major findings were: lose of job, people were in mental stress, due to prolonged closer of school children were out of school and vulnerable in respect of exploitation & abuse, lack of awareness regarding COVID_19 safety measures in rural areas.

Community members were supported with counselling sessions on zoom which helped them to come out from mental stress. After relaxation in lock down, community members were aware and sensitized on the ethics and safety measures of COVID_19 and to follow it.

2. Food And Non-Food Items Distribution:

During COVID _ 19 pandemic the targeted community members were most affected as they are migrants, daily wage labour, Agriculture labour who lost their livelihood and were in grim situation. For their support, listing was done with the help of CVC's members. Selection of such families was done on the basis of certain criteria i.e., women headed, single women, families of pregnant & lactating mothers etc. The list submitted to the IDF's head office for approval. After approval, under Emergency relief, Food and Non- Food items i.e., rice, pulses, Mustered oil, sugar, salt, soya badi, spices were distributed to the 275 targeted / vulnerable community members in phase 1 and in 2nd phase altogether 300 vulnerable community members were covered. This support helped them in coming out from food starvation at some extent.

3. Distribution Of Hygiene Promotional (Garima) Kit:

During COVID_19 pandemic adolescent girls were also sufferer in respect of personal hygiene. Due to continues lockdown they were unable to procure hygiene promotional items. Therefore, altogether 250 adolescent girls were supported with hygiene promotional kit (Garima Kit). So that they can maintain their personal hygiene. Apart from hygiene promotional items there were COVID_19 safety measures items i.e. sanitizer, lifebuoy soap, mask etc.in the Garima kit. This kit proved very useful for them to maintain their personal hygiene and keep them healthy and safe.

4. Livelihoods Promotion:

During COVID _ 19 pandemic the targeted community members were worst affected and recurring flood made them more vulnerable. As they lost their shelter, cattle and livelihood options, their situation became more pathetic. To overcome this situation, altogether 265 community members of targeted villages were supported for livelihood promotional activities. Before providing support selection of beneficiaries was done on the basis of women headed families, single woman family, family lost sources of income, family in debt etc. After that list was prepared which included tread, existing skills, expected amount etc. After /getting approval, amount was disbursed to the recipients through account payee cheques. Before disbursement, meetings were held with the community members and rule- regulation & other legalities were finalized. This microgrant helped them in ensuring their livelihood and made them free from the clutches of moneylenders and their children being trafficked.

5. Orientation Of Champions:

Altogether 720 Community level Volunteers/ Champions were capacitated through orientation programmes on the issues of:

- Child wellness and care
- Strengthening Child Protection safety nets
- Ensuring schooling of out of school children and minimizing dropout rates at schools
- Educational entitlements of school children and direct benefit transfer (DBT).
- Pradhan Mantri Jan Arogya Yojana / Ayushman
- Mahatma Gandhi National Rural Employment Guaranty Act/ Scheme

The main objectives of organizing these orientation programs were:

- To capacitate the Community Volunteers / Champions on action-oriented planning.

- To sensitize them on their role & responsibility.
- To enable them to make outreach for their issues by their own and ensure their access on government schemes & provisions.

To make the orientation programmes more live and effective group exercises were taken care off. Action oriented plan was also developed to ensure the child care and wellness. After the orientation programs participants seemed quite confident to address the issues in an effective way by their own.

6. Orientation Of Pri Members:

An orientation programme was conducted for PRI members on functions of Gram Panchayat, role and responsibilities of PRI members, Gram Sabha etc. The purpose of organizing such programme was:

- To aware the PRI members about PRI system.
- To regularize the Gram Sabha
- To ensure provision of fund for child welfare in the panchayat's budget.

The orientation programme was quite interactive as there was two-way communication. Most of the PRI members expressed their views as they were less aware on the functions of Gram Panchayat. They also told that now they knew about it and will act accordingly to protect children from exploitation and their wellness.

7. Study Cum Research:

A study cum research was conducted through evidence generation on random basis at targeted villages. Under this study evidences were generated through Kobotool on the issues of:

- Gram Panchayat & Gram Sabha.
- Status of Child Protection Committees at different level i.e. Ward, Panchayat, Block, District etc.
- Educational Entitlements
- Benefits of Pradhan Mantri Jan Arogya Yojana / Ayushman
- Implications of Mahatma Gandhi National Rural Employment Guaranty Act/ Scheme

The findings are shared with different stakeholders i.e. Community members, PRI members, officials of line departments etc. All the stakeholders appreciated and agreed on it. They shown their concern and assured to extend their support to make it happen.

D. Project Outputs:

Federation of CBOs was nurtured and its leader got aware about their role & responsibilities and its function. Seven Hundred Twenty Community Volunteers/ Champions were selected and capacitated to deal their concerning issues by their own. One hundred eighty children of Dalit & Mahadalit community enrolled at Government schools. Two hundred fifty labour got registered with Labour department for Shramik Card / Labour Card. Five hundred seventy five families received dry food items and two hundred fifty adolescent girls were provided hygiene promotional kit. Two hundred sixty-five targeted community members were supported for livelihood initiatives.

E. Project Outcomes:

180 Children of Dalit & Mahadalit families were enrolled in formal schools and regular in their classes. 115 Children were protected from child Labour by the federation leaders and champions of Minapur & Mushahri blocks in Muzaffarpur district. After receiving the support 265 Community members of targeted community started livelihood activities i.e. Vegetable cultivation, goatry, general store,

vegetable & fruit vending etc. Champions and members of federation at both working blocks i.e. Minapur & Mushahri addressed the issues of Job Card under MGNREGA, work under MGNREGA, dues payment of MNREGA, Ayushman Card ensuring and utilizing it. They also assisted 525 Community members in making access on different government's schemes & services i.e. Ujjwala Yojana, MNREGA, Food Security, Jan Dhan, Matritwa Lah Yojana, DBT etc. Two hundred labour of unorganized sector got the labour card by the Labour Department after registration. Federation members of Minapur block submitted memorandum to the B.D.O. for ensuring work under Pradhan Mantri Greeb Kaleyana Yojana. Participation of CBOs (VSC/ CVC & Federations) members increased in Ward Sabhas / Gram Sabhas and they raised the issues of new ration card, education, child care & protection as well as separate budgetary allocation for Child welfare and wellness in Gram Panchayat Budget. 696 Community members of targeted community applied for Ayushman Golden Health Card and out of them 347 got the Ayushman Golden Health Card. 180 enrolled children got the benefits of educational entitlements. 380 Community members of targeted community got the work under MGNREGA.

F. Project Achievements:

Manikpur panchayat of Minapur block in Muzaffarpur district passed the resolution and provisioned separate budgetary allocation for Child welfare and wellness in its Gram Panchayat Budget. 7 community members availed the health facilities by using their Ayushman Golden Health Card. 150 Labour got compensation under Shramik Sahayog Yojana after their registration in Labour Department. 400 Children re enrolled after dropping out. 380 Community members of targeted community got the work under MGNREGA and out of them 300 got the total wages. 200 Community members of targeted community-initiated livelihood activities, contributing in their families income and out of clutches of moneylenders. 115 Children were protected from child Labour.

G. Challenges:

COVID_19 pandemic was the major challenge. Then Assembly Election also hampered the project's activities. Apart from these, officials of Anti Human Trafficking Units are mostly on additional charges so they are least bother to take up the issues on priority basis. Retention of Dalit & Mahadalit children at formal schools is also one of the major challenges due to prolonged lockdown.

H. Life Change Story/Testimony:

1.Title: Power of Confidence

Name: Sarita Devi
Husband's Name: Shri Ramshohit Ram
Village: Basudev Chhapra
Block: Minapur
District: Muzaffarpur

Basudev Chhapra is a remote village of Minapur block in Muzaffarpur district. It is situated at the distance of 6 Kms in the South west from the block head quarter. The population of this village is dominated by OBCs and followed by SCs. The main occupation of SC community is daily wage labour and agriculture labour and approx. 50%% male members of SC community are migrants. Sarita Devi also belongs to SC community. She is daily wage labour (agriculture) and her husband is a migrant

labour who is working as an agriculture labour in Punjab. In normal days she was getting work for 15 to 20 days in a month and with the combined income she was able to meet her family's needs.

During COVID_19 her husband lost her job and she was also not getting work regularly due to lockdown and flood. During lockdown her husband managed to return home. On way he faced so many problems and lost what he was carrying. When lockdown opened, she went to Mukhiya and filed application for work under MGNREGA. Mukhiya accepted the application and provided her work for 10 days. One day Panchayat Sacheev came to her house with a person who was mini branch operator. He asked for her Aadhar Card and to give her thumb impression on a machine. She opposed but he satisfied her that it is process to clear here dues. But she has doubt so went to bank and updated her passbook and shown it to the manager. The manager told that her wage amount is credited as well as withdrawn also. She went to the Panchayat Sacheev and asked him to repay her dues amount. Initially he was not ready to pay but when she told that about complain against him than he cleared the dues. When she was asked What is her felling than her saying was, "*samooch se jurne se bahut faida hua, jaankari huee aur uske karan apna paisa paa sake nahi to mera paisa gaban ho jata.*"

2. Title: No to Health Debt

Name: Reetu Devi
Husband's Name: Shri Kundan Kumar
Village: Mahadaiyan
Block: Minapur
District: Muzaffarpur

Mahadaiyan is a remote village of Minapur block in Muzaffarpur district. It is situated at the distance of 7 Kms in the North East from the block head quarter. The population of this village is dominated by OBCs and followed by SCs. The main occupation of community members of this village is daily wage earnings and agriculture labour and approx. 50%% male members are migrant workers. Kundan Kumar is also a migrant labor and works in Ludhiana and Reetu Devi is daily wage labour (agriculture). In normal days she was getting work for 15 to 20 days in a month and with the combined income she was able to meet her family's needs.

At that village there was an orientation programme of Health Champions in which Reetu Devi also participated and got the information about Ayushman Golden Health Card and its benefits. She was suffering from stomach pain since last two months and after ultrasound she came to know that there is stone in her kidney. She went to the Vasudha Kendra and applied for Ayushman Golden Health Card and within month she got the card. After that she met one of the Champion namely Dharamsheela Devi and asked for the impaneled hospital. Dharamsheela Devi told her about Prashant Memorial Hospital, Juran Chhapra, Muzaffarpur. She went there and got treatment/ operated by using Ayushman Golden Health Card. Whole treatment cost was met through Ayushman Golden Health Card. When she returned back from hospital and contacted with smile she told that, "*Agar hum meeting main nahi jate aur Dharamsheela Didi se nahi milte to es card ke bare main nahi jante aur ilaaj ke liye Mahajan se sood par rupeya lena parta aur Ghulami ki zindagi jina parta. Is card ne humko Ghulam banne se bacha liya. Es liye hum bahut khush hain.*"

Work- No Child Business

Location:-GAYA, Supported by:- Save The Children

Goal:

To ensure children and youth are free from child labour and enjoy their rights to quality education and future decent work thereby contributing to SDG 8.7

Outcomes:-

- 1 a. Children are empowered and have improved access to (quality) education, bridge schooling and youth employment within a supportive family and community environment
- 1 b. Increased enrolment and retention in quality formal education or bridge schooling and improved access to youth employment
2. Government enforces relevant child rights-based laws and implement policies on child labour, education, youth economic empowerment and social security
3. Private sector takes full responsibility for preventing and addressing child labour

Planned Activities for the year to achieve the outcomes:-

- Training of cluster/block level resource centre on quality and inclusive education to ensure quality education in school
- Quarterly review meeting with Block Education Officer /Block Level Child Protection Committee (BCPC) regarding enrolment of children with special reference to rescued child and adolescent labour
- Consultation with District Education Officer/District Program Officer/District Child Protection Unit, Block Education Officer/District Information and Education Training (DIET) for effective implementation of Right to Education Act
- Advocacy with state government officials using best practice evidence created by the project
- Development of communication messages including social behavior change communication for community mobilization and policy advocacy
- Mapping of key vocational training institutes, agencies including program under skill mission development program in the district
- Mobilization of adolescent and youth for vocational training
- Life skills training to adolescent and youth on communication, decision making, negotiation and leadership
- Development of compendium on development schemes and programs for adolescent and youth
- Awareness on government schemes and programs to the adolescent, youth and their families
- Formation of child protection committees as per government guidelines
- Strengthening of child protection committees at the Ward, Panchayat and Block level

Activities

Selection of Village, Panchayat and Block:

Selection of Villages, Panchayats and Blocks was done on the basis of secondary data of child labour, vulnerability of children and poverty. Finally we have selected 2 panchayats each from Rajgir Block of Nalanda district and Khizersarai Block of Gaya District. Details of Villages/ Wards, Panchyats and Block are as under:-

Name of District	Name of Block	Name of Panchayat	No. of Wards	No. of Villages
Gaya	Khizersarai	Siswar	14	14
Gaya	Khizersarai	Chiraili	14	11
Nalanda	Rajgir	Nahub	15	7
Nalanda	Rajgir	Bhui	14	14

Rapport Building and Secondary Data Collection

Through our regular field visit we have started rapport building within the community and village level stakeholders like Teachers, Anganwadi workers, PRI members, village level CBOs etc and collected data, required for implementation of the project.

Meeting with District Level Stakeholders

We have met with District level officials like ADCPU and CPO from District Child Protection Unit, Labour Superintendent from Labour Department, Chair Person and members of Child Welfare Committee, Childline, DEO from Education Department etc and discuss on various issues for Development of Children like

- Enrollment and retention of a child in the school
- Training of block, Panchayat and village level officials and stakeholders on the issues of child labour and child trafficking
- Rescue of Children through Dhawa Dal
- Ensuring quality education within the school
- Follow the rules as per RTE Act within the school
- Formation of CPC at different level
- Linkage of children and their families with relevant government schemes etc.

Awareness of Panchayat/ Ward Level Stakeholders on Child Labour Issues

We have also met with the grass root level stakeholders at ward and Panchayat level and aware them on the issues of child labour. We have shared them about the bad impacts of child labour and also told about the provisions, rules of government against child labour and roles and responsibilities of Child protection committee. Through discussion we came to know that the Panchayat and Ward level stakeholders didn't know anything about the Child Protection Committee.

Discussion with Block/ Panchayat/ Ward Level Officials and PRI members for formation of CPC

During the discussion with Block/ Panchayat/ Ward Level Officials and PRI members we came to know that however block level officials have some knowledge about the provisions of CPCs, roles and

responsibilities of CPC members but at Panchayat and ward level stakeholder know nothing about the CPC and their roles and responsibilities. So, we have discussed about the formation and strengthening of CPCs at different level through our facilitation.

Community Awareness on Child Labour

We have also aware the community on the issues of Child Labour and Trafficking. We have shared them about the bad impact of child labour and provisions of government on the issues of Child Labour.

Meeting with Teachers, Children and their Parents for enrollment and retention of children_in the school

During the field visit, we have found that some children are out of school and some are not continuing their school. Then we have met with the teachers and parents of the children and aware them about the importance of education and also discuss about the enrollment and retention of children in the school.

Mobilization of Adolescent and Youth for formation of Youth Group

We have met with the adolescent and youth (both boys and girls) of the village and discussed about their hobbies, goal setting and ambition. We have also shared about the provisions of vocational courses. For empowerment of Adolescents and Youths we have told them that we will train them and help them in linkage with the vocational courses as per their choice/ expertise. For this, firstly they have to form an Adolescent and Youth Group so that they must come on a platform, from where they start their journey of life.

1 day non residential training at Patna

1 day non residential training was organized in Patna on 24th December 2019, in which Mr. Piyush Kumar from Save the Children has shared the project objectives, Goals, propose, target group etc to all the 3 partner organizations of WNCB project.

2 days residential training at Patna

2 days residential training was organized by Save the Children at Hotel Panache, Patna in Feb 2020. All the 3 partners of WNCB Project along with Representatives from Save the Children were present in the training. Project Goal, Objectives, Purpose, Target group etc were shared by the trainer. Activities for the year were finalized and processes of activities were also shared to all the partner organizations. Child Safeguarding Policy was also shared.

2 days non-residential training cum Field Visit at Gaya Office

2 days non-residential training was organized by IDF at Gaya Office on 12th and 13th March 2020. Both the Block Coordinator of Rajgir and Khizersarai Block along with Program Manager of WNCB Project were present in the training. Mr. Piyush Kumar from Save the Children was the trainer of the trainer. He has provided training on RTE Act, CPC formation process at Different level, roles and responsibility of CPC members, state rules of child labour, POSCO Act etc. During this time we have visited the field and meet with village level stakeholders, children, youth group, parents, community people, LS and ADCPU and shared our objectives.

We have planned to form 20 CPCs at different level in the month of March 2020, but due to effects of Novel Corona Virus Schools became closed, meeting were banned since mid of the March 2020 and then full lockdown announced by our Honorable PM Mr. Narendra Modi and we have stopped our work at that point.

Approach for outreach programming using digital/ Tele network:

We, in view of COVID -19, have decided to adopt an approach for outreach programming using digital/ Tele network aimed at orienting and sensitizing our stakeholders right from village to panchayat to block to district level for protection of children and their families.

Awareness of Village level Stakeholders and Community on Covid Protocols via Tele Calling:

We have started contacting with Village level Stakeholders, PRI members, Parents, CBOs and Community People via Tele Calling and aware them on Covid Protocols like social distancing (distance of 6 feet between 2 people), regular hand washing (Use of soap till 20 second properly), Proper Use of Mask, Quarantine of people coming from other place, Use of Sanitizer regularly, Symptoms of Corona, immediate health Check-up and quarantine the person who have symptoms of Corona etc.

Follow up of Village level Stakeholders and Community via Tele Calling

We also have done regular follow up of Village level Stakeholders, PRI members, Parents, CBOs and Community People via Tele Calling and aware them on Covid Protocols within an interval of 10-15 days.

Training via Video Conferencing:

During the period we have also got several training via video conferencing, zoom, Google meet, Skype, Teams etc. and learn that these are also the ways for getting online training.

Follow up of Migrant Labourer through Tele calling

Full Lockdown period was very painful for migrant Labourer and also for the people who came outside of their house and were unable to return back to their home, due to sudden announcement of Full lockdown. During the period we have contacted such types of persons, ask their problems (fooding, lodging, health check-up and returning back to their home as per their most essential needs) and reported to Save the Children so that accordingly arrangement for the same should be done for them.

In the month of June govt. have given some relaxation in the lockdown and we have started our work meeting people one to one with following many more protocols of Corona like social distancing, use of mask and shield, hand washing.

We have also done 1 program “Celebration of World Day against Child Labour” on 12th June 2020 with following all the Covid-19 protocols.

Celebration of World Day Against Child Labour: We have celebrated “World Day against Child Labour” on 12th June 2020 with following all the Covid-19 protocols at 4 different places of Gaya and Nalanda district. On this day we have organized Drawing competition for the children and prize distributed for the top 3 children. Details are as under:

Name of the Project: WNCB (Save The Children)

Sl No	Date of the activity	Activity /Work Done	Venue /Address of the Work/Activity	No. and Type of Beneficiaries	Block and District
1	12-06-20	Celebration of World Day against Child Labour	Nahub Panchayat Bhawan, Rajgir, Nalanda	23 (Children, Stakeholders, PRI members and Representatives of IDF)	Rajgir, Nalanda
2	12-06-20	Celebration of World Day against Child Labour	Bichchakol Thakurbari, Rajgir, Nalanda	21 (Children, Stakeholders, PRI members and Representatives of IDF)	Rajgir, Nalanda
3	12-06-20	Celebration of World Day against Child Labour	Middle School, Bakhtar	23 (Children, Stakeholders, PRI members and Representatives of IDF)	Khizersarai, Gaya
4	12-06-20	Celebration of World Day against Child Labour	In Aanganwadi Center the village, siswar	33 (Children, Stakeholders, PRI members and Representatives of IDF)	Khizersarai, Gaya

In the month of July cases of Corona again started rising and in the mid of the month again full lockdown was announced by the government and we have stopped our field visit and again started Tele calling, follow up with Village level Stakeholders, PRI members, Parents, CBOs and Community People like earlier. Full Lockdown was called off in the month of August, but this time restriction was more as no gathering/ meeting/ program activity was allowed. Also people were not allowed to visit those places where Covid- 19 cases were more. Again we have started meeting people one to one following Covid-19 protocols.

Distribution of Hygiene Kit

As hygiene was most important for the people during the period, so we have distributed 451 hygiene kits to 451 families covering 15 villages within our project area (Rajgir Block and Khizersarai Block). Selection of the family was done on the basis of Child headed Family, Widow headed family, Migrants, Child labour Family, Ultra Poor Family etc. Each kit contains 1 kg Washing Powder, 3 pieces of Savlon soaps, 3 pieces of Masks and 2 packets of sanitary pads. Details are as under:-

Name of the Project: WNCB (Save The Children)

Sl No	Date of the activity	Activity/ Work Done	Venue/Address of the Work/Activity	No. and Type of Beneficiaries	Block and District
1	30-07-21	Distribution of Hygiene Kit	Middle School, Bakhtar	35 Families	Khizersarai, Gaya
2	31-07-20	Distribution of Hygiene Kit	In front of House of Ward Member, Bana	29 Families	Khizersarai, Gaya
3	04-08-20	Distribution of Hygiene Kit	Anganwari Center, Hasanpur	22 Families	Rajgir, Nalanda
4	04-08-20	Distribution of Hygiene Kit	Middle School, Seema	32 Families	Rajgir, Nalanda
5	05-08-20	Distribution of Hygiene Kit	Primary School Old Building, Siswar	44 Families	Khizersarai, Gaya
6	06-08-20	Distribution of Hygiene Kit	Thakurbari, Bichchakol	21 Families	Rajgir, Nalanda
7	07-08-20	Distribution of Hygiene Kit	Primary School, Jhalar	19 Families	Rajgir, Nalanda
8	07-08-20	Distribution of Hygiene Kit	AWC, Tetarpur	32 Families	Khizersarai, Gaya
9	10-08-20	Distribution of Hygiene Kit	In the village near Ex-Mukhiya's House, Laxmipur	25 Families	Rajgir, Nalanda
10	10-08-20	Distribution of Hygiene Kit	Near House of Ward Member, Devgaon	40 Families	Khizersarai, Gaya
11	11-08-20	Distribution of Hygiene Kit	Near Water Tank, Chirailly	26 Families	Khizersarai, Gaya

12	11-08-20	Distribution of Hygiene Kit	Community Hall, Eksari	35 Families	Rajgir, Nalanda
13	12-08-20	Distribution of Hygiene Kit	In the village near House of Ward Member, Hariyari Bigha	27 Families	Rajgir, Nalanda
14	12-08-20	Distribution of Hygiene Kit	Near Primary School, Sadhu Nagar	45 Families	Khizersarai, Gaya
15	13-08-20	Distribution of Hygiene Kit	Within the village at Dalan of Kapildeo Paswan, Pahetiya	19 Families	Rajgir, Nalanda

Panchayat Level Child Protection Committee Formation and Strengthening

On 14th Sep. 2020, we have formed a panchayat level Child Protection Committee (PCPC) at Nahub Panchayat. Mukhiya, Sarpanch, Up-Mukhiya and the other members of the PCPC were present in the meeting. Total 51 participants including representatives of IDF were participating in the program. They were oriented on their roles and responsibilities. As a member of PCPC, ward members were also present and within the meeting we, along with Mukhiya and Ward members have decided to form Ward Level Child Protection Committee (WLCPC). Dates for Formation of WLCPC were also shared by the Ward members.

