

Annual Activity Report

FY 2015-16

INTEGRATED DEVELOPMENT FOUNDATION

EMPOWERING COMMUNITIES

TRANSFORMING LIVES

Programs implemented in the State of
BIHAR AND JHARKHAND

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BRIEF PROFILE 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**
-

IDF is accredited by Credibility Alliance as an organization adhering to the Desirable Norms for Good Governance

ORGANIZATIONAL FOCUS

- Women's Empowerment /SHG
- Local Self Governance
- Disaster Preparedness and Relief
- Watershed and Livelihoods & IGA
- Population & Adolescents
- Child Protection & Care
- Water, Sanitation & Hygiene
- Reproductive, Sexual & Community Health

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)

UNICEF, Australian High Commission, the Consulate General of Japan, Project Concern International, Action Aid, Pathfinder International, The Hunger Project, CARE, CRS, WDC (IFAD-Bihar State Govt.), JWDS (IFAD-Jharkhand State Govt.), UNDP, ICRW, NFI, SIMAVI, Water Aid, PACS (DFID) Geneva Global, PLAN International, IPAS, SDTT, LWR. Oxfam, CAF India, DCA, Global Sanitation Fund,

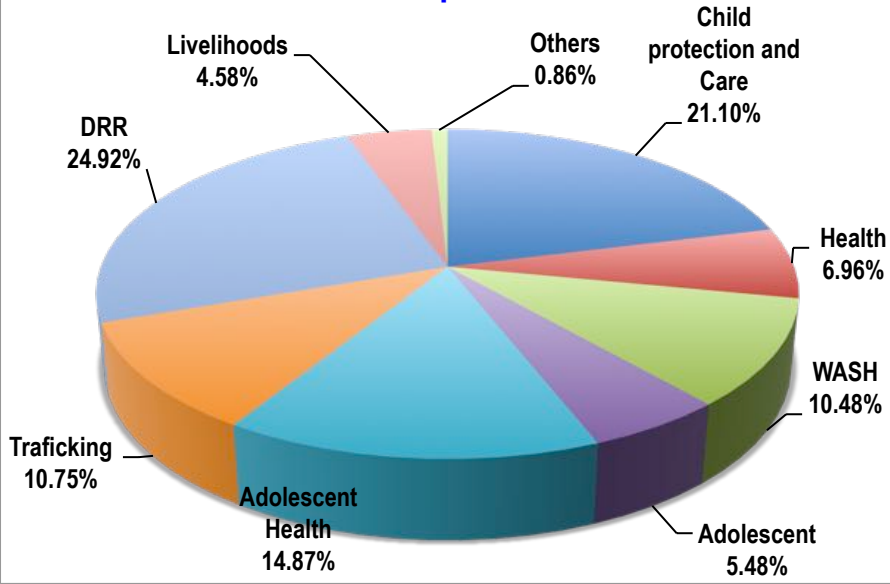
CORE STRATEGY OF COMPETENCY

- ☞ Capacity Building (through training, community process, FGD, community meetings etc)
- ☞ Building Institutions (empowered and organized platform) at community level and Mobilization.
- ☞ Creating conducive environment

CONTACT PERSONS :