Formation and Strengthening of Ward Level Child Protection Committee

Since 18th Sep. 2020, we have started forming Ward Level Child Protection Committee (WLCPC) and till 25th Sep. 2020 we have formed 7 WLCPC at different wards of Nahub Panchayat in Rajgir Block of Nalanda District. Details are as under:-

Name of the Project: WNCB (Save The Children)

Sl No	Date of the activity	Activity /Work Done	Venue /Address of the Work/Activity	No. and Type of Beneficiaries	Block and District
1	18-09-20	Formation and Strengthening of Ward Level CPC, Ward No.-	Satokhari Village in the house of Panch	16 Participants (CPC Members and Representatives from IDF)	Rajgir, Nalanda
2	19-09-20	Formation and Strengthening of Ward Level CPC, Jhalar, Ward No.- 7	Primary School, Jhalar	16 Participants (CPC Members and Representatives from IDF)	Rajgir, Nalanda
3	19-09-20	Formation and Strengthening of Ward Level CPC, Jhalar, Ward No.- 6	Community Hall, Jhalar	16 Participants (CPC Members and Representatives from IDF)	Rajgir, Nalanda
4	21-09-20	Formation and Strengthening of Ward Level CPC, Belauwa, Ward No.- 4	Primary School, Belauwa	16 Participants (CPC Members and Representatives from IDF)	Rajgir, Nalanda
5	21-09-20	Formation and Strengthening of Ward Level CPC, Nawada, Ward No.- 5	Within the village near house of Ward member,	15 Participants (CPC Members and Representatives from IDF)	Rajgir, Nalanda
6	25-09-20	Formation and Strengthening of Ward Level CPC, Nahub, Ward No.- 11	Near Devi Sthan, Nahub	18 Participants (CPC Members and Representatives from IDF)	Rajgir, Nalanda
7	25-09-20	Formation and Strengthening of Ward Level CPC, Nahub, Ward No.- 12	Community Hall, Nahub	18 Participants (CPC Members and Representatives from IDF)	Rajgir, Nalanda

Hand Over Process

Sudden FCRA amendment rules 2020 have been announced and as per the rule, we have to stop our work at that point. We have to hand over the project to Save the Children along with project staff. Now, Save the Children is direct implementing the project with the same project staff.

Child Centred Community Development Program(CCCD)

Location:-VAISHALI, Supported by:- Plan India

A. Background

IDF in partnership with Plan India has been working since 2008 for the under privileged and deprived sections of the society. The majority of the population comprises of schedule caste accounting for 23% and backward caste comprising almost 30% of the total population. The literacy rate is very low, only 59% of the male and 39% of the female are literate. As reported 41% of the population lives below the poverty line and 22% of the population are landless and engaged as an agricultural labourer. The majority of the people are dependent on the agriculture for their livelihood with no other means for survival. Due to the small land holding, the family find very hard to survive and ultimately the majority of the families are forced to migrate to nearby cities. The youth at the age of 15-18 migrate in search of job to the nearby cities and towns. The child labour has substantially reduced to a greater extent but still some of the children are found out of school.

Outbreak of the COVID-19 in India halted the program activities at the ground level. COVID-19 was new sort of VIRUS, where most of the scientist and experts were still speculating the reason behind its spread and human causalities. Government of India declared it as a pandemic and issued advisory to resist from mass gathering and events may be social or political. Government of Bihar issued advisory on COVID related behavior and protocols to follow. Plan India also issues its guideline for their partner staff. Offices were closed down and activities at the community level came to halt. Being the festival season of Holi, people from different parts of the India started returning back to the villages. It was favorable conditions for the COVID-19 for the community level transmission.

B. Scope of the Project

IDF with the support of the Plan India has been raising the child rights issues at all the forum. Plan India has been recognized as the pioneer organization in the field of child rights-based organization and has influence policy makers. IDF stands with the Plan India in advocating the child right issues at the Country, State, District and Block level. IDF has been successful in engaging SCPCR, JJB, DCPU, Social Welfare Department, Education department, Rural Development Department, Health Department and other major stakeholders. IDF engaged itself in raising the awareness on COVID-19. IDF found that there was huge gap in addressing the issues. The government advisory and protocol on COVID-19 need to be explained at the community level. IDF and Plan assessed the gap and developed the program to raise awareness on the COVID-19 protocol.

C. Goal

Country Program	Program Goal
Right to Protection from Abuse and Exploitation	Increased protection and effective redressal from all forms of abuse, neglect, exploitation and violence for two million children, especially girls across 6,000 villages and urban slums.

Right to Optimal Health	Improved access to quality reproductive, maternal, child and adolescent health services that directly benefit 300,000 women in the reproductive age group, one million adolescents (at least 50% girls) and 300,000 children under five years, especially from the vulnerable and excluded groups in 6,000 villages and urban slums; along with two million children and adolescents indirectly supported through advocacy and policy influence actions.
Right to Early Childhood Development and Quality Education	Improved holistic learning and quality education (pre-primary to secondary education) in 3,000 ECCE/Anganwadi centres and 3,000 schools that directly benefit one million children in the 3-18 years age group in 3,000 villages and urban slums; along with additional 4 million children supported through advocacy and policy influence actions.
Right to Drinking Water and Clean Environment	Improved access to water, sanitation and hygiene services that directly benefit two million children and youth from vulnerable and excluded communities in 6,000 Plan villages and urban slums (50% demonstrating sustained open defecation free status); along with three million girls, boys and youth indirectly supported through advocacy and policy influence actions.
Disaster Risk Reduction	Build disaster resilient communities through comprehensive disaster risk reduction and humanitarian assistance benefitting at least 300,000 children, youth and their families across 1,000 villages and urban slums.

D. Activities and Output

Integrated Development Foundation in partnership with Plan India came forward to fulfill the humanitarian imperative. Need assessment was carried out on immediate basis and some of the key actions were decided

- Mass awareness program on the COVID-19 in the community
- Support the local administration and linking them with the government schemes on food security
- Ensure food security to most vulnerable families with dry ration
- Ensure health service provider with the basic service protocol and support them with hygiene and sanitary kit

The objective is to provide humanitarian support to the most vulnerable families to minimize the impact caused due to the lockdown. The humanitarian response was carried out in the Vaishali district of Bihar.

Many people from marginalized sections of the society like daily wage labourers, the homeless population, beggars, slum-dwellers, several low-income groups would face problem in arranging food for their families as livelihood has been severely affected. Families are going through extremely difficult times due to loss of livelihoods as a result of extended lockdowns. Families would be struggling **to have food**, as most family savings would be used up over the last couple of months.

COVID -19 Awareness program – COVID-19 pandemic had created a great upsurge in the community and lack of awareness contributed much to it. The need to raise awareness on the covid protocol was very high. Awareness program on the COVID-19 was organized at the community level using the VHSND platform where 5250 women and children were oriented on the use of mask, regular hand wash, safe distancing and symptoms.



Setting up of COVID-19 kiosk: Kiosk was set up at the important place where mass movement of the people was expected. These mass movement could result in community level spread of the virus. Such important points were bus stand, railway station, collectoriate, etc were identified and kiosk was set up to raise awareness on to follow social distance, regular handwash and use of mask at the public places.



Distribution of the Dry Ration among 1000 families – Dry ration kit was distributed among the vulnerable families in 22 hamlet of the 17 villages. The dry ration kit included the rice, pulses, spices, mustard oil, salt, soap, sanitary pad, match box, etc. 22 hamlet were saturated in which covered 1000 vulnerable families. Priorities were given to the women headed families, widow, etc.

Distribution of the PPE kit – Covid warriors played the key role in health service delivery in testing and service delivery at the isolation centre. 95 set of PPE kit was handed over to health department at Vaishali in presence of Civil Surgeon in response to fight COVID-19. Covid warrior were also supported with mask, hand sanitizer, gloves, etc.



Distribution of the mask, gloves and soap – Frontline health worker were supported with mask, gloves and soap to fight against the COVID-19. These health workers were engaged service delivery at quarantine centre, data collection of the migrants, survey work, etc. 150 ASHA, 40 ANM and 156 AWW were provided with set of mask, pair of gloves and soap. They were also oriented to follow the covid protocols during the period.



Psycho-social support to the sponsored families – We provided psycho-social support to the families. They were mentored via phone call, text messages on covid awareness, responded to their phone calls, etc. The details of the mentoring are as follows; girls (8452), boys (7579), Women (11850), Men (10562) covering families (7781) in 22 Villages 22.

Well-being survey analysis – Well-being survey analysis was conducted among the 986 families. The survey was conducted through the phone call, in which set of 6 questions covering the well-being aspect. The survey list out some of the important component such as;

- Financial and food security – (979/986) – 99.29% families were facing financial crisis and food shortage issues.
- Myth and misconception – (652/986) – 66.12% families were in stress due to the myth and misconception on the COVID-19.
- Health support – (7/986) – 0.70 % people were suffering from major illness and required the immediate medical attention.
- Education – (163/986) – 16.53% children were receiving some education from any members of the families; rest were either continuing their study on their own or not continuing with it.
- Stress due to lockdown- (644/986) – 65.31% were in stress due to lock down and were unable to cope up with the stress.
- Family member in other states – (103/986) – 10.44% families responded that their siblings are out in the other state and unable to return back.

Distribution of the mask and soap to the sponsored children – 1876 children has been supported with the mask and soap. These masks would help the children to prevent them from the covid-19. The children are promoted for the hand wash at least in every two hour. 3752 mask have been provided and 2992 handwash soap.

Many youths came up with new idea of teaching online. Case stories of few

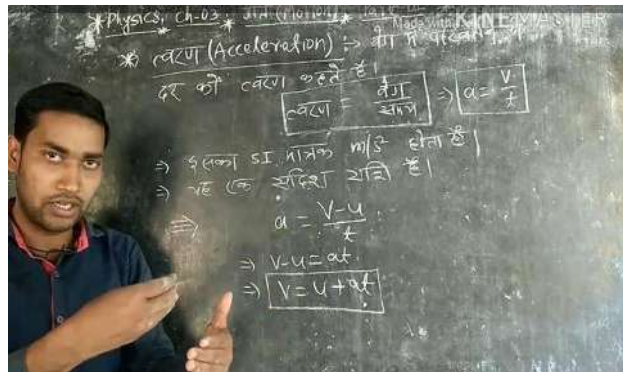
Name – Anil Kumar Sharma

Block- Rajapakar

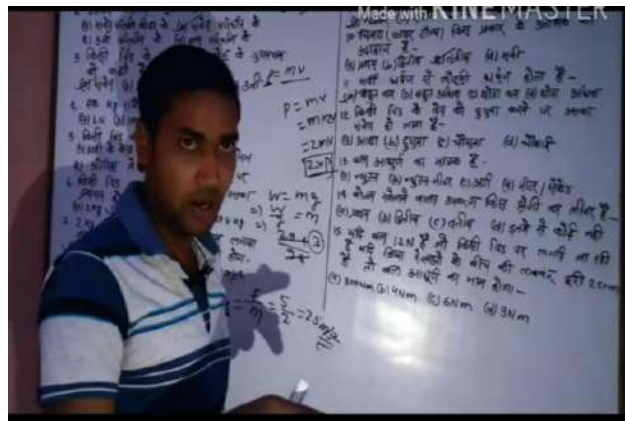
District- Vaishali

There is silver lining in even the darkest cloud

Anil Kumar Sharma resident of Pachai Mubarak,Rajapakr,Vaishali is an aspirant youth who always wanted to give something to the students of his village. His village is amongst one of the village where quality education is even a challenge today. When the world is under adverse situation of covid 19 pandemic when entire country was under complete lockdown education of students specially those of higher secondary was at stake.



Situation as of today:- Plan India under CCCD project intervened in this particular village give assistance to the students through engaging youth through fellowship program. A due process of engaging certain youths was done who could conduct classes for the students of their village and help them build their career. Anil was among those youth who was given the task of educating the children of his village. As known during lockdown entire schools and institutes were closed and at this time of crisis helping children continue their education was really a big challenge. Entire things seemed to be stand still. Anil was really worried how to take the things forward. It was his will to work and will to win that he came out with a superficial idea to continue the education of the children through online methods of teachings. He tried to connect all the students and gave them an idea of online classes and it turned out to be a boon for the children of village of Pachai Mubarak. He has been taking class through online methods and it was his will that he could help 80-90 children completing the course and helping them continue their education.



Impact of Program:-Anil and children of Pachai mubarak is thankful to Plan India. It was their immense support in organizing the online classes for them. Plan India is always there to help children in need to ensure holistic development of children across their operational area. We are in hunt of many more Anil who could be our agents to ensure development of children.

Link of the online classes may be found below for reference

https://www.youtube.com/playlist?list=PL-i-Z6Emuu5Bc_xGlgk0XIn5L7s6-WvOP

Project No. 7

Child Centred Community Development Program(CCCD)

Location:-VAISHALI, Supported by:- Plan India

Background

The program started in January 2011 & is covering 15 villages in 5 Panchayats in Khuntpani block, of West Singhbhum district. The program is directly covering 15,704 people in 15 villages & another 2767 people through our WASH based initiatives in 10 more villages in the same Panchayats. Altogether we are catering to a population of over 26,603 in 25 villages.

The personnel involved are 1 Program Manager, 2 Project Coordinators, 1 Sponsorship Coordinator, 1 Accountant, 1 Admin Asst. & 9 Field Level workers. The program is Sponsorship based & we have a case load of 1317 sponsored child (Male – 401, Female – 916). Sponsors are from India as well as from abroad.

The CCCD program implementation strategy changed post FCRA Amendments in Sep 2020. Partnership of Plan International (India Chapter) with Integrated Development Foundation came to an end after October 2020. The annual report below is a summary of the activities done during the four months of active partnership.

The people of West Singhbhum, Jharkhand are predominantly of the Ho tribe other populations are the Machua, Gope, Lohar (classified backward castes). Farmers are mostly marginal with agriculture as their only source of income. Lack of employment has made people move to urban areas where they end up as being employed on daily wages.

Most houses have thatched or tiled (Khapra) roofs with mud walls and dung plastered floors. Women perform household chores while daughters help and babysit younger siblings. The diet is rice, Dalia (semi solid wheat), roti (flat bread) and vegetable curry.

In the predominantly rural state of Jharkhand, villagers have historically eked out a living with almost no reserves, so that in case of drought or other natural disaster their only recourse is that male family members migrate elsewhere to find work. In addition to living a marginal existence, members of these extremely backward and deprived tribal communities are also resistant to change and therefore not receptive to intervention by outsiders.

Hindi is the state language but the people speak local tribal dialects like Ho & Santhali. The main festivals are Maghe - observed to bring prosperity, Baa - mark the splendor of nature, Hearo - the planting festival, Jomnamah - the harvest festival in August - September.

The tribal community is in a majority at 70% in the operational area. The Ho tribe being the largest is followed by other tribal communities like Santhali and Mahli. Backward castes as like Mahto, Gope, Tanti, Machua, Lohar and Sao also reside here. The geographic area assigned to the CCCD, program is around 3,000 hectares.

Project Goal

This is the ninth year that IDF is working in Jharkhand with the Child centered community development program being undertaken which tries to address the root causes of child poverty by implementing three mutually interrelated interventions;

- a) Ensuring child protection from abuse & exploitation
- b) Ensuring children's access to basic services, (e.g. nutrition, education, health, sanitation & household economic security)
- c) Ensuring children's voices remain heard as participants in decision making affecting their lives.

The aim is to ensure that children grow up & develop in a safe & enabling environment that ensures their right to protection is respected & realized, and that they can grow & develop free from abuse, discrimination and exclusion.

Enable all girls & boys in the Plan communities to complete 8 years of education. To ensure that children, families & communities in our program area can exercise their right to participate actively in value based community governance & take on the responsibilities that come with this.

That children, families & communities realize their right to a healthy environment, where they have geographical & economic access to quality integrated water & sanitation services & remain free of social exclusion and gender discrimination.

Major activities and outcomes

ACTIVITIES

HEALTH

1 Celebrating World Breast Feeding week

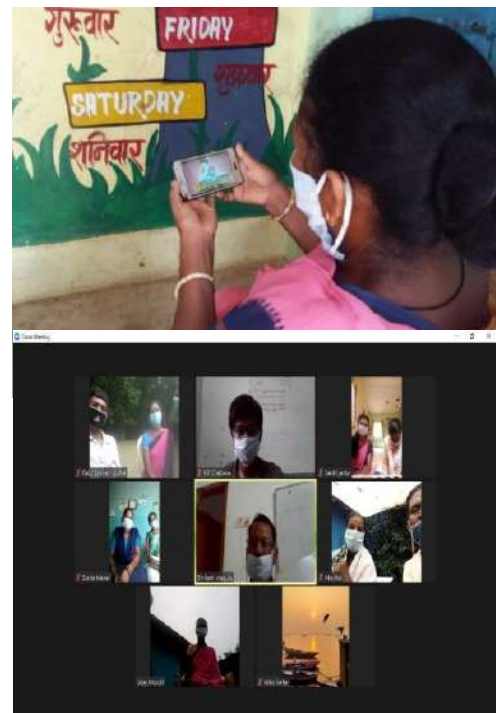
Amid COVID-19 pandemic IDF-Plan celebrated the week differently, stakeholders were engaged directly and indirectly. Technology was a massive supporting factor to execute all the activities like awareness generation through text message, sharing of information through social media, online poster & slogan competition, and online meeting with staff & government FLWs.

Due to COVID-19 pandemic, maintaining social distancing norm is a new normal nowadays. An online meeting with the government health workers and IDF team was organized regarding orientation on world breastfeeding week. 10

Government ICDS workers and 8 IDF-Plan staff were connected in the online meeting (**Zoom Meeting**). This meeting substituted the physical Panchayat level meetings which were earlier done to chalk out the plans for the one week event.

2 COVID-19 responses in program area & District

COVID-19 Pandemic has started since the last week of March 2020. Field operations (regular activities have come to a halt). IDF along with Plan International chalked out relief work plan looking into the



available budget & requirement of stakeholders. The following activities/support was provided during the period April-June 2020.

Dry ration & hygiene kit – Rice-25 Kgs, Dal-1 Kg, M.Oil-1 Ltr, Sanitary napkin pkt-1 & Soap-3 was provided to 1317 Sponsor child & family. Prior permission of BDO, Khuntpani was taken before distribution, distribution took five days to complete.

Awareness generation through IEC van – A van with IEC (flex fitted) along with 400 posters did awareness generation work on COVID-19 in 74 villages in Khuntpani block. Audio message was passed through mike in the van.

Distribution of dry ration, hygiene kit



IEC van movement in village



Protective equipments support in the District – Face Mask-2400 Pcs, Hand Gloves-2400 Pairs, Sanitizer-800 Nos. & PPE kit-400 Nos was given to the Health & Social Welfare Dept. in Chaibasa W.Singhbhum. Civil Surgeon & District Welfare Officer received on behalf of the Depts. In addition twenty automatic hand wash dispenser machines are installed at Collectorate, Sadar Hospital & selected CHC's.

Provide protective equipments in the Block – Face Mask-4215 Pcs, Hand Gloves-4215 Pairs, Sanitizer-281 Nos., Handwash-281 Nos. & Soap-281 Nos was given to the MOIC & CDPO of Khuntpani representing Health & ICDS.

Masks to Sponsored Child – Each Sponsor child & his family was given six masks to remain safe & practice wearing mask & also motivate others to do so.

CDPO receiving protective Equipments



MOIC & team with protective items



EDUCATION



1 Engaging Youth Fellow with children

IDF has placed five Youth Fellows in as many schools/villages; the Fellows have identified children who lag behind in studies (Class I-III) with support of the Headmaster. Such children are being taught/supported for two hours daily after school hours. The YF's are being supported by IDF on a monthly basis & their work is also reviewed, suggestions given. Youth Fellows also played a key role in disseminating Covid Appropriate Behaviour (CAB) through phone calls during Covid times.

2 Project Suraksha: A Plan against COVID-19 Education Kit support to Girls

The Project is meant for Girl children who are enrolled in School & are studying in between Class VIII-X. We have taken village as a unit & identified Girl children who are in Class VIII-X.

Children studying in village school have been taken, in addition children of the village studying in Chaibasa has also been taken as they are presently in their villages due to schools being closed. Concerned Headmaster of the School, Mukhia & selected SMC members were involved.



Their contribution was towards verification of children enrolled in school, considering that eligible child is not left out, mobilizing their presence during date of distribution along with our Program staffs. The relief kit contains Books (Exemplars in Maths, Science & Social Science), Notebook – 4 Nos., Pen – 1 Pkt, Pencil – 1 Pkt, Masks – 5 Nos., Sanitary napkins – 1 Pkt. of 20 Nos., Lifebuoy soap – 8 Nos., & Carry bag – 1 No.

School was made the distribution point; it was ensured that stakeholders remain present on the occasion. Distribution plan was for three days but eventually distribution was completed after five days.

Class VIII-X is considered critical & children in these classes require special attention/additional support. Due to Covid-19 & related lockdown children are unable to go to school, further Digi-SATH a Jharkhand Govt. support is limited to few children as smart phone & internet facility is not available to all.



In this context it has been finalized to provide Exemplar guide book to help children practice their lessons. These books are like practice papers & enhance the skills of a child in a particular subject in this case Maths, Science & Social Science.

Testimonials (From the Beneficiaries)

1 Exemplar books will help me in my studies as it has questions & answers. Priti Kumari Banra, MS Pandrasali

2 I was not aware about Exemplar books, Oxford Dictionary is new to me. I feel confident after getting the kit. Neelam Haiburu, HS Keyadchalam

(From Government employees/officials)

1 Project Suraksha of IDF-Plan has been helpful to many Girl children during the ongoing Covid time. Books, Dictionary & Hygiene kit has come as a useful package. Arjun Purty, Headmaster HS Bhoja

2 Through the Digi-SATH initiative of State Govt. it has been a challenge to reach to maximum number of children. I thank IDF-Plan for supporting Education during this lockdown period & reaching to 720 Girl child. Krishna C Dangil, CRP, Bhoja

WASH

1 Support to Gandagi Mukht Bharat campaign

IDF-Plan supported the Gandagi Mukht Bharat campaign activity in program villages, Panchayat Bhavan and in the Block Office campus. It was a week long Behaviour change campaign and included activities like shramdaan to clean public spaces, Mukhiya leading/ segregating single use



plastics. Online drawing competition was also organized during the campaign. Use of Masks, gloves sanitizer was mad compulsory at events to adhere to Covid Appropriate Behaviour (CAB). Over 200 people took part covering five Panchayats.

CHILD PROTECTION

1 Support to District Child Protection Committee

IDF-Plan supported the District Child Protection Committee in organizing a two day orientation program for the new joiners in the DCPU. Sessions were taken by DCPO, CWC, JJB members and Program Manager, IDF. The orientation was more towards making the team familiar on Child Protection issues, making them understand the present scenario of CP issues in West Singhbhum. Covid Appropriate Behaviour was followed during the program. District Social Welfare Officer came for a small session on the first day.



OUTCOMES/IMPACT

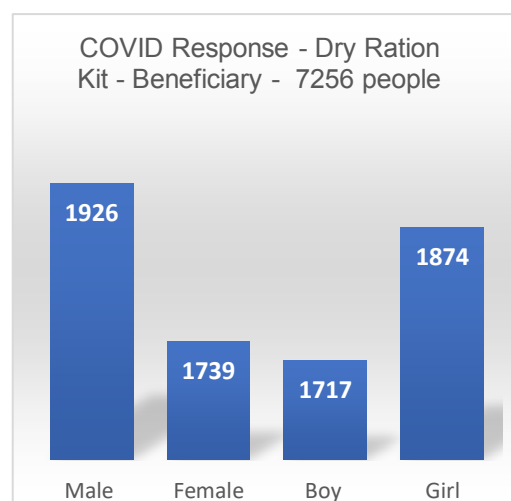
1 1317 Sponsor family reached during COVID-19 pandemic. It was through telephone calls knowing about their well-being. Dry ration & hygiene kit were provided when it mattered more.

2 Support was provided to the District & Block Health and Social Welfare Dept. by supplying protective equipment's (Masks, Gloves, Sanitizers & PPE kit). It was appreciated by concerned Departments.

3 720 children studying in Class VIII-X were provided study kit to support in their education during the Covid-19 pandemic time. 26 villages were covered under this initiative.

4 IDF-Plan kept on playing a key role as a DCPC member. Last year IDF-Plan was nominated as a member of the District Child Protection Committee (DCPC) in W.Singhbhum.

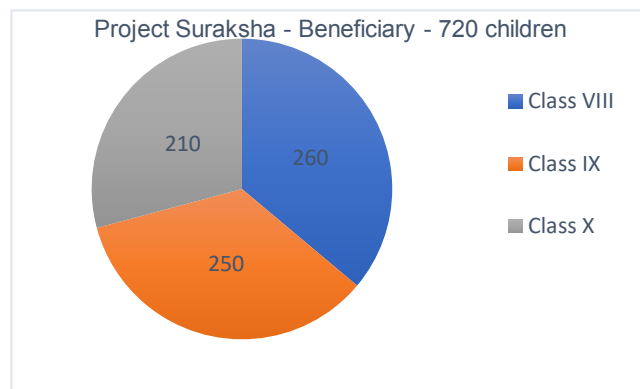
5 Two SHG's associated with us have now sustained. We take catering service, repair & construction work from them. They are taking up contract without any advance money.



6 Two rainwater harvesting structure has come up in our program area (with schools) which is expected to benefit over 1000 children associated with High School Bhoya & Middle School Pandrasali. It is a new initiative in the entire block.

Reach of program

The reach of the program in the current year has been through the efforts in the month of July-October 2020. Major reach has been through Education kit support and Covid-19 response work. One remarkable work has been the reach to all 18 Blocks of the West Singhbhum district through Health and Social Welfare Department on account of Covid-19 relief response work.



1 Project Suraksha: A Plan against COVID-19 Education Kit support to Girls

2 COVID-19 responses in program area & District

Case Study – Successful story showing sustainability

Sunita Purti is the Anganwadi worker/Sevika of Uparlota Angan Wadi Centre. She is an active AWW amongst others in our program area.



The challenge was to Ensuring nutritional components in meal at AWC for children & take up Early childhood education (ECE) work in the AWC. ECE is needed for overall development of child during the growing days.

SOLUTION Sunita took part in ECE training organized by IDF-Plan in Chaibasa in December 2019. The training was on understanding the various domains of ECE which also includes knowing & practicing Baal geet/chetna geet.

Sunita along with the Sahaiyaka took up the fencing work by herself after getting motivated by similar work done by IDF-Plan in Bandasai, Khunta & Bhoya. She managed the seeds herself however she was in touch with IDF team regarding field preparation & sowing seeds.

RESULTS In AWC Uparlota, Sunita is practicing ECE sessions with around 33 children. Children have become vocal than earlier & their attendance have improved. They can recite the Baal geet taught to them by Sunita. Confidence level of children gave improved.

Use of leafy vegetables have enriched the meal at the AWC. Sunita along with the Sahayika is taking care of the kitchen garden. After her initial success we have provided her seeds in February 2020.

Key Challenges

1 Fund flow during the 1st qtr of the year is late which increases the quantum of pressure for the next three quarters.

2 COVID – 19 unsettled our year plan & set of activities.

3 Carrying out relief work during lockdown, getting permission from Block, purchase & distribution work.

4 FCRA Amendments and related implementation strategy.

Lessons Learnt

1 Developing understanding on COVID, generating awareness amongst community members on same through various methods was a new learning experience.

2 Youth Fellows have mingled well with children in the remedial classes & are helping them in studies.

Project No. 8

Comprehensive Abortion Care

Location:-10 Districts of BIHAR, Supported by:- IPAS

Background

Abortion in India has been legal under various circumstances for the last 50 years with the introduction of Medical termination of pregnancy (MTP) Act in 1971. The act was amended in 2003 to enable women's accessibility to safe and legal abortion services. In 2021, MTP Amendment Act 2021 was passed with certain amendment in the MTP act including all women being allowed to seek safe abortion services on grounds of contraceptive failure, increase in gestation limit to 24 weeks for special categories of women, and opinion of one provider required up to 20 weeks of gestation. Abortion can now be performed until 24 weeks pregnancy as the MTP Amendment Act 2021 has come in force by notification in Gazette from 24 September 2021.

Objectives

- To increase safe abortions in primary health care facilities by 25 percent.
- To increase the number of women undergoing safe abortions instead of unsafe procedures by 25 percent.
- To increase use of effective contraceptive methods to prevent future abortions.
- To reduce the rate of MMR of the country.
- Proper use appropriate techniques for safe abortion
- Best practices on infection prevention

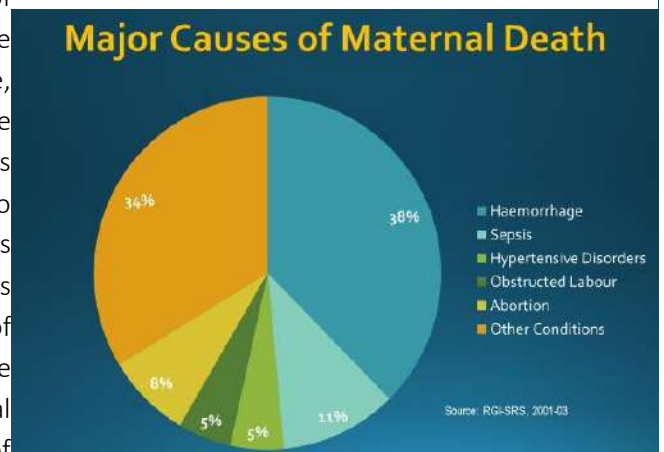
Goal

The overall goals of the project were to enable rural women to exercise their sexual and reproductive rights by educating them about the availability and legality of safe abortion, and to increase the number of rural abortion facilities.

Abortion Scenario

Unsafe abortion is a significant yet preventable cause of maternal deaths. Though Medical Termination of Pregnancy (MTP) has been legalized in India since 1971, the access to services is still a challenge, Especially in the rural and remote regions of the country. While there is a desire for small families among Married couples, this has not translated into contraception usage. Further, no contraceptive is 100% effective and therefore, safe abortion services would always be a necessary component of reproductive Healthcare. Ensuring Comprehensive Abortion Care (CAC) services is now an integral component of the efforts made by the Government of India to bring down maternal mortality and morbidity in the country.

Fig-1 Major Causes of Maternal Death



The Maternal Mortality Ratio (MMR) for India is 113/100,000 live births (RGI-SRS: 2016-18) and unsafe abortions account for 8% of the MMR.

CAC: Woman-centred approach

Abortion care services should be transformed from being just a medical procedure into a woman centered CAC approach. This implies providing safe and legal abortion services, taking into account different factors influencing a woman’s physical and mental health needs, her personal circumstances and the ability to access abortion services. The three key elements of this approach, which would help the transition of abortion care to being woman-centered care, are:

Quality: Care provided with all the standard norms followed as under high quality of care, some of Which are:

- Provision of adequate time for counseling
- Maintenance of privacy and confidentiality
- Use of internationally recommended technologies, such as MVA, EVA and MMA
- Adherence to appropriate clinical standards and protocols for infection prevention, pain management, management of complications and other clinical components of care
- Provision of post-abortion contraceptive services, including emergency contraception
- Provision of reproductive and other health services, such as RTI/STIs and counseling on sexual behavior.

Important steps taken to establish CAC services are:-

- Provision of funds to states/union territories for the operationalization of CAC services including drugs and equipment, at health facilities
- Capacity building of medical officers in safe MTP techniques
- Training ANMs, ASHAs to provide confidential counseling for CAC and promoting post-abortion care and contraception

- Active monitoring of CAC services in the public health facilities through Health Management Information System (HMIS) and the monthly reporting.

Work Activity

Meetings

Meetings with CS, DPM, DS, MOIC, DPC, CAC Providers, Nursing Staffs, ASHAs, BCM of the concerned facilities, which were the primary vehicle for conveying the message of this intervention, were held twice each month in all concerned districts. During meetings first told the stories about CAC services & MTP regulation on basic information about the circumstances in which abortion is and is not legal and about the different termination techniques available up to the 12th, and 24th weeks of pregnancy respectively. Information on different contraceptive techniques was also provided

Also discussed and conduct CIOs, FBIs at the facilities.

Block-level workshop (FBI Facility Based Intervention):-

Based on field observations, workshops were organized for the Nursing staffs, Medical Officers, Health Managers as well as for community health and social workers in each of the facilities. These workshops were designed to strengthen the women's capacity to make their own decisions about their reproductive lives. Many of the local Anganwadi (government health center) workers (AWWs) and accredited social health activists (ASHAs) were themselves previously uninformed about the distinctions between legal and illegal abortions.

SGT (Second Generation Training):

No of SGT training Centre:- 09

1. Patna:- PMCH Patna
2. Magadh:- ANMCH Gaya
3. Bhagalpur:- Sadar Hospital Bhagalpur
4. Munger: RPMU Sadar Hospital Campus, Munger
5. Tirhut: - SKMCH Muzaffarpur
6. Purnea:- Sadar Hospital Purnea
7. Saran:- Sadar Hospital Saran
8. Koshi:- Sadar Hospital Saharsa
9. Darbhanga:- DMCH Darbhanga



Fig 2- During Second Generation Training

SGT training on MTP for CAC services at regional training centre. The number of participants of the training is 47 Medical officers and 50 nursing staffs from the concerned facilities of the state of Bihar. The duration of SGT is 12 days for Medical officers and 6 days for nursing staffs. Also booked and confirmed the MTP cases for hands on our SGT medical officers. In this year 6 Medical officers and 6 nursing staffs were trained on CAC services and they started MTP cases at the concerned facility with safe methods and

they are using appropriate techniques. The **Objective of the training**

Understand the key elements in 'Comprehensive Abortion Care' approach

Acquire knowledge and skills to practice updated, safe abortion technologies, infection prevention measures and effective counselling

Establish quality abortion services at your health facilities as per the CAC Training and Service Delivery Guidelines, MoHFW, 2018

Obtain certification as a trained MTP provider under the MTP Act

Achievements and Challenges

Regular and consistent interaction with the facility overcame the initial barrier to discussing the sensitive topic of abortion and related personal issues. Adolescent girls and newly married females came forward to participate in the intervention without any hesitation, and were eager to spread the information they received throughout their villages. The project was clearly effective in communicating the basic message that abortion is not a social stigma to be handled out of sight by unqualified people, but rather a personal choice to be exercised safely and freely. However, there remained some confusion among the program participants about the different stages of pregnancy when different abortion techniques are indicated, and more work needs to be done to reinforce this specific information.

Outcomes

Following is a selected list of outcomes of the intervention for the reported years:

- 12 Medical officers received training on safe abortion.

- 12 Nursing Staffs received training on safe abortion.
- 1173ASHA workers are received on site training on safe abortion criteria through CIOs.
- 536 Nursing staffs were received training on safe abortion criteria.
- Maximum facilities were started a CAC services after the continue follow up and regular visit at the facility.
- Started CAC services at the facility with safe methods.
- Procure and available of MVA at the concerned focal facilities for the CAC services.
- Indent of MMA drugs at the respective districts for the medical methods of abortion.
- All the Selected facility started CAC Services with Safe method of abortion after the Continue follow-up & Visit.
- Procure and Insure Availability of MVA at all concerned Focal Facility.
- Indent MMA Drugs at Respective District for Medical Method of Abortion

Health Official Trained during the year

▪ Total MTP Cases	2228
▪ Total No. of trained Doctors	12
▪ Total No. of Trained Nursing Staff	12

Program Support:- Activities during field visit to Focal Facility

- Analysis the CAC data @ OT,OPD & labour room
- Gone through with OT & OPD register
- Finding after observation
- Orientation of facility staff on documentation, waste management, instrument processing and chlorine solution
- Check availability of MVA, Cannula & MMA Drugs
- Check all the instrument related with MTP
- Identify & Orient Nodal person On CAC & PAFP service.
- Orientation on MMA mechanism and follow-up.
- Check MMA mechanism implemented or not.
- Collection of log sheet.
- Insure the entry updates in HMIS.
- Insure CAC cases Incentive Reimbursement to Service Providers.
- Discussion with providers to increase CAC cases.
- Issued letter and conduct facility based intervention.
- Orient Community Health work on CAC services.
- Insure placement of sight signage and Poster in OPD, Labour room and OT.
- Indent MMA & MVA
- Participate DHS monthly Meeting

- Nomination of doctors for upcoming SGT.



Fig 3- Review meeting with Provider and NS

Project-8

Technical Support for Community Managed Jal Jivan Mission and ODF Mission in Garhwa

Location:-GARHWA, Supported by:- UNICEF Garhwa

Preface

Since last 3 years Integrated Development Foundation jointly with Unicef Jharkhand , has been providing technical support to the Department of Drinking Water & Sanitation, Palamu and Godda in different dimensions of water and sanitation aspects and in their implementation and in smooth implementation of Jal Jeevan Mission and sustain Open Defecation Free status in the rural areas of both the districts. Jal Jeevan Mission targets to provide in every rural household drinking water supply in adequate quantity of prescribed quality on a regular and long-term basis at an affordable service delivery charges leading to improvement in the living standards of rural communities; as well as, it

ensure sustainability of open defecation free environment achieved during the implementation of Swachh Bharat Mission (Gramin).

Objective

- Support DW & SD in implementation of Jal Jeevan Mission; further make it a peoples' mission
- Ensure sustainability of Open Defecation Free environment in the community
- Promote village to ODF +

Activities done under the objectives

Jal Jeevan Mission

Under Jal Jeevan Mission , IDF Palamu team has performed diverse activities at different levels ; District level, Block level, Gram panchayat level and at Village level.

District Level

At district level , IDF team has worked with the district water sanitation mission on strategy preparation, multi departmental convergence, capacity building of stakeholders etc.

Preparation of action plan:

IDF team has conducted one round consultation with DWSD, Palamu to develop the District JJM Action Plan. The plan required a district level consultation with different departments for convergence approach to understand their initiatives for water conservation, rain water harvesting, grey water management etc. The team is consulting these departments individually to take their schemes related to water management, conservation, grey water management mechanisms and finalize the District JJM Plan and get approved from EE, DWSD, Palamu and submit to UNICEF.

The IDF team in both the districts has collaborated with Assistant and Junior Engineers, DWSD to discuss on various issues on current status of water supply coverage, geographical terrains, water quality issues, water sources and capacity building aspects. The Jal Jeevan Action Plan has been finalized after rounds of discussions with the Executive Engineer, Assistant Engineer , vide **letter no. 135 dated 27.01.2021** the action plan has been shared to state planning monitoring unit and unicef Jharkhand.

District level Convergence workshop

Convergence is one important strategy for the implementation of Jal Jeevan Mission as guided by the national guideline for the implementation of JJM issued by ministry of Jal Shakti GoI. In Palamu district, a one-day workshop was organized on convergence with different departments i.e., department of Water and Sanitation, department of Panchayati raj, department of Health,



department of Education and also the Public Representatives like MP, MLA, Selected sarpanch and also district administration. All came upon a single platform to prepare the convergence methods for implementation of Jal Jeevan Mission in the district. IDF team took up a positive role to share the convergence methods of different departments as guided by the national guideline.

Training of trainers:

Capacity building is one of the key components for successful implementation of Jal Jeevan Mission at the village level. IDF team facilitated 4 batches about orienting 123 participants which included the JE, Block Coordinators social mobilizers, water quality laboratory technicians etc. They were briefed upon different issues like making JJM a people's mission, preparation of village action plan under Jal Jeevan mission and engage community for ownership development, water quality surveillance, etc.

Block Level

At the Block level, Integrated Development Foundation has also taken effective role in different activities on convergence with the lined departments. Integrated development foundation has organized capacity building with frontline workers like block program manager 15th Finance and MGNAREGA, Panchayat Sevak, Rojger Sevak, Mukhiya (Sarpanch), Jal Sahiyas etc. Total 15 (635 participants) batches have been oriented by IDF Palamu on Jal Jeevan Mission. In other blocks as well, IDF team facilitated orientation of the frontline workers on Jal Jeevan Mission, its vision and mission, importance of preparation of village action plan liquid waste management and grey water management, rain water harvesting, multi departmental convergence, water quality monitoring and surveillance, roles and responsibility of village water sanitation committees etc.



Training of Jal Sahiyas on Water Quality testing

Water Quality Monitoring and Surveillance is a key component under the Jal Jeevan Mission. Regular monitoring of water quality at the village level is important mostly in pre and post monsoon times to ensure non contamination of water whether it is chemical or bacteriological. Total 256 jal sahiyas have been oriented on water quality testing with field testing kits. After hand on trainings by IDF team, the oriented Jal Sahiyas are training other Jal Sahiyas at the village level and are also testing different water sources at the village and sharing the report with the department. If there is any contamination found in the sample, resampling is being done by the Jal Sahiyas and are being sent to the district water quality testing laboratory for retesting.



GP / Village level

Any mission or program does not become successful until it becomes a peoples mission. It would be appropriate to say that for the implementation of Jal Jeevan Mission and its sustainability , it is much more important to develop ownership among the community of the villagers .

Integrated Development foundation hand on works with the department of Drinking Water and Sanitation for defining the role of different stake holders at the panchayat and village level. On the same lines , IDF has oriented village water sanitation committees at more than 850 villages in different blocks of the district.



Village action plan

Preparation of village action plan has been defined as one of the important initial process of installing functional household water tap connection at villages under Jal Jeevan Mission. IDF team in Palamu supported the District water and sanitation mission for initiating the process of making the village action plan under jal Jeevan with the prescribed format shared by ministry of Jal Shakti (GoI) . IDF team has facilitated 75 selected gram panchayats for preparation of village level action plan under which thd VAP of 370 villages has been prepared and shared with department. Different methodology have been taken up as PRA activity, facilitation of Gram Shabha, selection of scheme and water source, formation of Pani Samitee for better operation and maintenance etc.



Also, IDF Palamu team has oriented and reoriented frontline workers like Block Coordinators and social mobilizers for the preparation of village action plan in other villages of different blocks. On the same lines , IDF team has supported the DW & SD team for preparation of village action plan and share with the department.

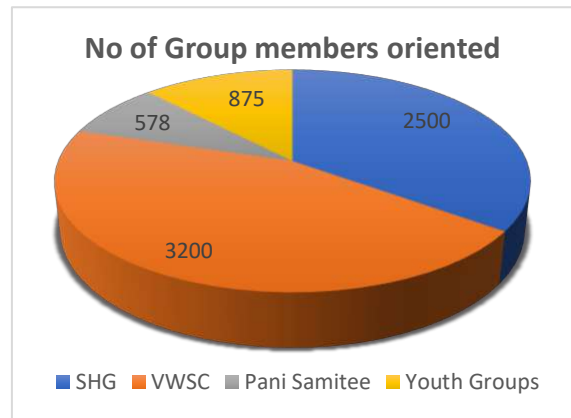
Community Mobilization

Community mobilization is an attempt to bring both human and non-human resources together to undertake developmental activities in order to achieve sustainable development.



community mobilization as a process whereby a group of people have transcended their differences to meet on equal terms in order to facilitate a participatory decision-making process. In other words, it can be viewed as a process which begins a dialogue among members of the community to determine who, what, and how issues are decided, and also to provide an avenue for everyone to participate in decisions that affect their lives. It is evident that there are a number of obstacles which are serving to prevent a mobilization process from occurring.

IDF team in the district has taken optimistic roles for bringing community awareness generation under Jal Jeevan Mission. With same objective IDF team has targeted different platforms for community mobilization. Different village level organizations like Shelf Help Groups under Jharkhand Livelihood promotion society, Village Water Sanitation Committee, Pani smite, Youth groups for brining mass awareness generation on Importance of Jal Jeevan Mission, its objectives, missions, visions and components and how it is important for the villagers to take part to make Jal Jeevan mission successful and sustainable. Total 7135 group members have been oriented for further doing community mobilization under Jal Jeevan mission.



Operation and Maintenance of Schemes

It is envisaged under JJM that the community will play a leading role in planning, implementation, management, operation and maintenance of in-village water supply infrastructure thereby leading to FHTCs to every rural household. The willingness of community, reflected through Gram Sabha resolution and community contribution, will be the foremost criterion for planning of water supply system in villages. GP and/ or its sub-committee, i.e., VWSC/ Paani Samiti/ User Group, etc. will function as a legal entity as envisaged in the 73 Amendment to the Constitution. Integrated



Development Foundation team in the district has mobilized the community and the village water sanitation committees and the Pani Samities for operation and maintenance of the in-village water supply schemes for its better sustainability and community involvement for safeguarding the sustainability of the village water supply schemes and developing ownership. Under the same IDF team has initiated orientation in 10 villages of the district where functional household water tap connection have been provided from different schemes. It is declared in the operational guideline of Jal Jeevan Mission that community participation is an important component ensuring sustainability. IDF team has conducted Gram Shabha (village meetings) in presence of the Sarpanch, Village water supply committees, Pani Samitees for operation and maintenance of in-village water supply schemes. On the same community contribution is a major part of operation and maintenance which is mentioned in the JJM guideline. In the gram shabhas the villagers have decided to pay monthly connection charge against household water tap connection. People in different villages decided Rs. 30.00 to 50.00 to pay against monthly water tax. Also, the village water sanitation committees have

decided Rs. 150.00 for initial connection charge to be charged for every new household connection. The practice was showcased to honorable Shashi Ranjan, District collector of Palamu and was much admired. The systems are running well in the village and the Jal Sahiya cum cashier is collecting the monthly water tax with a receiving slip.

Ensure Sustainability of Open Defecation Free Environment

Swachh Bharat Mission was launched on 2nd October 2014 by the Hon'ble Prime Minister, Shri Narendra Modi, with an aim to achieve a clean India by 2nd October 2019, a tribute to Mahatma Gandhi on his 150th birth anniversary. Swachh Bharat Mission aimed to provide safety, security and convenience, especially for women and children, by eliminating the shameful habit of open defecation across the country.

In the pre SBM scenario as per base line the coverage of Palamu district for the house holds having Indian Household Latrine was poor sanitation coverage. After the implementation of Swachh Bharat Mission 309766 (including base line; as per IMIS data of SBMG) household latrines have been constructed. Also, the district has been declared as Open Defecation free district along with the State during 2018. Till now left out households have been full sanitation coverage as per ordered by GoI and GoJ. Later on with another order of GoI and GoJ for universal sanitation coverage another 36633 households have been identified in Palamu to be brought under the universal sanitation coverage.

Now the issue comes with the sustainability of the ODF status in district is a challenging task and in similar way important to sustain the hardly gained ODF status. for the same community mobilization and participation is one of the most important things. Also, with the same objective GoI has launched Swachh Bharat Mission Gramin Phase II country wide with the objective to sustain the ODF status of villages and to improve the levels of cleanliness in rural areas through solid and liquid waste management activities, making villages ODF Plus. An ODF Plus village is defined as a village which sustains its Open Defecation Free (ODF) status, ensures solid and liquid waste management and is visually clean.

Activities Undertaken

District Level

IDF team in Palamu district discussed new central guideline of ODF Plus under SBM-G Phase -2 to revise district ODF Plus in Palamu. In the district IDF team has conducted several meetings with district water sanitation mission for revising a ODF-S plan for the district. Different IEC activities, capacity building programs of different stakeholders have been covered under the ODF-S plan for the district. The draft copy of the revised ODF-S plan was been submitted to DW&SD for its roll out in the district.

Different monitoring tools have been developed with discussion with DW &SD for monitoring of the progress of the program and shared with the department.

Capacity Building at District level

At the district level ,IDF team facilitated one district level orientation of Block Coordinators and social mobilizers on ODF sustainability and SBM(G) Phase II. 38 participants have been oriented on SBM II its objectives and implementation at the villages. different aspects of solid waste and liquid waste management at community level and at individual level have been discussed broadly. Also, during the orientation convergence methodology have been discussed with the participants with department of Panchayati Raj under 15th Finance commission and also with MGNAREGA.

IDF team in the district has coordinated with DWSD in orientation of different stakeholders like Jal Sahiyas VWSCs and PRI members to orient on ODF sustainability. In which retrofitting of toilets is very much important.

Block Level

At block Level IDF team has conducted different activities under ODF-S activity. As guided by the department of Drinking Water and Sanitation, Department of Panchayati Raj convergence have been done with the lined departments for construction of different solid and liquid waste management at the community and institutional level. Regular meetings have been done with the departments for implementation of the same.

Capacity building of stakeholders

Following the achievement of ODF status in rural communities, the capacity of key stakeholders at the State, district and block levels needed to be planned to implement and monitor the ODF Plus activities. Stakeholders include VWSCs, functionaries of BWSC, DWSM, ASHA, Anganwadi workers, SHG members, masons, CSOs / NGOs, etc. The training to be conducted on various aspects of ODF Plus, including promoting behavioral change through IPC, door to door visits, masonry work, plumbing, skills for maintenance of toilets, and other SLWM activities.



The District Swachhata Plan covered details of the annual capacity building action plan covering every GP in the district, with identification of the training institute / agency, training components and the intended trainees, with definite timelines. This exercise was monitored by district authorities IDF team. Training workshops / refresher trainings for sensitization, awareness generation and technical know-how to be conducted to build the capacity of human resources to lead and sustain ODF Plus initiatives as it is envisaged in the operational guideline of ODF Phase II.

Under the same, IDF team conducted one day workshops in 6 Blocks of Palamu after a discussion with DW & SD for frontline workers and the lined department officials. Total 290 participants were oriented on construction of individual household toilets, retrofitting of toilets, construction of community sanitary complex, solid waste management both bio degradable and non- biodegradable, plastic waste management, liquid waste management, grey water management, fecal sludge management, role of Swachhta Grahis and the village water sanitation committee. In the coming days the oriented participants will take leading role to implement the SBM II and ensure ODF sustainability.

As well as IDF team has conducted more than 2400 group meetings in the district with community members, SHG groups, VWSCs, and conducted different sanitation drive programs to maintain sustainability of open defecation free environment.

Orientation of Jal Sahiyas on Retrofitting Of toilets

One of the most important objectives of SBMG phase II is to retrofit of non-functional toilets in the villages. Integrated Development Foundation in Palamu has oriented 280 Jal Sahiyas on retrofitting of toilets in different blocks in small batches. During the orientation it was discussed on Retrofitting of unused / partially damaged toilets which is an action or measure to address a technological gap/problem affecting a toilet's functionality and excreta management process including its sanitary status, e.g. incorrectly constructed pits, faulty pipes and chambers, absence of 'Y' junction, weak or damaged superstructures, pit cover and poor plinth foundation, inappropriate distance between pits, depth of pits, or wrongly built septic tanks. These technological problems can usually be addressed with a few low cost and easy solutions which are provided in the 5 days Resource Booklet for Sujal and Swachh Gaon developed by DDWS.



After the discussion also the Jal Sahiyas have been given on field technical demonstration for retrofitting of toilets on the basis of the type of damage / condition of the toilet like

- Chocking of Syphon,
- Construction of second leach pit if the toilet is having only one pit.
- Repairing of damaged pipes,
- Blocking of Y junction in the inspection chamber also how to move direction fecal material for one pit to other when it is full.
- Also discussed on emptying of toilet pits after it is full and decomposed properly.
- Replacing of broken door or latch etc.

Swachhta Matdan (Voting on Sanitation) in Schools

Sustainability of Institutional WASH is one of the key components of Swachh Bharat Mission Gramin. As well swachhta Matdan (Voting on Sanitation) is a tool where students can share sanitation status of their home and family members whether the family members are using toilets for defecation or not. This also creates a peer pressure on the family members for ensuring utilization of toilets and further sustainability of open defecation free environment in the villages.



IDF Palamu team did a trial run of the Swachhta Matdan in a school over digital platform (as all schools were closed due to COVID-19). After the successful result , round discussions were held with the district education officer and the sanitation polling was conducted all over the district on a digital platform vide a letter issued by district education officer , in which 72 % students responded that all the family members are using toilets, 9 % says they have toilet but some family members are



still going out, 2 % says that they have toilets but none of the family members are using it and 17 % says that they don't have toilet at home.

Conducting different campaign on WASH

Time to time , different campaigns are conducted by the Department of Water and Sanitation, Jharkhand in which IDF team closely works with the district water sanitation department for the successful implementation of the campaign. IDF team takes positive role to put the campaign in a kinetic motion in the district at different levels.

“Chuppi Todo Swasth Raho” Campaign

Department of WATER and Sanitation launched “Chuppi Todo Swasth Raho” (break the silence and be healthy) Campaign in 2019 on Global Menstrual Hygiene Day. In 2021 too , the campaign was conducted in Palamu as instructed by the department of Drinking



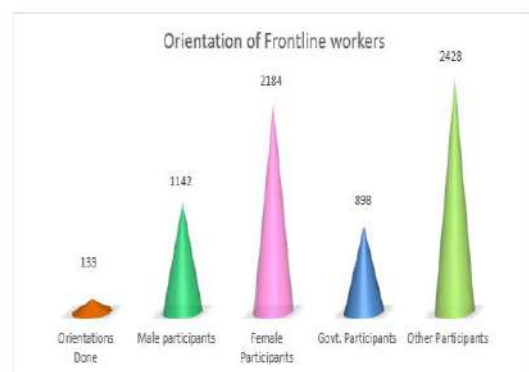
Water and Sanitation. In 2020 – 2021 , the situation became challenging due to sudden outbreak of COVID-19 countrywide and a total lockdown. While the globe is under the threat of Corona virus., menstruation will not stop in any circumstances. It will go on in its natural way. 2021 saw the celebration of the Global Menstrual Hygiene Day was with the theme '**Periods in Pandemic**'. The idea behind choosing this theme was to highlight the challenges faced by women during menstruation have worsened due to the ongoing pandemic. Government of Jharkhand started the “Chuppi Todo Swasth Raho” campaign in a digital platform following all the protocols circulated by the department of health (GoI & GoJ).



Different activities have been undertaken about generating awareness on digital and offline platform among the community, adolescent girls, Anganwadi Sevika, Swasth Sahiya, Poshan Shakhi etc. IDF Palamu team also supported the department of Health in the distribution of sanitary pads to the students.



During the month-long campaign , 133 orientations were conducted on digital platform and in small groups where 6652 participants were oriented on MHM and how to manage it during the pandemic. These participants further oriented the village adolescent girls, women etc. As well **red dot challenge** has been taken by the participants during the orientations.



Gandegi Mukht Bharat Abhiyan

Gandegi Mukht Bharat - a weeklong campaign launched by the ministry of Jal Shakti (GoI) and DW &SD GoJ from 8th August to 15th August 2020. Objective of the campaign was to generate awareness on solid waste management among the community as well as cleaning campaign at different community and public places by the frontline workers and PRI members. IDF Palamu team discussed with district water sanitation mission for the campaign. Also, the campaign was put in motion in Palamu as ordered by the District Collector with **letter no. 140/SBM-G dated 07/08/2020**.

Under Gandegi Mukht Bharat Abhiyan, IDF Palamu team oriented 235 PRI members on the campaign and day wise its schedule. Also, IDF team has facilitated a e-Ratrichaupal, chaired by the DC over digital platform in which the participants discussed about the campaign and the day wise schedule and hazards of single use plastic. Also, an appeal has been made to the participants to discard use of single use plastics.

The campaign also reached the school children on digital platform in which more than 4500 students took part in painting competition, essay competition etc. Among which one student has been awarded at state level for her best essay on Swachh Gaon Swachh Bharat.

Mass Awareness Generation Campaign under JJM

A mass awareness generation campaign was launched by DW&SD, GoJ from 2nd Oct to 15th Oct 2020. Different activities were scheduled as per guided by the

department. IDF Palamu team took positive role to conduct the day wise activities in different blocks and villages as per ordered by District Commissioner with **Letter no. 1190 dated 01.10.2020**. Different activities have been undertaken during the campaign like Jal Jagrukta Rath movement at the villages, special Gramshabha on water, awareness on water quality and proper management of drinking water, block level workshop on preparation of village action plan.



The campaign ended with celebration of Global Hand Washing Day. On the handwashing day, 2358 schools participated in hand washing program where 5808 teachers washed hands with soap, 94443 students washed their hands at homes, 7855 SMC members, 5544 family members, 127 block level officials, 9 district level officials washed their hands and 8148 students participated in painting competition on the theme of handwashing and sanitation (data from dept. of education).

Celebration Of important Days

At Palamu, IDF team supported District Water Sanitation mission in celebrating some important days in the district as per the direction State water sanitation mission, Jharkhand.



Celebration of Global Hand Washing Day

Global hand washing day was celebrated on the 15th October 2020, in the district at different levels; Community level and at Village level at Anganwaries, health center and sub centers maintaining social distance and health protocols during this covid times. Also, Global hand washing day was celebrated in 2100 schools of Palamu where the present teachers washed hands and more than 15000 students washed their hands at homes and put picture of the same on the parents' teachers' whats aap groups.

Also, IDF Palamu team technically supported the DW & SD, Garhwa division in the celebration of Global Hand washing day. A program was organized at Middle School Gonda on this occasion. A hand washing platform has been inaugurated by Shree Mithilesh Thakur, honorable minister department of drinking water and sanitation, GoJ, in which honorable minister addressed on the importance of hand washing regularly.



World Toilet Day

On 19th November 2020, World Toilet Day was celebrated all over Palamu and IDF Palamu team, supported by the DW & SD, Palamu. Different activities like small village meetings, interpersonal communication were conducted in the 21 blocks of Palamu where frontline workers like Swachhagrahi/ Jal Sahiya, PRI members, Anganwadi Sevika and other villagers were briefed on the importance of toilet and the hazards of open defecation. Also, fecal oral contamination and how to break the chain was discussed during the meetings.



COVID 19

COVID 19 pandemic worldwide, caused much disorder. In India too, GoI as well as Govt. Of Jharkhand declared total lock down to break the chain of spreading virus. In this situation IDF Palamu team supported the community and the department of Health to bring mass awareness among the people to safeguard against COVID 19 maintaining the govt. protocol and guidelines.

In this outbreak of COVID 19 in the districts, IDF is supported the district administration at different level i.e.

- Orientation / capacity building of different frontline workers.
- Supporting in Awareness generation in community.
- Adopting WASH activities
- Regular follow up with the frontline workers and in other activities.

All the activities are being undertaken maintaining the state govt. and district administration protocols.

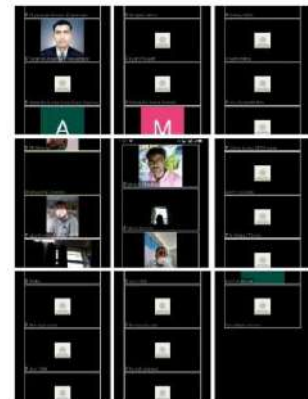
Strategies undertaken

To continue supporting district administration during COVID 19 pandemic out of which some strategies have been taken by the IDF team in both of the districts:

- Orientation of frontline workers like PRIs, Panchayat Sachiv, Swachhata Grahi, Panchayat Sevak, Anganwadi workers etc. on COVID 19 and its safety measures.
- Using of digital media and social networking sites to downflow messages on COVID 19 to the villagers.
- Liaising with district administration to conduct WASH activities.
- Orientation of the school teachers and further reaching children and the families with the message of COVID 19 and adopt WASH behavior.

Activities in a Brief

Orientation of the Frontline Workers: As the PRIs, Panchayat Sachiv, Swachhata Grahi, Panchayat Sevak, Anganwadi workers etc. are supposed make the community aware on Corona Virus, its safety measures and also to identify any symptoms in the villagers and then report to health department. It was important to orient them on COVID 19 about which the nationwide lockdown has been implemented. Under this situation, IDF team in Palamu oriented people over teleconference, WhatsApp video conference, one to one phone call and ZOOM video calling. They were oriented with the govt approved contents on awareness on COVID 19, its safety measures to be taken by the community, hand washing with soap in frequent intervals for not less than 20 seconds, using of masks, maintaining of social distance etc. Also, in this way to pass the messages to the community maintaining the state health protocol and instructions. As a result:



- In the district, more than 17795 frontline workers have been oriented and the oriented members are also bringing awareness in the community.
- Mukhiya / Sarpanch / Jaal Sahiya/ Swachhatagrahis are generating awareness in the villages in small groups maintaining social distance. They are visiting individual houses in the community to make them understand the importance of Hand washing with soap and water, using of mask, maintain social distance during going to the public places.
- The PRI members are distributing soaps, Masks and sanitizers to the needy families. In the district till now More than 55295 soaps and 74535 masks have been distributed by the Mukhiya/ Sarpanch in the villages using 14th Finance funds as guided by the department of Panchayati Raj and Gramin Vikash, GoJ. Also, sanitizers are being distribute to the families.
- At the water collection points to ensure social distance round circles have been drawn by the PRI members at a distance of 1 meter.



- Mukhiya/ sarpanch are spraying disinfectant to sanitize the villages and the public place.

Awareness Generation in the community:

IDF team in the district is also supporting in community mobilization through social networking sites like Whats app. In the district **175 whats aap groups** have been formed at gram Panchayat Level and at Block level. The block level whats aap groups comprise of BDO, Mukhiyas, Social Mobilizers (SBMG), and IDF team member and the Gram Panchayat level groups have Mukhiya, Jalsahiyas, Ward Members, Panchayat Sevak, Anganwadi Sevikas, some known and active villagers and IDF team members. Regular messages on COVID 19, its safety measures, government approved guidelines on COVID 19, Dos and Don'ts, and WASH messages are regularly being shared.



Liaising with district administration: During this time of pandemic IDF team in Palamu and regularly supporting district administration to conduct WASH activities in the district. Regular interaction is being done with Disaster Management (Apda Mitra) unit at the district level. As a result

- As per state guideline 'Meals on Wheels' program is in full swing to provide cooked food to the needy people.



IDF team discussed in the districts to conduct hand washing before providing food to the people . The same has been accepted by the disaster management cell and people are washing hands with soap before getting cooked food.

- The disaster management unit is providing 'Ration'(groceries) to the needy people. More than 500 people in Palamu are benefitting of it. IDF team's approach to include a soap in every packet which will be a support in making the message of hand washing reach the rural areas. The idea has been accepted by the disaster management cell and all the grocery packets now contain a soap.

- In the district 'Didi Kitchens' are being run by the SHGs to provide cooked food to the needy and migrated people in the villages without cost as per instruction of Gov of Jharkhand. IDF team oriented 180 SHGs on COVID 19, food hygiene, hand washing with soap before consuming food and maintaining social distance.



- In Palamu, the disaster management unit has accepted the request of IDF team to address menstrual hygiene during this lock down. In the remote villages where there is no scope of getting sanitary pad due to lock down, disaster management team has distributed 183058 **packets of sanitary pads** to the adolescent girls and women in the remote villages.

Orientation of school teachers: Integrated Development foundation is also organizing capacity building programs for the school teachers on COVID 19 through Zoom video conference and teleconference. The objective of the orientation is to bring awareness among the teachers, the students and the families through parent teachers Whatsapp groups formed as ordered by state govt. to provide e-learning to the students during lock down.

Construction of Hand Washing Platform at Schools:

Frequent Hand washing has proved one of the most effective tools to reduce the spread of covid 19. Schools were also about to reopen as per the SOP circulated by Jharkhand Education Project Council. With the support of Unicef – Jharkhand, IDF team has constructed 35 hand washing platforms at different schools for the promotion of hand hygiene among the school students. Total 20173 students have access to hand washing with running water and soap at those schools.



Way Forward

Integrated Development Foundation in the coming days is targeting to work closely with DW & SD, Palamu and Garhwa for the implementation of Jal Jeevan Mission and maintaining the sustainability of open defecation free environment in the villages as well as in the district, besides a better operation and maintenance of the in-village water supply schemes or community assets. Also, coordinating with the district administration, IDF team will continue to work on COVID appropriate behaviour and community awareness generation programs.

Technical Support for Community Managed Jal Jivan Mission and ODF Mission in GODDA

Location:-GODDA, Supported by:- UNICEF Garhwa

Preface

Partnered with **UNICEF** Jharkhand to support District Water Sanitation Department in Godda for smooth implementation of **Swachh Bharat Mission Gramin (SBM-G)** and **Jal Jeevan Mission (JJM)**. The project targeted to engage the community and generate demand and facilitate for them to leap one step ahead on sanitation ladder and sustain ODF+ status. The project involved not only about constructing toilets but rather ensuring sustainable usage of toilets. Under this premise, focus has been given to behavioural change activities with priority given to IPC to change people mind sets about open defecation and convince them about the need to build and use toilets. Jal Jeevan Mission aims to provide drinking water to every household by 2024 with approved quality and prescribed quantity. Our projects aims to mobilize communities and emphasis on strengthening of VWSC, awareness of people regarding Water conservation, Wastewater management, Water Quality monitoring and making their Gram Panchayats self-dependent with respect to availability and accessibility of drinking water.

Goal: To make a visible change in hygiene and cleanliness in rural and urban India with a holistic approach of integrating sanitation and waste management to impact health and living standards of communities.

In the beginning, work was undertaken by our Foundation including implementing **UNICEF** Program in **Godda** District in Jharkhand.

1. Access to safe and clean water and strengthening of VWSCs;
2. Promoting Safe Sanitation for Individual Households from Demand Generation to Sustained Use;
3. WASH in Schools- Creating Awareness, infrastructure & Capacities for healthier future;
4. Capacity Building & enhancing skills: from district officers BDOs, govt. officials, PRI members, field workers, and masons for ODF+ and JJM;
5. Penetrating COVID Appropriate Behaviour (CAB) in communities;
6. Lobbying, Advocacy and Policy Planning

Sanitation -Individual HH

IDF aims to increase safe sanitation density for the poor households in Jharkhand. The overall objective of our sanitation programs is to enable the emergence of a society whose health is improved not only through better sanitation facilities but also by an improved knowledge and awareness of the concept of "**total sanitation**". The activities by IDF are spread in **Godda** District in **Jharkhand**.

Below are the broad activities undertaken in various sanitation program: -

- Create clear awareness for the benefits of safe sanitation and the dangers of unsafe sanitation.
- Generate strong demand for location-specific and preference-based safe sanitation systems for 33884 NOLB and 198 Community Sanitary Complex (CSC), e.g., twin-leach pits, so that households use and maintain them over time.

- Facilitating effective supply chain with local entrepreneurs, vendors and enterprises for meeting demands with standardized quality and needs of end users.
- Help households contact trained masons to build their safe sanitation systems.
- Ensure proper usage of the sanitation systems by fostering participatory monitoring systems.

Sanitation -School and Community

Water, sanitation and hygiene for schools has been recognized as priority areas and Govt. of India has provided provisions for the same under various flagship programs right from **School Sanitation and Hygiene Education (SSHE)** program in 1999 to Right to Education Act in 2009 and the most recent one **Swachh Bharat Swachh Vidyalaya** in 2015. However, there is a lot to be done in terms of providing infrastructural facilities and hygiene related education to enable access to sustainable WASH. Sustaining improved behaviour remains a major challenge in the WASH in Schools program.

IDF expanded WASH programs to schools to enable children as change agents for a healthier and cleaner future. The first school sanitation program started in partnership with UNICEF in 836 schools of **Godda district**, Jharkhand impacting nearly 35,000 children. Projects involving constructing school toilet across all blocks. 25 school toilet blocks and more than 145 hand washing stations have been constructed for children including direct intervention and supported programs. Creating awareness among students regarding prevention of COVID-19 through safe sanitation. One of the key component is the MHM among girls in which IDF has distributed around **46750 pads** among school going girls. Main aims and objectives of our school WASH programs are;



- Developing an enabling environment in schools and community for health, hygiene and sanitation.
- Demonstrate effective approaches to school sanitation, ensuring access to safe drinking water, child-friendly, functional sanitation facilities and a healthy learning environment.
- Promoting the adoption and sustenance of key WASH practices of school children and their families and further through (SLTS) activities.
- Enabling best practices of WASH such as Mass hand washing with soap, at critical times in a participatory manner, encouraging and monitoring each other.
- Capacity building for the stakeholders on efficient operations & maintenance services for WASH in targeted schools.
- Enabling availability of safe drinking water in the targeted schools.
- Facilitating construction/refurbishment of sanitation systems, incinerators and hand wash stations for schools for enabling behaviour change and regular usage.

Major Activities

Before the intervention of IDF, open defecation was common in the district. People never considered it as a matter of shame or looked at it from sanitary perspective. As a result health status was also low owing to their less sanitized environment. Earlier the sanitation coverage in Godda the district was about 55%. It was seen mainly that it was lack of awareness about proper sanitation hygiene and social myths attached to toilets usage that encouraged them to adopt unsafe sanitation practice like open defecation. So to ensure toilets access to all people in the districts and encourage behavioural change district administration carried out numerous activities at different levels with the support of IDF. The activities undertaken are as follows-

At District

Proper implementation strategy for JJM and SBM (G) was made at district level. At district level focus was on consistent capacity building of district level professionals from DWSC cell, Block cell functionaries, and GP level functionaries and to some extent the FLWs. IDF team closely held meeting with district administration for development and implementation of SBM (G) and channelized it to grassroots level. District level **District Action Plan (DAP)** for implementation of JJM was prepared and reviewed by DWSC, Godda. District gap analysis report on WASH status of school was shared with the concerned department which helped in preparation of District Action Plan.



Training was conducted for various stakeholders by IDF team to strengthen the ongoing implementation process. The IPC/I EC and BCC tools were developed in systematic manner with active participation of stakeholders. Following these triggering activities all stakeholders involved supported the development and implementation of action plan to bring both schools and surrounding communities to ODF status. IDF in support of district administration constructed toilets in the districts and provided technical assistance along with keeping special focus on behavioural change and community awareness to ensure the use of sanitation facilities. About Rs 60, 32,490 has been transferred for operation and maintenance of toilets and urinals through 15th FC. DWSC with support of IDF team organized thematic workshop and training regarding IPC, ODEP, ODF+ and JJM and monitoring for block and GP level functionaries on period basis at district level.

Monthly VWSC meetings was held with district administration. Training was given with hands on experience in building awareness and understanding Water Quality Monitoring tools to trigger community towards safe water supply in the respective villages. To ensure the sustainability and long term impact of ODF+ status IDF team coordinated with BDO, block coordinators, and PRI members.

Block level meeting was facilitated by IDF team Godda to help them to understand the project philosophy, aims, objectives and approaches for proper implementation of the program.

Capacity building of all field level functionaries was done

In many rural areas open defecation is not the result absence of toilets but of social acceptance of such behaviour. Community managed services fosters the sense of ownership and willingness to pay for maintenance and overall development. VWSC committee was constituted in both the districts. A series of capacity building and awareness activities were carried out to cater different sections of society. Mukhiya, village organization leaders, GP secretaries and Jalsahiya were oriented and taught about the toilet technology and serious threat of open defecation. They were trained on WASH rights, committee roles and responsibilities, water quality testing, hygiene practice and information on line with department. Around 200 representative of VWSC, Sakhimandal, Paani Samiti were oriented on ODF+.

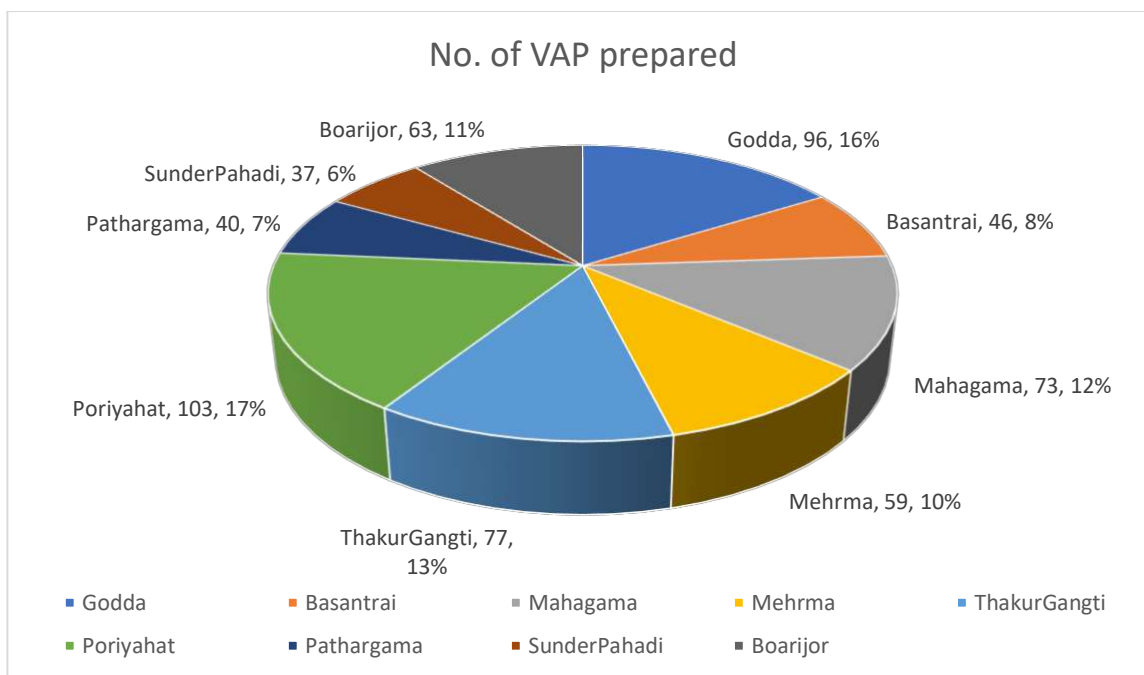
Orientation workshop was facilitated by IDF team for PRI functionaries for the sustainability of ODF+ and JJM status. This helped in facilitation of ODF+ and JJM in 9 blocks of Godda district. 16 batch training on “**Har Ghar Jal and**” was facilitated by IDF team in Godda district. Other than triggering many other activities were organized for community mobilization like **ODF Sustainability, Gobar-Dhan, SLWM and MHM**. JJM and ODF+ project in Godda has resulted to importance of drinking water facilities with appropriate quality and quantity along with empowerment of villagers in village, especially women.



VAP was discussed in front of the members which was formed on the basis of survey carried out in gram panchayat to map the existing water resources, availability of hand

Block Name	No of Participant
Poreyahat	56
Godda	55
Pathargama	57
Basantray	54
SundarPahari	53
Mahagama	56
Total	331

Under **JJM** in **Godda**, water supply distribution system were designed and retrofitted. After discussion with District Water and Sanitation Committee (DWSC), various pilot projects were undertaken. Technical discussion on DPR of Ganga Water Supply System was initiated in DWSC. It was ensured that in future the community and VWSC will operate and maintain water supply scheme. Community participation was the basis approach and philosophy of this project. In depth discussion was done with beneficiaries and members of VWSC. Community members were mobilized to contribute towards capital cost (CAPEX) of scheme and operation and maintenance (OPEX). Approximately, Rs75000 was mobilized from community in OPEX account.



Technical manuals of training module and 4 model estimates were prepared. Appropriate sanitation tools was applied for implementation and monitoring of these in-village infrastructures. With the support of IDF, solar based mini pipe water supply scheme was facilitated in 26 villages and retrofitting of **Mukhyamantri Jan Jal Yojna** in SC/ST habitations were made accessible under JJM. Key parameters were introduced: -

- Water Tarrif was introduced in VWSC;
- Water Quality Monitoring through FTKs has been introduced;
- SLWM practises were made compulsory in VWSCs.

It is a fact that *women are agents of change* and very effective vehicle for disseminating information across communities. A representative body of all cluster group was formed at village level known as Sakhi Mandals or SHGs.

Wash in schools

Schools are strategic entry point to achieve sustainable and transformational change. A school focussed hygiene campaign initiates a process of passing an improved hygiene behaviour related information from school to households to community thus helping to sustain ODF outcomes. To promote WASH in schools IDF team supported "**Swachh Vidyalaya Swasth Bachhe**" **SVSB** a national campaign to ensure that every schools in the districts has a set of functioning and well maintained water, sanitation and hygiene facilities. The team also worked jointly with district water sanitation department and education department towards the capacity building of key stakeholders across the 2 districts on **Swachh Vidyalaya Purashkaar SVP** to encourage and increase number of nomination in SVSB .



Silence will break: The lockdown that had started with clapping and banging of utensils, the lighting of lamps to honour the works of front line workers soon turned into sequence of unjust events that affected every human being belonging to lowest strata. During the lockdown, each day brought new challenge to the marginalized communities. Migrant workers, daily wage labourers, domestic help, the homeless

people were the one to suffer the most. What remained invisible from the headline was the secondary impact of pandemic that affected adolescent girls, women and children. Often during emergency and disaster, MHM is not given due attention. In country like ours, menstruation has always been stigmatised and is considered as taboo. It has been clouded in misconception that have perpetuated over generations. To address this issue, "**Sony Devi**" a Gram panchayat member. She has been working relentlessly to raise awareness about menstruation and hygiene in **Godda district** of Jharkhand. She warns of looming health crisis beyond the COVID -19 pandemic.

Menstruation is crucial and indispensable part of every woman's life. Despite being so, girl after girl has found their period to be abnormal, scary and impure, making them feel shameful, undeserving and dirty. Due to lockdown women had decreased accessibility to toilets and menstrual hygiene products due to increased presence of male and older family and community members around them. Economically poor families are reluctant to spend on sanitary pads which is why girls and young women are going back to their previous ways of handling periods by using rags. "**Sony Devi**" is acting like a catalyst of change, encouraging women in village of Godda to come forward and talk openly on menstrual problem they are facing. She wakes up early to cook lunch for her family before heading out to work. She took the initiative to bring awareness among women and girl to sensitize them towards their sexual and reproductive health. She is educating women and adolescent girls how to maintain good menstruation hygiene and protect themselves from infection. According to her, women and adolescent girls could not afford to be ignored of **MHM** as it would lead to several physical, social and psychological problems for them.

She visits door to door to make women's and girls' aware on menstrual hygiene. She is making sure that people in village talk about menstruation unflinchingly. As the coronavirus pandemic have severely impacted the access to menstrual hygiene products in rural areas of the district. With the support of IDF team, and volunteers, she has been able to distribute nearly 800 reusable sanitary pads in the village across the district. According to her, the present situation indicates that we will have to live with **COVID-19** and in such a scenario, reusable pads can help to solve the problem of accessibility and disposal for women. Also the maximum impact of lockdown has been on government school girls because schools- a critical part of supply chain are closed. Girls were getting free pads every month from their school. But now since all the government schools are closed, they are facing inaccessibility of sanitary pads and they have started using cloth rags which would be harmful for them. Government is not providing sanitary pads along with food grains or some other schemes.



These girls were completely cut off from supply for over 2 months. The initiative of "**IDF team**" and efforts taken by "**Sony Devi**" is raising awareness among girls and women in rural areas. Menstrual

products are being accessible to them now. She and her team are also disseminating COVID related messages among hard to reach everyone. They are raising awareness about hand hygiene, social distancing. Till now with the help of IDF team she has reached out to 500 adolescent girls and women for promoting reusable cloth pads and awareness message. She is connected to school teachers and other members on WhatsApp and raising awareness through it too. 10 to 20 Small group meeting was organised in which 10-12 women and 10-12 adolescent girls had participated. By conducting this meeting, **Sony Devi** has been able to spread the awareness on menstrual hygiene to each and every households of the district.

She has been successful in encouraging girls and women to use fresh cotton pads at time of menstruation. She has made every possible effort to empower women by engaging them in production of cotton pads and spreading awareness about the need to use locally



developed cotton pads in the time of coronavirus crisis. She facilitated program in conjunction with IDF under which 1000 package of sanitary pads were distributed to females in village and quarantine centres across the district of Godda. In her campaign to raise awareness on menstrual hygiene she also made sure for the active participation.

Initially many schools of Godda had poor water and sanitation facilities which was not only decreasing the numbers of student in schools but was also causing the spread of diarrhoeal and respiratory diseases, worm infestation among children. The lack of proper WASH facilities in school encouraged them to adopt unsafe sanitation practices like open defecation and not washing of hands. IDF team helped in the facilitation of WASH in the schools. Number of school activities have been carried out to induce behavioural change among students regarding proper sanitation and hygiene and encouraged schools to provide inexpensive but adequate facilities for WASH.

Good hand hygiene is important infection control measure. IDF team promoted handwashing practice among school children by constructing 45 Handwashing units in school through Mukhiya under 15th FC. Schools also provide a strong entry point to initiate discussion around taboo topics such as menstrual hygiene. It has been widely acknowledged that lack of facilities and improper awareness around safe management adversely affects school attendance for girls in these crucial days. Building their knowledge and awareness on this key aspect is very important which is being done by IDF team in Godda districts by engaging adolescent girls group in school and communities. MHM training was given to school lady teacher. Workshop on menstrual hygiene management was organized.

- 672 pad banks are functional in the districts.
- 35 Incinerators have been constructed in schools with support of PRIs utilizing school development fund.
- 45 rain water harvesting have been made in the districts.
- ANMs from health department were trained on MHM and their visit is regularized in schools. The pad bank is maintained by teacher and girl cabinet of school.
- 365 school water quality testing have been done with certification

- 935 soap banks are functional in the school of the Godda districts. The soap banks at school ensures that student wash their hands before and after having mid -day meal. Parents, visitors, stakeholders donate the new or used soaps whenever they visit the school on special occasions. This helps them to understand the importance of handwashing and they also make their parents aware about the hygiene.

Orientation training was conducted on finer aspect of WASH and COVID-19, operations and maintenance of toilets etc. for head master, teachers, SMC committee, PRIs and students.

Total 4556 representatives have been oriented till date in Godda districts.

Various health issues related to poor quality of water and sanitation, concept of WASH situation, waterborne diseases, hygiene and management, water quality testing were discussed.

Global handwashing day was conducted by 210 schools of the Godda districts. The program was organized with school children of government schools of GPs. A sessions on importance of hygiene in day to day life including live demonstration of hand washing was given to school children, teachers and communities. Mukhiya, ward members, teachers, MPP, other key persons and community members attended the program. Around 26,460 children participated in the program.

World toilet day was organized with school children, teachers and community with objective to create awareness among rural population on the importance of individual sanitary habits and to inculcate good hygienic practice in daily life. Around 22184 students participated from 188 schools in presence of IDF team. Schools were made aware of the enormous benefits of the implementing RWH in the premises. RWH system is not only helping water augmentation in terms of ground water recharge and storage but it can also act as a flood control measure.



Outcomes and Achievements

Team IDF worked effortlessly and tremendously to improve the lives of the people in terms of sanitation and clean water. The outcomes of the ODF+ and JJM project in Godda are as follows: -

- 33884 NOLB toilets were constructed and monitored including 196 CSCs for improving safe sanitation and promoting good health among beneficiaries;
- Water Quality Monitoring has been done by testing 8354 water samples through FTKs for access to safe and clean water;

- Orientation of approximately 10000 people including Jal Sahiya, SHGs members, Ward Members, Mukhiyas and Teachers on COVID Appropriate Behaviour;
- IEC activities for World Water Day, World Toilet Day, World Hand Washing Day, World MHM Day, World Environment Day, Jal Swacchta Rath, Jal Sapath etc through which 30000 people have been impacted;

Under PMGKA: - This year, **200 CSC** and **45848 NOLB** toilets have been sanctioned in the district. Awareness has been created about this program and with help of district administration and our team is providing them job according to their skills. We have also supported 4 gram sab has to provide jobs to migrant workers under this scheme. In this year, **756 masons** were trained in 6 different block .Total no of masons trained till date were **1896**.



Verification of CSC Toilets

As per order, verification of **20 CSC toilets** was done in all blocks of Godda district. Mr. Sanjay Pandey (State SLWM consultant, Jharkhand) provided a list of 20 CSC toilets which needs to be verified and a survey on WASH and its O & M has been carried out. There was a list of questionnaires which needs to be addressed after the verification of these 20 CSC toilets. Also, VWSC were described about technical details of twin leach pit system.

NOLB Toilet:-

For technical supervision and implementation progress of NOLB toilets, Team visited in all block of Godda district. It was observed that technically, some of the toilets were not up to the mark, which indeed affects the quality of the NOLB toilets. Hence, during the course of supervision, instructions has been given to masons and contractor to rectify the technical faults. Some of the instructions to improve the technical quality of the NOLB toilets. Technical Support has been provided for **15456 toilets**.



Awareness campaign on water conservation/harvesting

In the rural areas, people were not much aware about water conservation and its techniques. Everyone have heard the slogan '**Jal Hi Jeevan Hai**' but merely few people follows this message due to their conservative mind-set. People living in rural India hardly depends on **ecological balance** as they think that it can be self-achieved by **Mother Nature**. Hence, to make them understand the very fundamental concept of ecological balance in terms of potable water, this Awareness Campaign was organized across various blocks of Godda district and around **875 people** have participated.



Investigation of Handpumps

As discussed with Mr. Kumar Premchand (WASH Specialist, UNICEF, Jharkhand), investigation of hand pumps was done in Laitha village of Baghakol gram panchayat in Godda district. There were 7 places listed, where handpumps needs to be investigated and if required, provision of new borewell. It was observed that all the hand pumps were in working condition, but there were certain places in Laitha village, where new borewells were required in order to increase the reachability of drinking water to all the people. . Tilla date, **1777 sources** have been tested including chemical as well as bacteriological parameters



IHHL Water Testing

Jal Jeevan Mission Rath

Delivery of information and message related to vision of JJM to the grass root level is an important part of this mission. These information/message can be audio message, video message, audio-visual message or message from posters and banners. Hence, in order to complete this process, Awareness Campaign was initiated by an Awareness Campaign vehicle i.e. “**JJM RATH**”. JJM Rath has been decorated with audio message along with some posters and banners depicting the vision and goal of Jal Jeevan Mission. The JJM Rath has been flagged off by Mrs. Anjali Yadav, DDC, and Godda on 3rd Oct 2020 from their residence in the presence of EE, PHED, Godda, IDF Team, NRDWP district coordinator and media persons. The JJM Rath has been directed to visit all villages of each blocks in Godda district till 8th Oct 2020. The DDC mam had also directed to tract vehicle on regular basis, so the driver of JJM Rath was directed to take signature with date of villagers/Mukhiya/ Panchayat Sachiv of that respective village and report daily to PHED, Godda.



Self-Toilet, Self-Paint

It has been observed that many toilets are constructed but not used on regular basis. This happens due to lack of understanding among common people regarding importance of ODF. Also, constructed toilets were not maintained properly. Just for the sake of incentive from the government, beneficiaries have painted their toilets only once, but after few years, toilets were not maintained properly. To maintain the sustainability of ODF people should be motivated to maintain the toilets in good condition. One of the way to achieve the sustainability is to paint the toilets regularly. In order of World Toilet day, on 14th Nov 2020, with the help of Swaccha Grahis / Jal Sahiyas/ SHGs, people were inspired regarding colouring of nearly **678 toilets** on its own at village level. The basis of the information was provided with the help of slogans and paintings, completely related to sanitation and hygiene. In this way, the main objective of the workshop is to develop a sense of ownership among the beneficiaries. Also, in this manner, urge for usage, O&M will develop among beneficiaries.



Preparing the list of outstanding performers: On 18th Nov 2020, a list was prepared at district level for the best performers at village level. The criteria for selecting the best performers were based on selfie with toilet, colouring of toilets and initiatives taken to empty pits. Also, under SBM-G, a list was prepared by district unit for outstanding work done on sanitation and hygiene.

Felicitation cum closing ceremony of World Toilet Day awareness campaign: On 19th Nov 2020, World Toilet Day was celebrated under SBM-G at district level by felicitating the better performers of this awareness campaign in which **1280 people** have participated.

Toilet Verification in Bankaghat

As per notification of DDC, Godda (Notification no – 415/SBM(G)/Godda), order has been issued on 14th Dec, 2020, for investigation of at least 10% NOLB toilets constructed in Basantrai block of Godda district. Team IDF (UNICEF), Godda, has carried out this investigation on daily basis and final report will be submitted to DDC, Godda.



As per notification of DDC, Godda (Notification no – 438/SBM (G)/Godda), order has been issued on 23rd Dec, 2020, for investigation of litigation of funds regarding NOLB toilet construction in Logdadih village of Bankaghat panchayat in Godda block. A complaint has been given by Jal Sahiya, Baha Murmu of Logdadih village of Bankaghat panchayat in Godda block regarding payment of money by Mukhiya of Bankaghat panchayat. An investigation has been carried out and report has been submitted to DDC, Godda.



Investigation of SC/ST habitations

As per order of DDC, Godda (Notification No – 227/DMFT), inspection work was assigned to a team of Civil Engineer namely Mr. Alok Ranjan (DMFT) and Mr. Vicky Singh (UNICEF, IDF) and directed to submit the report within the mentioned time. The main objective of the inspection are Verification of SC/ST habitation in which schemes were proposed which are mentioned in the list provided by DMFT, Godda. And Verification of site selection for the proposed Solar Based Mini Water Supply Scheme



The inspection team along with concerned JE, PHED, Godda was done on day to day basis and survey was done via direct interaction with local villagers. The inspection was scheduled and carried out on scheduled date.

Water usage during VNHD

The National Rural Health Mission (NRHM) guarantees better health outcomes for millions of people in rural areas, especially those belonging to marginalized and vulnerable communities. The Village Nutrition & Health Day (VNHD) promises to be an effective platform for providing first-contact primary health care. To implement this programme, a Village Nutrition & Health Committee (VNHC) should be formed in order to mobilize **956 people**. The VHSC comprising the ASHA, the AWW, the ANM, and the PRI representatives, if fully involved in organizing any event, can bring about dramatic changes in the way that people perceive health and health care practices.

It is well known fact that, water is directly related to nutrition and health, especially for women and girl child. So, to maintain nutrition balance, one has to consume potable water for drinking purpose. Also, if any person is storing the drinking water, it should be handled carefully so that hygiene should not get disturbed. Water usage on VNHD was conducted in Godda gram Panchayat of Godda block in Godda district. On this day, people were made aware regarding storage of potable water. Some crucial points were discussed regarding safe handling of drinking water which is directly related to hygiene



Investigations by order of DDC, Godda

As per order of DDC, Godda (**Notification no. 378, DWSM, and Godda**) on 6th Nov 2020, an investigation work related to misappropriation of funds of toilet construction by Neha Aajivika Sakhi Mandal was assigned. According to the letter issued, complainants were members of Neha Aajivika Sakhi Mandal namely Chanda Devi, Aruna Devi, Jaanki Devi, Vinita Devi, Kavita Devi, Sudi Devi, Sulochana Devi and Baby Devi of village Singhari in Gram Panchayat Sinpur of Mahagama block. So, accordingly, Mr. Narottam Kumar (UNICEF, IDF) have visited Village- Singhari GP – Sinpur on **24th Nov 2020** for the investigation related to misappropriation of funds as mentioned by the complainant. We met all 14 members of Neha Aajivika Sakhi Mandal and had discussion one by one. Julie Devi (Director) was the defendant, she told us that the funds have been withdrawn by the Julie Devi, Premi Devi and Rekha Devi have transferred the amount of 2,30,000/- to personal bank account.



WASH in schools

As per order of DDC, Godda and EE, PHED, drinking water facility should be ensured in schools of Godda district. Also, provision of hand wash unit and greywater management in schools should be ensured in schools. Held meetings with principals of various schools of different blocks of Godda and requested principals to maintain sanitation and hygiene in school premises.

Also, verification of hand wash unit in schools is also carried out in various blocks of Godda district by IDF team. The principals were directed to ensure the usability of these hand wash unit, once schools re-opens.

Letters issued

जिला जल एवं स्वच्छता समिति, गोड्डा।

पत्रांक 393 / गोड्डा, दिनांक 15/02/21

प्रति,

1. कनिष्ठ अभियंता, गोड्डा एवं सुन्दरपुराडी।
2. सभी प्रामाणी, स्वच्छ भारत मिशन (ग्रामीण)
3. जिला समन्वयक, पेयजल एवं स्वच्छता प्रमण्डल, गोड्डा।
4. श्री नरोत्तम कुमार, एवं IDF (Unicef) के सभी कर्मी
5. सर्वे प्रबंध समन्वयक / सोशल मोबिलाइजर, स्वच्छ भारत मिशन (ग्रामीण)
6. श्री ज्योतिष मेहता, प्रदान लिपिक, पेयजल एवं स्वच्छता प्रमण्डल गोड्डा।
7. श्री कृष्ण कुमार, उच्च कर्मी लिपिक, पेयजल एवं स्वच्छता प्रमण्डल गोड्डा।

विषय - "जल जीवन मिशन" के तहत दिनांक 18.02.2021 को आयोजित जिता स्तरीय एक दिवसीय कार्यशाला हेतु आवश्यक तैयारी के संबंध में।

प्रमाण - उपर्युक्त-सह-अग्रस्त, जिला जल एवं स्वच्छता समिति, गोड्डा का पत्रांक 300 दिनांक 05.02.2021।

आप, उपरोक्त विषयक एवं प्रासंगिक पत्र के अंतर्गत में सूचित करना है कि "जल जीवन मिशन" के तहत शिपाम्यन हेतु पेयजल एवं स्वच्छता प्रदान, गोड्डा द्वारा दिनांक 18.02.2021 को पूर्वाह्न 11:00 बजे स्वतः भागीदार स्कूलों में जिला स्तरीय एक दिवसीय कार्यशाला का आयोजन किया गया है। इस हेतु आप सभी को कार्यशाला की आवश्यक तैयारी के लिए कार्य आरंभित किया जाता है।-

क्र.सं.	नाम	पदनाम	आवृत्त कार्य
1	श्री कजुवन झा	MIS & NE District Consultant SBM(G)	अतिथि प्रकल्प
2	श्री मोहम्मद इमरान सईद	District Consultant SBM(G)	

कार्यपालक अभियंता का कार्यालय
पेयजल एवं स्वच्छता प्रमण्डल, गोड्डा।
Email ID :- cedwsd.godda@gmail.com, Phone No. 9836113211 / मोबा. 9836113211

दिनांक 15/02/21 / मोबा. 9836113211

प्रति,

श्री कजुवन कुमार सिंह
कार्यपालक अभियंता
पेयजल एवं स्वच्छता प्रमण्डल, गोड्डा।

विषय - जल जीवन मिशन के तहत ग्राम स्वच्छता समिति, गोड्डा के तहत (ग्रामीण) के तहत शिपाम्यन हेतु पेयजल एवं स्वच्छता प्रदान, गोड्डा द्वारा दिनांक 18.02.2021 को पूर्वाह्न 11:00 बजे स्वतः भागीदार स्कूलों में जिला स्तरीय एक दिवसीय कार्यशाला का आयोजन किया गया है। इस हेतु आप सभी को कार्यशाला की आवश्यक तैयारी के लिए कार्य आरंभित किया जाता है।-

आप, उपरोक्त विषयक एवं प्रासंगिक पत्र के अंतर्गत में सूचित करना है कि "जल जीवन मिशन" के तहत शिपाम्यन हेतु पेयजल एवं स्वच्छता प्रदान, गोड्डा द्वारा दिनांक 18.02.2021 को पूर्वाह्न 11:00 बजे स्वतः भागीदार स्कूलों में जिला स्तरीय एक दिवसीय कार्यशाला का आयोजन किया गया है। इस हेतु आप सभी को कार्यशाला की आवश्यक तैयारी के लिए कार्य आरंभित किया जाता है।-

अनु - प्रशिक्षण सूची

क्र.सं.	नाम	पदनाम	आवृत्त कार्य
01	श्री कजुवन झा	MIS & NE District Consultant SBM(G)	अतिथि प्रकल्प
02	श्री मोहम्मद इमरान सईद	District Consultant SBM(G)	

कार्यपालक अभियंता का कार्यालय
पेयजल एवं स्वच्छता प्रमण्डल, गोड्डा।
Email ID :- cedwsd.godda@gmail.com, Phone No. 9836113211

पत्रांक 393 / गोड्डा, दिनांक 05/02/2021

प्रति,

श्री कजुवन कुमार सिंह
कार्यपालक अभियंता
पेयजल एवं स्वच्छता प्रमण्डल, गोड्डा।

विषय - जल जीवन मिशन के तहत Village Action Plan (VAP) निर्माण के प्रशिक्षण के संबंध में।

प्रमाण - इस कार्यालय का पत्रांक-1351 दिनांक-01.09.2020

महाराय, उपर्युक्त विषयक प्रासंगिक पत्र के संबंध में सूचित करना है, कि जल जीवन मिशन के तहत शिपाम्यन हेतु पेयजल एवं स्वच्छता प्रदान, गोड्डा द्वारा दिनांक 18.02.2021 को पूर्वाह्न 11:00 बजे स्वतः भागीदार स्कूलों में जिला स्तरीय एक दिवसीय कार्यशाला का आयोजन किया गया है। इस हेतु आप सभी को कार्यशाला की आवश्यक तैयारी के लिए कार्य आरंभित किया जाता है।-

अनु - प्रशिक्षण सूची

क्र.सं.	नाम	पदनाम	आवृत्त कार्य
1	श्री कजुवन झा	MIS & NE District Consultant SBM(G)	अतिथि प्रकल्प
2	श्री मोहम्मद इमरान सईद	District Consultant SBM(G)	

कार्यपालक अभियंता का कार्यालय
पेयजल एवं स्वच्छता प्रमण्डल, गोड्डा।
Email ID :- cedwsd.godda@gmail.com, Phone No. 9836113211

पत्रांक 269 / गोड्डा, दिनांक 13-08-2020

प्रति,

श्री कजुवन कुमार सिंह
कार्यपालक अभियंता
पेयजल एवं स्वच्छता प्रमण्डल, गोड्डा।

विषय - एक दिवसीय राजनिस्त्रीयों का प्रशिक्षण कार्यक्रम कराने के संबंध में।

महाराय, उपर्युक्त विषयक कहना है कि जिले में स्वच्छ भारत मिशन (ग्रामीण) के तहत बन रहे शौचालयों की गुणवत्ता को बढ़ाने हेतु उपर्युक्त महोदय के निदेशानुसार जिले के सभी प्रखण्डों में राज निस्त्रीयों का एक दिवसीय कार्यशाला का आयोजन प्रखण्ड स्तर पर किया जाना है। एक दिवसीय कार्यशाला में प्रखण्ड समन्वयक, सोशल मोबिलाइजर, सुनिसेफ टीम (IDF) एवं जलसहिदा की उपस्थिति अनिवार्य है।

उत्ता संदर्भ में अपने स्तर से प्रखण्ड समन्वयक, सोशल मोबिलाइजर एवं जलसहिदा को सम्मन प्रशिक्षण स्थल पर भाग लेने हेतु निर्देशित किया जाय।

अनु - प्रशिक्षण सूची

कार्यपालक अभियंता-सह-सदस्य सचिव
जिला जल एवं स्वच्छता मिशन, प्रकल्प, गोड्डा।

ज्ञापांक 269 / गोड्डा, दिनांक 13-08-2020

प्रति,

श्री कजुवन कुमार सिंह
कार्यपालक अभियंता
पेयजल एवं स्वच्छता प्रमण्डल, गोड्डा।

विषय - एक दिवसीय राजनिस्त्रीयों का प्रशिक्षण कार्यक्रम कराने के संबंध में।

महाराय, उपर्युक्त विषयक कहना है कि जिले में स्वच्छ भारत मिशन (ग्रामीण) के तहत बन रहे शौचालयों की गुणवत्ता को बढ़ाने हेतु उपर्युक्त महोदय के निदेशानुसार जिले के सभी प्रखण्डों में राज निस्त्रीयों का एक दिवसीय कार्यशाला का आयोजन प्रखण्ड स्तर पर किया जाना है। एक दिवसीय कार्यशाला में प्रखण्ड समन्वयक, सोशल मोबिलाइजर, सुनिसेफ टीम (IDF) एवं जलसहिदा की उपस्थिति अनिवार्य है।

उत्ता संदर्भ में अपने स्तर से प्रखण्ड समन्वयक, सोशल मोबिलाइजर एवं जलसहिदा को सम्मन प्रशिक्षण स्थल पर भाग लेने हेतु निर्देशित किया जाय।

अनु - प्रशिक्षण सूची

कार्यपालक अभियंता-सह-सदस्य सचिव
जिला जल एवं स्वच्छता मिशन, प्रकल्प, गोड्डा।

DC Godda
9 October

पोड़ैयाहाट प्रखंड के प्रखंड कार्यालय में जल जीवन मिशन के तहत एकदिवसीय कार्यशाला का आयोजन किया गया। सूक्ष्म कृषि को प्रोत्साहित करने के लिए जल जीवन मिशन के तहत जल की सुरक्षा को बढ़ावा देने के लिए कार्य योजना बनाने को लेकर विस्तृत रूप से चर्चा की गई।



Work Recognized by Print Media

जल जीवन मिशन जागरूकता अभियान की

सफलता को लेकर कार्यशाला का आयोजन



गोड्डा (एप्र)। पोड़ैयाहाट प्रखंड क्षेत्र में जल जीवन मिशन जागरूकता अभियान की सफलता को लेकर शुरुआत को प्रखंड विकास पदाधिकारी कंचन सिंह की अध्यक्षता में प्रखंड स्थित सभागार में एकदिवसीय कार्यशाला का आयोजन किया गया। इस कार्यशाला में विभिन्न पंचायतों के मुखिया, पंचायत सचिव एवं जलसाहिया ने भाग लिया। कार्यशाला का मुख्य उद्देश्य जिले में जल संरक्षण को बेहतर करने

के साथ ही हर घर में जल की सुविधा पहुंचाने के लिए कार्य योजना बनाने को लेकर है। इस दौरान बीडीओ श्रीमती कंचन सिंह द्वारा जल जीवन मिशन पर विस्तृत रूप से चर्चा की गई। बैठक में जल संरक्षण को लेकर किए जा रहे उपायों को लेकर भी चर्चा हुई। कार्यशाला में जिले की टीम से गौरांग, नरोत्तम कुमार, कनिय अभियंता विक्की सिंह, युनिसेफ के अनूप कुमार मोदी सहित अन्य लोगों ने भाग लिया।



Swachh Godda Naya ... · 20 Jun 20

#nayagodda @Swachhjhar @swachhbhart @paramiyer_ @prdjharkhand @MithileshJMM @JharkhandCMO गोड्डा जिला अंतर्गत "चुप्पी तोड़ो स्वस्थ रहो" कार्यक्रम के तहत महिलाओं एवं किशोरियों द्वारा बनाई गई चित्रांकन, स्लोगन एवं कविता की एक झलक



Swachh Godda Naya ... · 10 Jun 20

#godda @Swachhjhar @Swachhjhar @paramiyer_ @prdjharkhand @JharkhandCMO गोड्डा जिला अंतर्गत SBM-G के तहत NOLB शौचालय निर्माण कार्य युद्ध स्तर पर सामाजिक दूरी को ध्यान में रखते हुए किया जा रहा है।



1

2024 तक ग्रामीण इलाकों में घर-घर नल से मिलेगा जल

जल जीवन मिशन के तहत ग्रामीण इलाकों में घर-घर नल से मिलेगा जल

गोड्डा जिला अंतर्गत 'चुप्पी तोड़ो स्वस्थ रहो' कार्यक्रम के तहत महिलाओं एवं किशोरियों द्वारा बनाई गई चित्रांकन, स्लोगन एवं कविता की एक झलक



गोड्डा, 09/06/2020 को जल जीवन मिशन के तहत ग्रामीण इलाकों में घर-घर नल से मिलेगा जल

राज पदाधिकारी लक्ष्मण कविसे जिलाध्यक्ष दिनेश रायचंद असादि मौजूद थे

जल जीवन मिशन रथ को डीडीसी ने हरी झंडी दिखाकर किया रावाना, कल-साफ जल के प्रति लोगों को किया जायेगा जागरूक



गोड्डा, 09/06/2020 को जल जीवन मिशन के तहत ग्रामीण इलाकों में घर-घर नल से मिलेगा जल

Project-11

Advancing Sexual and Reproductive Rights of Young Dalits towards Diversifying, Integrating and Strengthening Institutional Systems”

Location:-SHEIKHPURA, Supported by:- PLAN India and UNFPA

Report taken from Report prepared by PLAN India

Background

The project aims to strengthen capacity of Young Dalit women on their Reproductive Rights through diversifying, integrating and strengthening of system(s) to respond to their rights (a) effectively, (b) rationally and (c) quickly the Sheikhpura district of Bihar. The project is designed as a “family planning accelerator” with a district saturation approach building on the five flagship programs of the government – *Mahadalit Vikas* Mission; Mission Parivar Vikas, National Health Mission, Integrated Child Development Services (ICDS) and Jeevika.

The Project aims to cover a population of 20,000 (10,000 young Dalit women, aged 15-24 years, 5,000 young Dalit men aged 15-24 years and 5,000 women) within identified 150 villages among all the six slums blocks of Sheikhpura district by engaging the community stakeholders and service providers.

The project faced challenge created due to the pandemic of COVID -19 and followed by nationwide lock down for more than 3 months and furthers restrictions imposed by the state authorities. Still the administration and district health facilities are struggling to cope up from the effect of COVID 19 and in adopting the new normal protocols, amid these challenges the project continued its work, by adjusting to the situations and challenges

ACTIVITIES:

Situational Analysis:

A Rapid Need Assessment (RNA) has been conducted to assess knowledge, attitude, and practices of young people on SRH services vis-à-vis identifying effective strategies to empower young people with informed and healthy choices on SRHR. The findings of the RNA was that young people in the district have restricted and incomplete knowledge about contraceptives and family planning methods. Interpersonal communication between the partners was mostly limited to the household chores. Discussion was largely absent amongst the married couples on usage of contraceptives. Sterilization was mostly prevalent amongst women. Lack of human resource and technical know-how of the existing frontline workers were also put forth as a major barrier to the effective community outreach.

Sharing Initial Project Experiences on SRHR Project

To share the Rapid Need Assessment study, project sharing to the key stakeholders for inter departmental convergence & coordination and effective implementation of the project. That includes

members from the Health department both from district and block level, Department of Education & Social Welfare, Jeevika, frontline health workers.

The Civil Surgeon and ACMO, acknowledged the efforts of project implemented by IDF and Plan India in support of UNFPA for improving the Family planning indicators on SRHR. He mentioned that Plan team efforts are commendable especially during COVID19 situation through “WE CARE”.



Mobilizing/ knowledge building and awareness by Yuva Mitras"

The mobilizing knowledge building activities were carried through different set of activities for demand generation of contraceptives. The set of total 3604 activities are carried by YMs under the supervision of CMs and Block coordinators.

Convergence Meeting involving Frontline Workers, Jeevika & Vikas Mitras:

Total 594 convergence meetings have been conducted by the facilitation of Community Mobilisers and YMs with respective ASHAs, ANMs, Jeevika- members, Vikas Mitras, AWWs & CBO-members. Where they discussed about providing services & commodities related to SRHR; especially during VHSND & for clinical contraceptives at PHC levels. Through such meetings social dialogues are being generated focused to SRHR –awareness & access services related to it.



Counselling on SRHR through Home Visits:

Yova Mitras in supervision of CMs provided need based counseling sessions to eligible couples to both women & men on SRHR focused to family planning issues by using Flip book in user friendly & interactive manner. Especially young women are very positive and encouraging about such counseling sessions and interaction; in many cases other family members; like sister-in-law & mother-in-law also interacted with YMs & CMs. A total of 11680 session has been conducted during the year.

Ratri Choupal

Ratri Choupal has emerged as a good move to ensure community participation. The activity is considered an innovative event where small video show attracts people to learn & enjoy followed by discussion as an Info-training activity. Sometime participation of eligible women become challenge so involving them with their adolescent sister-in-law and CBO-members. Picco projectors are being used to show the videos focusing on the SRHR issues gender-based rights for generating healthy dialogues. All together 252 Ratri Chaupal has been organized. Most of the community react as – It is eye opening event in which



we all can participate & learn. Some more pictures & songs should be display about it to create interest & awareness.

A Ratri Chaupal Kit has been developed and given to community mobilizer to equipped them in organising and conducting Ratri Chaupal. These kits containing mats, neon flex, solar lights, carry bags and pico devices. These will be used to show informative audio Visual clips and informative short films on family planning during the dusk.



Sas Bahu Sameelan

It is a *sammelan* of Mother-in-Law vs daughter-in-law. The response of Mother-in-Law participation and their responses are encouraging; It was also found that they motivate their daughter In law to follow SRHR FP norms, but other way not realizing responsible for it to their sons. The



unmarried daughters are also started participating & being vocal through these exposures and encouraging her sister-in-law to adopt healthy practices. During the activity daughter in law's participation is less as compared to mothers in law; it was learnt that many times the presence of both the members of the same household is difficult. Toatal 1037 *Sas Bahu Sammelan* has been organized during the Year.

Nav Dampati Samaroh

In this activity newly married couple with no Child and having one child has been invited to participate facilitated by Community Mobilizers and Yva Mitra with the support of VMs, AWWs & local community members; in which eligible women & men have been benefitted in terms of getting awareness & inputs on SRHR as well realizing their right on SRHR & FP. However husband/men participation is poor and challenging as they are mostly engaged with work during the day time. Total 951 NDS has been conducted during the year.



Training to Yuva Mitra and Vikas Mitra to act as local change agents

Three day training workshop has been organised in Sheikhpura district in two batches in which 104 Yuva Mitras & Vikas Mitras were trained to implement the project at village level and to enhance the understanding of Yuva Mitras & Vikas Mitras focused to SRHR, Family planning issue and develop their communication & counselling skills with adolescents & eligible couples. Participatory training methodology was used for training and mode of training was power point presentation, discussion

and role plays. They were explained in detail about reproductive health and importance of family planning and contraception, myths associated with various contraceptive methods was something which they were not at all aware.

A total of 104 resource kits involving cap, T-shirts and bags have been distributed to 50 Yuva Mitras and 54 Vikas Mitras. The kits is helpful in organising community sensitization sessions. These resource materials will be helpful to the youth volunteers for discussion and counselling.

Capacity building of Youth CBO members

A two-days training in four consecutive batches in September 2020; a total 125 members have been trained on Advancing Sexual and Reproductive Health & Rights (SRHR)/ Family Planning Program was organized for Community Based Organization- members (*CBO- Saamudayik Dal –Sadasaya*). The purpose of training was to enhance the understanding focused to SRHR, Family planning & its related components and develop their communication, mobilization & counselling skills to motivate & convince adolescents & eligible couples, community at large on these issues eventually to bring positive behaviour changes and practices among them focused to SRHR & adopting family planning norms & contraceptives for improving their quality of life.

Establishing Resource Centres in either PHC/APHC/HSC.

6 Resource Centres has been established in all the six blocks of the district by providing logistic arrangements and little infra to conduct block/RC level meeting with different level of participant's like-married women, men, adolescent girls & FLWs to discuss & provided needful awareness& information as per needs. In some centers ensuring presence of trained ANM as a counsellor is constrain; also mobilizing participants from distant outreach area is challenging to participate. 40 Meetings/Counselling sessions at Resource centres

Consultation with doctors and chemist at district level for orientation of Mission Parivaar Vikas, SRHR services”

A One day orientation meeting with doctors & chemists respectively has been organized on Advancing SRHR & Family planning and to orient Nursing Homes’ Doctors & Chemists for encouraging their involvement to contribute for sensitising and motivating eligible couple and youth for adopting healthy practises related to Sexual and Reproductive Health & Rights (SRHR), Family Planning & contraceptives. The expectation of the orientation was to facilitate their clients for adopting healthy reproductive health practices- especially on appropriate age of marriage, right age of first pregnancy, at least three years spacing between child birth, limiting family size without gender discrimination, use of contraception & access to its related services. The orientation workshop was inaugurated & addressed by Dr. KrishnaMuarari Prasad Singh Assistant Chief Medical Officer (ACMO), Health Department, NHM, Sheikhpura.

Printing of Flip books to be used for Training of Trainers (Yuva Mitra, Vikas Mitra, FLWs, Youth CBO members, Jeevika Community Mobilizers)

The team of Yuva Mitras (YMs, CMs & BCs) have been oriented regarding its usage of Flip Book in their mobilisation activities. The flip book to counsel community on various aspects of SRHR mainly on family planning has been developed by the consultant based hired and guided by PLAN India. It covers aspects of SRHR, right age of marriage, benefits of having small family, right age to have first child, different types of contraceptives, Gender based violence, safe abortion, birth spacing, importance of breastfeeding and immunization, essential practices to be followed during pregnancy etc. the content has been developed in consultation with UNFPA incorporating their feedback.



Design and Printing of IEC materials

A set of 10 poster has been contextualised by the identified consultant on issues of Gender Based Violence (GBV), Right age of marriage, right age to have first child, importance of contraception, Safe abortion, different contraceptive commodities availability under basket of choices, Need to address myths associated with different contraceptive methods, benefits of having small family, Antra and why to have gap of 3 years in between to child. The contents of posters has been developed was in close consultation of PLAN with UNFPA and IDF has printed and distributed.

One day orientation on MPV guidelines to 230 Jeevika Community Mobilizers

The training of 230 Jeevika Community Mobilisers is re scheduled in year-2. Module development is under process

Monitoring Visits

Every month based on planning & need the district & State team members is visiting to intervention field area - Observing field level activities & provided handholding inputs to respective YMs & CMs. Interaction with the government health officials at district & block level is done on periodic basis and updates of the project, challenges at operational level is shared with them.



CASE STUDIES

CASE STUDY -1

Ham Jaag Rahey Hain. We are Awakening

Seventeen years old Parvati studying in class 11th belongs to a socially & economically deprived family (Dalit community). Parvati lives with her big joint family in Mahsauna village of Vimaan Panchayat of Ariyari

Block. His father Adheen Ram earns his livelihood by doing agricultural work or sometimes as a manual labour in building construction.

Parvati aspiration seems to be high to get proper education and find some decent job at least she wishes to be a teacher. She is always in touch with SRHR Project's field level workers, especially YM- Priyanka, CM-Gulsion, Sweta & Jyoti and gets lots of inspirations as well inputs to adopt health seeking behaviours focused to SRHR issues. Parvati & her friend Seema feel good to support & facilitate YM & CMS for organizing any mobilization activities at her village related to SRHR issues, she use to say - Didi aaplog hamery pichrey sammaj ko jagany kaa kaam ker rahi hain hamsab ko bahut khusee hoti hai ham jaroor saath dengey; ham jaag rahey hain ... (these activities are good to awake our ignored community; we are awakening)

Plan team met Parvati and her close friend Seema along with other ten peers during resource centre meeting at APHC, Vivaan organized & facilitated by CM- Jyoti & YM-Priyanka on 7th Dec20.

The meeting agenda was to have discussion and understanding upon promoting appropriate age at marriage as well reproductive health & rights which is crucial for adolescent girls to live with dignity.

This has been very encouraging scenario for facilitators when Parvati & Seema argued & debated with rationally & confidently for delaying their marriages until they complete their education at least up to graduation and get some job. Parvati says now our role models are Didis (CMs & YM) who are serving and motivating us. Parvati stated that – By attending these meetings & events we have words & confidence to convince our parents to promote us for education & delay marriages. If our whole community girls will speak together definitely we can avoid early marriages tradition in our community.

In course of discussion Parvati; shared that she is first girl in her family who used Sanitary napkin to maintain menstrual health. She revealed that - during COVID-19 lockdown situation she was also benefited by “We care Services being provided by Plan and got first time sanitary napkin and used that, she realised the comfortability by using it and for next she requested her mother to purchase it. Her mother expressed her financial constrains to buy it; but later on managed her savings to buy sanitary napkins for her. Now she has encouraged her sister in law and friends to use napkin for maintaining menstrual health. Now Parvati says- Zendagi bachaney key liye pad jaroree haque hai hamaraa ham log nashaa kerney key liya paisa nahi mangrahey hain (for saving life; expenses on napkin is our right; we are not asking money for substance or any other luxuries.)








Emergency Response to COVID -19

To respond global outbreak of COVID-19 in Sheikhpura district; IDF with the team of Plan International (India Chapter) & UNFPA developed COVID response plan in order to spread Awareness and provide services to identified vulnerable population. An intervention was charted out in form of a campaign called “WE CARE” on lines of WE CARE services which is being rolled out in Patna through Patna Municipal Corporation and UNFPA.





The devised intervention is playing an important role in supporting and providing services to vulnerable population of all the 6 block of Sheikhpura district. The intervention broadly focuses on two broader strategies which are increasing awareness on how to prevent transmission of COVID 19 and access/service provision of Health care facilities. Project intervention ensures that identified vulnerable population need services in terms of psycho social support, counselling on maternal health, family planning commodities, access to sexual and reproductive health services through provisioning of hygiene kits, referral transport

for institutional deliveries so as to ensure safe child birth, administration of ANTRA injection and provisioning of different contraceptives like condom, contraceptive pill etc. so as to stop unwanted pregnancy.

Coverage at a Glance

	<p>253 villages covered across 6 blocks</p>		<p>Families covered 7606</p>
	<p>7741 vulnerable people identified</p>		<ul style="list-style-type: none"> ➤ Identified 2215 P W ➤ 791 were given ANC ➤ 834 women were provided with transportation services ➤ Supported 43 Int. Deliveries
	<p>1997 Adolescent Girls supported with hygiene kits</p>		
	<p>121 Elderly patients identified</p>		<p>919 Eligible Couple Counsellled</p>

WE CARE Services

			
<p>6082 women and girls counsellled</p>	<p>169 Eligible Couples provided with contraceptive commodities distributed</p>	<p>43 Pregnant Women & 45 eligible couple given referral transport support for ANTARA</p>	<p>1997 Adolescent girls provided with Hygiene Kit</p>

Background:

COVID-19 pandemic continues to spread across the globe rapidly and pushing the entire healthcare systems, already vulnerable to their limits. Country like India still on the verge to ensure quality and comprehensive services to the last mile population. Access to Health Care Systems and Information in

relation to RMNCH+A will be profoundly affected in times of COVID 19. Logistic supply of contraceptives and other supplies at community level is very much disrupted as all the workforce are involved in containment of COVID 19 in respective area. The pandemic has put a strain on the continuity of sexual and reproductive health care services including accessing contraceptive information and commodities, which may ultimately result in an increase in unplanned pregnancies/ abortions followed by other related reproductive complication. Modern Contraceptives including menstrual health and hygiene items, are crucial for adolescents and women's health, empowerment. Due to pandemic these groups have been disproportionately affected. There is an emerging need of special attention to ensuring the continuation of basic reproductive maternal and new born health care services at facility and community level considering the norms of social distancing. Basic health emergencies like deliveries, deteriorating health condition of elderlies etc. are the genuine needs to move out of homes in these difficult times when it's hard to find out transportation services. Hence PLAN –UNFPA planned came up with initiative to cater vulnerable population i.e. pregnant women and senior citizens of Sheikhpura District. Following are the key objectives of the initiative:

While the COVID19 crisis was evolving and rapid needs assessment puts forth the focus of its public health and humanitarian response on the following objectives:

- 1) To increase awareness amongst the community on prevention from COVID19 along with RMNCH+A in time of pandemic
- 2) To increase access and usage of sanitary napkins to young girls and women so as to provide safe, free and dignified menstrual health during pandemic period
- 3) To improve the nutrient intake of pregnant women by increased access availability of nutritious food during the crisis situation.
- 4) To increase access of contraceptive choices to eligible couples in pandemic situation.

Strategies:

Mass Awareness on COVID19: To increase mass awareness on COVI 19 and prevention of spread of COVID 19. 6 vehicles will be used for awareness generation services in 6 blocks by playing pre-recorded messages on preventive measures of COVID-19 and what to do if they find anyone with symptoms of COVID. The vehicles will be displaying various IEC materials pertaining to COVID. There will be display of short video also which will display how to maintain social distancing norms etc.

Increase accessibility of Services to pregnant women: A data base of all the pregnant women in the district will be developed by the staff who will be involved in COVID awareness across the villages using vehicle along with their phone numbers. Based on which they will be reached by psychosocial counsellors for specific counselling or field team for general awareness , In case of any referral services to be availed by these pregnant women there will be provision of vehicle using which they can seek any health services.

Supporting young women and girls in menstrual health: A data base of young women and girls who are in need of sanitary pads and are not reached by government system in this emergency situation. These girls will be provided with a pack of 20 sanitary pads and 2 soaps. This will help them in maintaining safe free and dignified menstrual health during this pandemic period.

Increasing accessibility of eligible couples to contraceptives: Eligible couples who are interested in using contraceptives and cannot access the same will be provided with contraceptives through our awareness vehicles. A data base of such couples will be prepared based on mapping of villages during awareness drive and through geo tagging by app developed. Contraceptives will be leveraged through district and will be provided by field staff.

Development of mobile based app: A mobile based app will be developed using which community can get information on what to do and what not to do during COVID pandemic with focus on pregnant and lactating women. This application will be also having feature of sending messages along with GPS regarding any services related to contraceptives and gender based violence.

Providing counselling / Psycho-Social counselling support: Those in the community who need specialized counselling in terms of pregnancy, family and gender based violence will be identified and their numbers be shared with the counsellors who will give them virtual counselling over phone and will be constantly followed up.

6 We care transportation vehicle for institution delivery and support to high risk precedency

Through the “ We Care “ referral vans awareness session on We Care Services - reached to 7606 households raising awareness on preventive measures of COIVD -19 catering to pregnant women, senior citizens, female headed households, households with differently headed persons reaching population of 253 villages in 6 blocks of the district.



Out of 2215 pregnant women counselled 834 women were provided with transportation support for availing Institutional delivery (43) and ANC services (791) – (Activity completed in Q3)

Mobile based Application on COVID 19 and SRHR FP/ Maternal Health

In this quarter We Care mobile based application is upgraded with more added features including text and video on the types of contraceptives, myths and misconceptions on contraceptives, maternal child health component is also being added. A new dashboard with indicators on service requests, orders placed for all categories- MH, FP, AH also, a trend to monitor the 20,000 population target of our project on their health seeking behaviour. The app is developed and will be using for registering & tracking of SRHR service request and its delivery.

Hygiene Kits to vulnerable families who have not access to (Sanitary napkins & Soaps) regular supplies

2948 adolescent girls were counselled on menstrual health and hygiene and 1997 hygiene kits were distributed to adolescent girls.

Tele-counsellors for providing counselling on SRH & Gender Violence and Psychosocial social support.

2 tele counsellors provided on line counselling on SRH & Gender Violence and Psychosocial social support to 2948 – Adolescent girls, 2215- pregnant women including counselling during service provision to 919- Eligible couples, 38- Senior citizen on birth preparedness and institutional delivery and 43 PW linked to We Care transportation facility for institution delivery.



Overall during the period a total of 6082 women and girls were reached with counselling on SRHR and FP.

Development of animation Video & process documentation

A video was developed to capture the two long month long referral services for pregnant women , elderly women , adolescent girls and women in distress for wider dissemination among the target group to avail the health services during the COVID -19 pandemic.

The programme also had facilities to register on mobile based application We Care for seeking services and received psychosocial support on sexual reproductive health.

CASE STUDIES

Case Study -1

On 27th May 2020 early morning 4 am we received a call from Ms. Sukari Devi ASHA of Bahuara village (Chewara Block). That call was regarding emergency transportation service for Ms Chandani Devi wife of Mr. Mukesh Ram and Ms. Chandani Devi was rushed to PHC Chewara where she delivered a baby boy through normal delivery. The counselor and the team maintained a constant follow-up, to ensure both the mother and child are safe and healthy. Because of COVID-19 pandemic and the lockdown life is at halt and has posed challenge in accessing essential health care services.



Chandani Devi resident of Bahuara village was suffering from labor pain when her husband called ASHA of that village. ASHA attended the call and immediately called Govt. Ambulance service which somehow failed in reaching the village. As the situation was becoming worse ASHA Called our team and requested for WECARE transportation service. Our team reached village within 20 minutes after the call and ensured safe delivery. Chandani says that- *“WE CARE ki gaadi aur bhaiya didi log mera aur mere bachche ka jaan bacha di, nahi to dar lag raha tha ki ghare man kahin darad se mar na jayen “*. (Thankful to WE CARE and Brother and Sister for helping and saving me and my baby: otherwise I was scared to die with severe pain at home)

This was Chandani’s second baby and her first child is only one and a half year old. Based on counseling done by our team Chandani and her husband mutually agreed for the insertion of PPIUCD and now it has been inserted. Regular follow up was done by counselor and field team to ensure that child is immunized and is breastfeeding, this also helped in ensuring that mother and child does not develop any danger signs including that of COVID-19.

Project: 11-A

Addressing gender-based vulnerabilities in Migration through institutional strengthening of Panchayats”

Location:-SHEIKHPURA, Supported by:- PLAN India and UNFPA

Brief Background

IDF with Plan India is implementing a pilot project viz. “Addressing Gender Based Vulnerabilities in Migration through Institutional Strengthening of Panchayats” commencing from Sept 2020 in three blocks of aspirational district; Sheikhpura with the aim to enhance the role of the Panchayats in Resilience Building of Women/Young Girls thus creating an enabling environment for women/girls reducing & addressing the various vulnerabilities with them as a result of distressed migration. The pilot intervention is proposed in 3 high migration prone blocks of Bihar having 37 Panchayats.

The strategy of the project is to nurture and capacitate the Panchayats as an “Institution” for empowering women/girls and in eradicating harmful practices through:–

- Support in development & monitoring of village development/action plans including gender;
- Encouraging & ensuring participation of women/girls in gram sabhas;
- Developing resource centres at Panchayats and
- One stop facilitation centre for multifarious welfare entitlements.

Objective

The project highlights the possible impact on Migration on women/young girls from the perspective of transformative goal on zero gender based violence and lists possible strategies/activities for addressing these gendered vulnerabilities through institutional strengthening of Panchayats.

Target Group

Adolescent girls and Young women of Sheikhpura district.

ACTIVITIES *During the period of six months only following two major has been completed due to spread of COVID pandemic.*

1. District level training of trainers on the Panchayat Module:-

Training program was organised from 6th October, 2021 to 8th October 2021, for representatives of INGOs, local former elected representatives, Grass root level organizations, CBO members and few community mobilisers of 3 blocks of Sheikhpura.

The basic objectives of this training program are as under:-

- To improve their knowledge on gender gaps prevailing in the community and its ill impact.
- To create an environment of promoting gender friendly Panchayat in coordination with panchayat elected representatives.

- To help women to lead their life with self-dignity and independence.
- To ensure the role of women and young girls in preparation of Gram Panchayat Development Programme.
- To link sustainable development goals in current GPDP of panchayats and incorporation of gender components into it.



Training of Adolescent and youth CBOs (Samudayik Dal Sadasya) on Gender based vulnerabilities and harmful practices -

Two days training for 250 CBO members has been organised and conducted activities based training for them. Training module has been distributed among them as a guiding tool for their future references. 250 Community members from 50 different villages have participated in the training and learned about different forms of Gendered Vulnerabilities and its impact in migration. Total 10 batches has been formed and training has been given in a small batch of 25 participants considering COVID guidelines. Objective of the training is to capacitate them with gender components- benefits of gender equality and how to go for a safe migration to ensure regular remittances to the family. They will be providing hand holding support to project team in project activity implementation.



A consultant / expertised based 82 pages Training Module / Facilliteer Guideline on **Gender based vulnerabilities and harmful practices** has also been developed for the front line workers CBOs PRIs, which they in turn are suppose to use in sensitizing community as whole on the issues. The training module has been broadly circulated into the district and with NGOs INGOs and among other developmental organizations.



Transformation Of Aspirational Districts Program

Location Chaibasa District, Supported by : Plan India

A Back Ground

IDF in support of Plan India's NITI Aayog partnership in Jharkhand is for **Singhbhum** where there is also variability in nutrition outcomes within districts and across the state is almost similar. In baseline assessment done in last year the situation of health and nutrition among children is pathetic.

Children below five years varies ranges from 38.5% to 59.4 % and is higher than 40% in almost all the districts. West Singhbhum has the highest stunting rate with 59.4% in the state.

The prevalence of anemia among women of reproductive age is higher than 50% across all districts in Jharkhand with little variability. In majority of the districts, more than 60% of women are anemic.

The prevalence of wasting ranges from 20.3% (Kodarma) to 43% (Khunti). In all the districts of Jharkhand, more than 20% of children are wasted, which indicates a significant public health concern.

On the other hand, the health outcomes within the state has improved considerably over the last decades, improvements from NFHS 3 to NFHS 4

- IMR has reduced from 69 to 44.
- Similarly U5MR has reduced considerably from 93 to 54
- The institutional delivery has increased from 18% to 62%
- Immunization coverage for children up to 2 years has risen from 34% to 62%

The Approach:

The program has been implemented in collaboration with district Health Department to make pace and support into Government flagship program in the 4 following approach.

Advocacy

Supported to develop various formats, Programmes related to improvement of Health and Nutrition indicators, establishing VHSNDs as the prime focus activity

Participation

Participation in various district and block level workshops, Village level Programmes

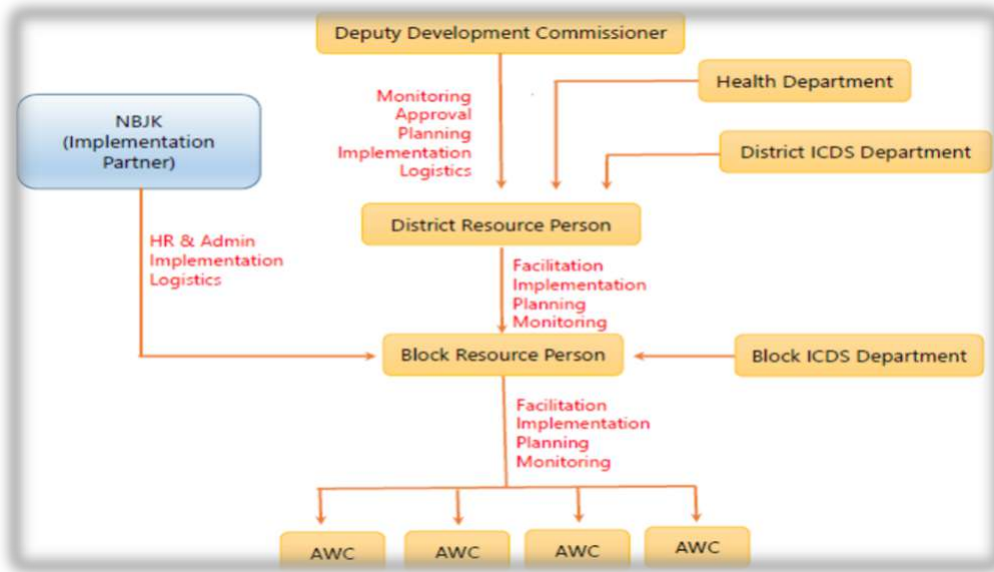
Capacity Building

Capacity Building of BRPs and other Government staffs like Lady Supervisors, Anganwadi Workers and Helpers

Planning

Planning of Programs as to improve NITI Aayog indicators, planning for state government directed programs

Collaborative Structure of the Project

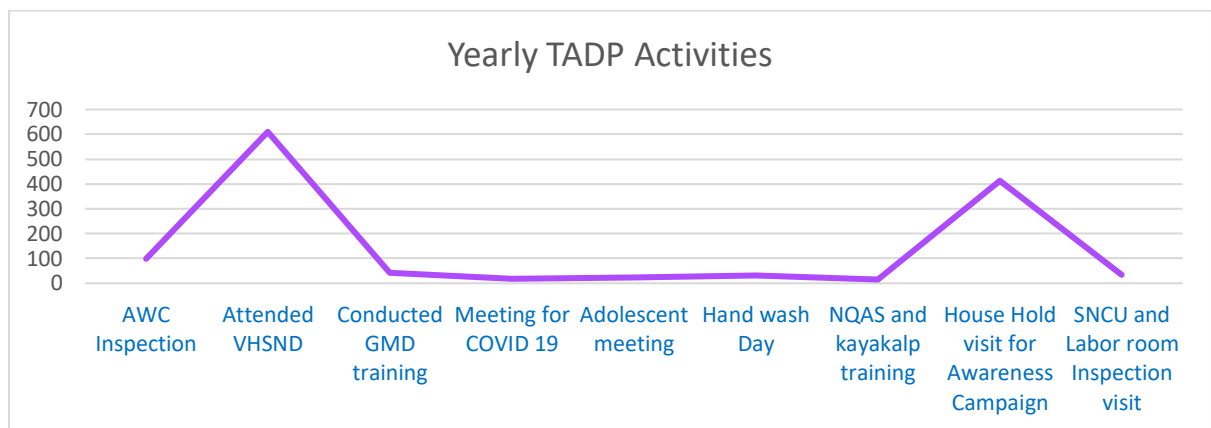


Coverage:

- 426 Anganwadi Centers of
- 110 Panchyats in
- 5 Blocks

Activities:

Following are the IDF activities in support of Plan India that supported in quality execution with close collaboration of district Health Department and PHED during the project Period from June 2019 to Dec 2020.



Activities Brief

1. Facilitation to Information Sharing through WhatsApp route from district to AWC level, Monitoring VHSND data, Facilitation on BBBP Annual Plan & DCP
2. Facilitation on installation of Aarogya Setu by FLWs, Facilitation to formulate a WhatsApp route from district to AWC level, Meeting and support in COVID for communication activity
3. Strengthening the VHSNDs during post lockdown phase, AWC level VHSND Monitoring by BRPs, Facilitation to Information Sharing through WhatsApp route from district to AWC level,
4. Participated in review meeting with District functionaries in initiating Immunisation and key activity in identification of SAM/MAM and care of PWs, Supportive Supervision, visit to Cold chain points and AWCs, Hospital level meeting, distribution of kits for COVID relief relief, training of FLWs
5. Participated in District Review meeting Post COVID, Celebration of Breast feeding week, Poshan Mah, Polio campaigning, Training on MCH (Johar Poshan) awareness campaigning, Supported District in training of ANMs for ARUNIMA (Identification of Anaemic Women)
6. **Eighteen internal meetings and one workshop** has been organized on **Strengthening VHSNDS**
7. In the district level workshop, all related stakeholders (Health, ICDS, PRD, RDD) were directed to render emphasis on VHSNDs.
8. **Specific Role and responsibilities during VHSNDs** of the front line staffs has been prepared and shared with all the block and district level stakeholders.
9. **A new format has been introduced** for VHSND monitoring and data tracking.
10. As Government per mandate, Global Hand wash **DAY** was celebrated in all AWCs of West Singhbhum.
11. The event was attended by the District and Block Officials, Pramukh and PRIs, who also encouraged them to hand wash so to prevent from morbidity and prevent from Infections



12. Apart from these, the block ICDS organized a total of **110 programmes on HAND WASH AND BREAST FEEDING** in other areas.

13. From the monthly data analysis, the DDC Hazaribagh Instructed to prepare a format for **ANGANWADI CENTRE INSPECTION.**

14. ANGANWADI CENTRE INSPECTION has been started all over the district area.

15. From 5th February to 15th March a total of **201 ANGANWADI CENTRE INSPECTION** has been done and report has been submitted to the DDC – West Singhbhum

16. Depending upon the report several steps like show financial support, trainings were initiated.

17. As an integral activity of Poshan Abhiyan as well as Poshan Pakhwada and Poshan Maah the **House Visit, community mobilization** has been started.

18. After a couple of demonstration sessions, the Block Resource Persons has continued the programs in tie up with respective Lady Supervisors.

19. To combat with low HRs, two or three AWCs has been merged up for these sessions and a total of **32 programs has been facilitated** till the initiation of lockdown.

20. Organizing joint meeting of ICDS, Health, JSLPS and all district level CSOs under a single umbrella as to ensure a Fruitful **POSHAN PAKHWADA** Program.

21. Facilitation towards designing **Poshan Rath** and related IEC materials (**10 thousand copies**) and ensuring circulation at each of the ICDS project areas.

22. Ensuring compact planning and implementation of several activities (19 SAM/MAM Identification, 18 Meetings on COVID 19, 32 Hand Wash Day, 24 Adolescent Meetings, 130 Darwaza Khat Khatao) under Poshan Pakhwada by BRPs. From the monthly data analysis, the **GMD TRAINING and Identification and**



Management of SAM/MAM Children in AWWs has been planned and initiated.

23. From 25th February to initiation of the lockdown i.e. 20th March a total of **42 GMD Trainings** has been conducted by the BRPs for a total of **566 Anganwadi Workers** throughout all the 8 project areas of west Singhbhum district area.
24. From the VHSND monthly reports massive improvement on capturing accurate data has been observed on Child Growth Monitoring after these trainings.
25. Facilitated in **DIGITAL AWARENESS** and knowledge management of community of AWWs/AWHs through WhatsApp and from 1st April, 2020 to till date a total of **48 information on COVID-19 related IECs, Government circulars** has been sent amongst **1303 AWWs** as to disseminate the same to the community.
26. Besides, the joint campaign of DSWO and BRPs has been carried out on **INSTALLATION OF "AAROGYA SETU"** application till date a total of **820 AWWs and 523 AWHs** has been installed same and using this application as a prime source of information for COVID awareness specially for the community.
27. In West Singhbhum the **World Population Day 2020** and the **World Breast Feeding Week 2020** has been celebrated auspiciously through active support from the FLWs of both the Health and ICDS departments.
28. A total of **80,000 population** has covered under **World Population Day 2020** where the FLWs forwarded related awareness IECs to eligible couples, Pregnant and Lactating Mothers.
29. Under WBW-2020, cumulatively **10,350 activities** has been carried out for a total of **18,504 Beneficiaries**.



System Strengthening

- Ongoing Support to the district administration for a Anaemia Eradication program Arunima for four blocks for camps for anaemia identification and management.
- Supported the district in celebrating Breast feeding week in District health facility and provided training to PWs for providing technical support for positioning etc

- Supported the FLWs in providing technical guidance and mentoring to 34 AWCs in three blocks for JMSSPM, IFA and Vit A drive.
- Supported the District in Analysis of the SNCU data. Registers were examined for exclusive breast feeding from labor room, Sensitization was provided for correct positioning and attachment of new born for proper breast feeding. KMC registers were examined in the SNCU.

Jharkhand Data sheet on Aspirational Districts Health and Nutrition Indicators (as of Nov. 2020):

Sl. No.	Indicator	W.Singhbhumas on 31.09.2020
1	Percentage of pregnant women receiving 4 or more antenatal care check-ups to the total no. of pregnant women registered for antenatal care	NA
2	Percentage of ANC registered within the first trimester against Total ANC Registration	63.64
3	Percentage of pregnant women (PWs) registered for ANCs to total estimated pregnancies	93.57
4	Percentage of pregnant women regularly taking Supplementary Nutrition under the ICDS programme	14.44
5	Percentage of Pregnant women having severe anaemia treated, against PW having severe anaemia tested cases	100
6	Percentage of pregnant women tested for Haemoglobin 4 or more times in respective ANCs to total ANC registration	NA
7	Sex Ratio at birth	918
8	Percentage of institutional deliveries to total estimated deliveries	79.19
9	Percentage of deliveries at home attended by an SBA (Skilled Birth Attendance) trained health worker to total home deliveries	77.67
10	Percentage of newborns breastfed within one hour of birth	96.58
11	Percentage of low birth weight babies (less than 2500g)	7.64
12	Percentage of live babies weighed at birth	97.36
13	Percentage of underweight children under 6 years	33.68
14	Percentage of stunted children under 6 years	NA
15	Percentage of children under 5 years with Diarrhoea treated with ORS	NA
16	Percentage of children under 5 years with Diarrhoea treated with Zinc	NA
17	Percentage of children under 5 years with Acute Respiratory Infections (ARI) taken to a health facility in the last 2 weeks	NA
18	Percentage of Severe Acute Malnourishment (SAM) in children under 6 years to total children under 6 years	2.26
19	Percentage of Moderate Acute Malnutrition (MAM) in children under 6 years to total children under 6 years	18.98
20	Percentage of Breastfeeding children receiving adequate diet (6-23 months)	NA
21	Non-breastfeeding children receiving adequate diet (6-23 months)	NA

22	Percentage of children fully immunized (9-11 months) (BCG+ DPT3 + OPV3 + Measles1)	100
23	Tuberculosis (TB) case notification rate (Public and Private Institutions) as against estimated cases	49.86
24	TB treatment success rate among notified TB patients (public and private)	88.12
25	Proportion of sub-centres/PHCs converted into Health & Wellness Centres (HWCs)	NA
26	Percentage of Primary Health Centers compliant to Indian Public Health Standards	NA
27	Proportion of functional FRUs (First Referral Units) against the norm of 1 per 500,000 population (1 per 300,000 in hilly areas)	NA
28	Percentage of Anganwadis/UPHCs reported to have conducted at least one Village Health Sanitation & Nutrition day / Urban Health Sanitation & Nutrition day outreach in the last one month	NA
29	Proportion of Anganwadis with own buildings	71.67

Data Source: Champions of Change, NITI Aayog ;<https://championsofchange.gov.in>

Behaviours Change Communication & Social Mobilization Initiatives:

- Follow up meeting was carried with MTC incharge for admission decline and management of SAM Childrens,Issues were due to less awareness and no screening of children in the district which could make situation critical.
- 25 FLWs were sensitized on growth monitoring and relevant eating habits through local available food items for good birth outcomes
- It was also advised to use the IEC materials in home visit for SAM identification and its management and support the Lactating mothers for identification of danger signs in the childrens.
- It was instructed to support the ANM/Supervisor in house to house surveillance including (a)Identification of HRG and probable cases (b) Ensure uptake of medical services in urban and rural areas and psychological care, stigma and discrimination.
- The DRP sensitized the FLWs time to time via calls for prevention practices in the community and household to promote the BF in lactating PWs with adhering norms of COVID 19.Other Information shared were types of contacts and services to be provided to provide correct information and ensuring safe behaviors for home quarantine and home care.

Income and Expenditure | FY 2020-21

EXPENDITURE	Total Amount	INCOME	Total Amount
To Training/Capacity Building	1655491.00	By Plan International (INDIA)	8041637.00
To Orientation	89252.00	By Plan India	14027268.00
To Disaster Risk Reduction/ Mitigation	177569.00	By Engender Health	810452.00
To Natural Resource Management	802179.00	By Save The Children	989863.00
To Direct Action With Community/FLWs	8936798.00	By SYNGENTA INDIA LIMITED	555819.00
To Water Sanitation and Hygiene	602953.00	By The Freedom Fund	5759796.00
To Livelihoods and Agriculture	627129.00	By IPAS Development Foundation(IDF)	1210640.00
To Responce to COVID 19	10731793.00	By ITC	1008000.00
To Awareness Building	1992589.00	BY UNICEF Ranchi	3716775.00
To TOM SHOE DISTRIBUTION	132194.00	BY HDFC	6958989.88
To Solidarity Events	229230.00	By Inclusive India	50000.00
To Interface with Government Institu ⁿ	29991.00	By Membership Fee	9000.00
To Review Meeting	44428.00	By Capital Reserve	150233.00
To Workshop	441861.00	By Miscellaneous Receipts	39091.00
To IEC/ Material Printing	173562.00	To Bad Debts -Excess Exps. not Reimbursed	80641.00
To Quality Education	1563496.00	By Institutional Overhead	354746.00
To Livelihood Promotion Initiatives	220000.00	By Donation	0.00
To Smart Classs	30000.00	By Interest	528551.52
To Program Support	1505104.00	By Balance Being Excess of Expenditure Over Income ie Deficit C/O to Balance Sheet	1772825.21
To Program Personnel Costs: Professional	9358729.50		
To PERSONNEL / Honorarium	2786592.25		
To Travel and Mobility Cost	366137.00		
To Implementation Support,Oppr+ Admn	2874283.50		
To Bank Charges	11460.28		
To Staff Welfare	168427.75		
To Amount Retd to C-3	5506.00		
To Amount Retd ITC LTD	18839.33		
To Amount Retd to UNICEF ,New Delhi	32135.00		
To Depreciation :			
Computer and Inverter set	174736.00		
Motorcycle	28108.00		
Printer	23859.00		
Bicycle	1108.00		
Furniture and Fixture	92858.00		
Generators	8782.00		
Water Filter	1921.00		
Camera	37306.00		
Photocopying Machine	17331.00		
Fax Machine	5471.00		
Fogging Machine	2466.00		
Refrigator	143.00		
Air Condition	3255.00		
Invetor	6822.00		
Handycam	501.00		
LCD	21211.00		
Cooler	3765.00		
Picco Devices	23040.00		
Mobile Phone	3915.00		
	46064327.61		46064327.61

Receipts and Payment | FY 2020-21

Receipts	Total Amount	Payments	Total Amount
To Opening Balance		By Training/Capacity Building	1647660.00
Cash in hand	14403.67	By Orientation	89252.00
Cash at Bank		By Disaster Risk Reduction/ Mitigation	177569.00
State Bank of India-IDF Main Account	3273808.42	By Natural Resource Management	802179.00
State Bank of India-Patna (CLP-ITC Project)	25324.33	By Direct Action With Community/FLWs	8823298.00
State Bank of India-IDF FCRA Account	5571679.98	By Water Sanitation and Hygiene (WASH)	600695.00
State Bank of India-Hazipur FCRA Account	434671.72	By Livelihoods and Agriculture	627129.00
State Bank of India-Chaibasa FCRA Account	351663.00	By Responce to COVID 19	10568170.00
State Bank of India-Muzaffarpur FCRA Account	75784.52	By Awareness Building	1978148.00
State Bank of India-Ranchi	442508.40	By TOM SHOE DISTRIBUTION	132194.00
HDFC Bank	3579519.95	By Solidarity Events	191115.00
ICICI BANK	20000.00	ByInterface with Government and Institutions	29991.00
State Bank of India-Rajkharsawan	12840.58	By Project Monitoring, Evaluation and Learning,	44428.00
Bank Of Borada	21509.95	By Workshop/Seminar/Meeting	441283.00
To Plan International (INDIA)	8041637.00	By IEC/ Material Printing	169262.00
To Plan India	14027268.00	By Quality Education	1561296.00
To Engender Health	810452.00	By Livelihood Promotion Initiatives	0.00
To Save The Children	989863.00	By Smart Classs	30000.00
To SYNGENTA INDIA LIMITED	555819.00	By Program Support	1502039.00
To The Freedom Fund	5759796.00	By Program Personnel Costs: PROFESSIONAL FEE	9269336.00
To IPAS Development Foundation(IDF)	1210640.00	By PERSONNEL / Honorarium	2733077.25
To ITC	1008000.00	Travel and Mobility Cost	366137.00
To UNICEF RANCHI	3716775.00	By Implementation Support Administrative Cost	2776060.50
To HDFC	6958989.88	By Assets (Anexure-2)	171200.00
To Inclusive India	50000.00	By Bank Charges	11460.28
To Uncleared Cheque	721400.50	By Payable	3507396.00
To Membership Fee	9000.00	By IDF FCRA	263384.24
To Institutional Overhead	354746.00	By IDF Main Account	117795.32
To Miscellaneous Receipts	39091.00	By TDS	15083.00
To Bad Debts -Excess Expenditure not Reimbursed	80641.00	By ITC	12365.00
To IDF-Main Account NON FCRA	2577.00	BY UNFPA	6069.00
To IDF-FCRA	32108.00	By Staff Walfare /FRINGE BENEFITS (PF)	168427.75
To FCRA Hazipur Account	18312.86	By Sundry Deposite	17820.00
To Wash Programme Garhwa and Godda	2246.32	BY HRDProject Samastipur	15000.00
To Freedom Fund Muzaffarpur	208442.24	By Wash Programme Garhwa and Godda	18697.00
To CAC Project	47742.00	By Amount Retd to C-3	5506.00
To Sundry Deposits	240370.36	By Amount Retd to ITC LTD	18839.33
To Interest From Main Account	82847.00	By Amount Retd to UNICEF NEW Delhi	32135.00
To Interest on EURO Gain	7357.00	BY IDF FCRA Account (I.e Fixed Deposits)	142923.00
To Interest on Fixed Deposite	158006.00	By IDF-PLAN Project Vaishali	18312.86
To Interest From FCRA	119470.00	By Loan & Advance	91639.00
To Interest From Project Office	160871.52	By Closing Balance	
To Retd -Loan and Advance	80804.00	Cash in hand	4327.67
		State Bank of India-IDF Main Account	4935129.42
		State Bank of India-Patna (CLP-ITC Project)	15162.00
		State Bank of India-IDF FCRA Account	3177008.48
		State Bank of India-Hazipur FCRA Account	164410.08
		State Bank of India-Chaibasa FCRA Account	2163.10
		State Bank of India-CKP	5739.00
		State Bank of India-Muzaffarpur FCRA A/c	659618.94
		State Bank of India-Ranchi	454666.40
		HDFC Bank	645497.63
		ICICI BANK	24976.00
		State Bank of India-Rajkharsawan	13759.00
		Bank Of Borada	22157.95
	59318987.20		59318987.20

Declarations and Transparency of the Organization

Foreign Visit of the Members or any Staff of the organization

In this financial year No one from the organization visited any foreign country.

Members actively involved in the projects and programs and getting honorarium.

Following are the members of the governing board who are actively involved in programs of the organization and against their time commitments in the project-receiving **honorarium** in FY 2019-20 from the respective projects and programs.

Name of the Board Member Getting Honorarium from their respective projects	Designation	Total amount paid in last financial year	Form of payment Salary/Honorarium)
1. Manoj K Verma (from 10 different projects)	Director	Rs. 798732.00	Honorarium against the time commitments under different respective Projects ONLY
2. Niraj Kr. Sinha (from 12 different projects)	Treasurer	Rs. 613242.00	Honorarium against the time commitments under different respective Projects ONLY

The Total Human Resource of IDF as per honorarium slot and M/F Ratio

Salary composition to IDF staff	Minimum Qualification	Total	Female	Male
Rs. 5,000/- to Rs.12,000/-	Graduates	52	19	33
Rs. 12,000/- to Rs. 25,000/-	PGRD Professionals-XISS, MSW, MBA, MA in Rural development, etc.... Expertise on Community Process and mobilization. Master trainers	81	18	63
Rs. 25,000/- to Rs. 40,000/-		22	03	19
Rs. 40,000 to Rs.60,000/-		10	00	10
TOTAL		165	40	125

Highest and Lowest Honorarium paid and Expenses in Travel

Highest paid Full Time regular staff:	Rs. 6,60,000/- per year
Lowest paid Full Time regular staff:	Rs. 120000/- per year

Details of the Board Members/Executive Committee Members of the Organization

Name	Designation	Sex	Address	Occupation	Education
1. Mr. Babul Prasad	Chairperson	Male	S/O Late KC Prasad 11,A Shivalik Apartment N. Patliputra, Patna-13	Social and Mgt. Services	MBA
2. Mr. Manoj Kumar Verma	Director	Male	S/O Sri DK Verma 304 Ramabraj Appt Vidyapati Lane. N Patliputra Patna.	Social and Devl Professional	Rural Management
3. Mr. Mahendra Pd.Sinha	Dy. Director	Male	S/O Lt. RP Sinha House-22, Kidwai Puri, Patna -18.	Social worker	MA
4. Niraj Kr.Sinha	Treasurer	Male	S/O Late Sri Adya Prasad	Accountancy	ICWA (Inter)

5. Mini Kurup	Exe. Member	Female	Mannadiel House 32A Shivalik Apartment N. Patliputra, Patna-13	Social and Devl. Worker	Rural Management
6. Ms. Kiran Sinha	Exe. Member	Female	C/o Late GP Sinha (Adv) Madhukunj, N Tarkeshwar Path ChirayanTad, Patna.	Social worker Teacher	Graduate Sociology
7. Ms. Ankita Kashyap	Exe. Member	Female	35FB 1/11, Bahadurpur Housing Colony, Bhoothnath Road, Kankarbagh Patna 8000267.	RD Professional	MSW

Previous Projects completed

<p>1. Project Women's Empowerment through Convergent Community Action strategy Supporting Agencies UNICEF Duration 5 Years Area 5 blocks in Patna of Bihar 8 Blocks in Palamu & Garhwa</p>	<p>6. Project Swawablamban Bihar State Women Development Corporation Supporting Agencies Duration 5 Year Area 2 Block in Patna district</p>
<p>2. Project Facilitating attendance in schools through economic empowerment. Supporting Agencies UNICEF Duration 3 Years Area 4 Blocks in Palamu & 4 in Garhwa</p>	<p>7. Project DISHA (Adolescent & Reproductive Health) Project Supporting Agencies ICRW Duration 6 Year Area 2 Block in Patna district</p>
<p>3. Project Water and Environment Sanitation initiative Supporting Agencies UNICEF Duration 1.5 Years Area 2 Blocks in Patna district</p>	<p>8. Project Flood Relief Program Supporting Agencies Water Aid Duration 3 Months Area Araria (Forbishganj)</p>
<p>4. Project Community Based Hand Pump Maintenance System Supporting Agencies PHED + UNICEF Duration 1 Year Area 4 Blocks in Garhwa district</p>	<p>9. Project Food and Non Food Assistance to 2500 Families affected by Kosi Flood Supporting Agencies Oxfam HK Duration 6 Months Area Araria (Raniganj)</p>
<p>5. Project Women's Empowerment for Sustainable Action Supporting Agencies AUS-AID Duration 2 Year Area 2 Blocks in Patna district</p>	<p>10. Project Swashakti Bihar State WDC Supporting Agencies Duration 2 Years Area 2 Block of Muzaffarpur</p>
<p>12. Project Community Based Safe Drinking Water Project Supporting Agencies CONSULATE GENERAL OF JAPAN Duration 1 Year Area 1 Block in Patna district</p>	<p>11. Project Sustainable community Action Through Local Resources Supporting Agencies PACS-DFID Duration 6 Year Area 4 Block in Bihar 2 in Jharkhand</p>
<p>13. Project Integrated Development Program Women Supporting Agencies THE HUNGER PROJECT Duration 1 Year Area 1 Block in Muzaffarpur district</p>	<p>23. Project Capacity building of Elected women Representative and functionaries of PRI Supporting Agencies UNDP Duration 4 Years Area 5 Block of Palamu District</p>
<p>14. Project Integrated Nutrition and Health Programme Supporting Agencies CARE Duration 1 Year Area 2 Blocks in Patna district</p>	<p>24. Project Village Micro Planning initiatives Supporting Agency FORCES (NOVIB) Duration 1 Years Area 1 Block of Patna District</p>
	<p>25. Project Village Micro Planning initiatives Supporting Agency UNICEF Duration 1 Years Area 1 Block of Patna District</p>

15. Project	Operation Research on A Community Based Approach to Improve Utilisation of Health Care Services in Favour of Women Reproductive Health	26. Project	DEEP
Supporting Agencies	UNICEF	Supporting Agency	WDC, Gov. of Bihar
Duration	4 Year	Duration	4 Years
Area	1 Block in Patnadistrict	Area	2 Blocks of Patna District
16. Project	Stree Shashaktikaran, A Dalit women targeted Project	27. Project	MNSY
Supporting Agencies	ACTION AID	Supporting Agency	WDC, Gov. of Bihar
Duration	1 Year	Duration	1 Years
Area	1 Block of Madhubani District	Area	2 Blocks of Patna District
17. Project	Gram Swaraj Abhiyan	28. Project	Adolescent Reproductive Health
Supporting Agencies	ACTION AID	Supporting Agency	NFI
Duration	1.5 Years	Duration	7 Years
Area	2 Blocks of Garhwa in Jharkhand	Area	4 Blocks of Palamu District
18. Project	SWASHAKTI	29. Project	Sustainable action of Community and Reproductive Health
Supporting Agencies	Jharkhand Women Development Societies	Duration	7 Years
Duration	3 Years	Supporting Agency	Simavi, The Netherlands
Area	1 Block of Ranchi District	Area	2 blocks in Patna District
19. Project	Child Care and Immunization	30. Project	IRAC – for RH Network
Supporting Agency	FORCES (NOVIB)	Supporting Agency	IIE
Duration	1.5 Years	Duration	2 Years
Area	1 Block of Patna District	Area	Bihar State. – State Network Of RH fellows.
20. Project	Prachar Project	31. Project	Indian Villagers learn healthy habits & gain better care community Health
Supporting Agencies	PATHFINDER INTERNATIONAL	Supporting Agency	Geneva Global
Duration	5 Year	Duration	3 Years
Area	2 Block in Patna district	Area	2 blocks of Muzaffarpur Dist
21. Project	BCC on Safe Abortion	32. Project	Community Leadership Project
Supporting Agency	IPAS	Supporting Agency	Tata Trust- XISS
Duration	3 Yrs	Duration	3 Yea
Area	4 blocks of Patna district	Area	100 panchyats of 3 districts
22. Project	Water Sanitation Hygiene Project	33. Project	School Safety Project
Supported Agency	WATER AID	Supported by	UNICEF
Duration	8 Years	Duration	1 year
Area	1 block of Patna District	Area	Patna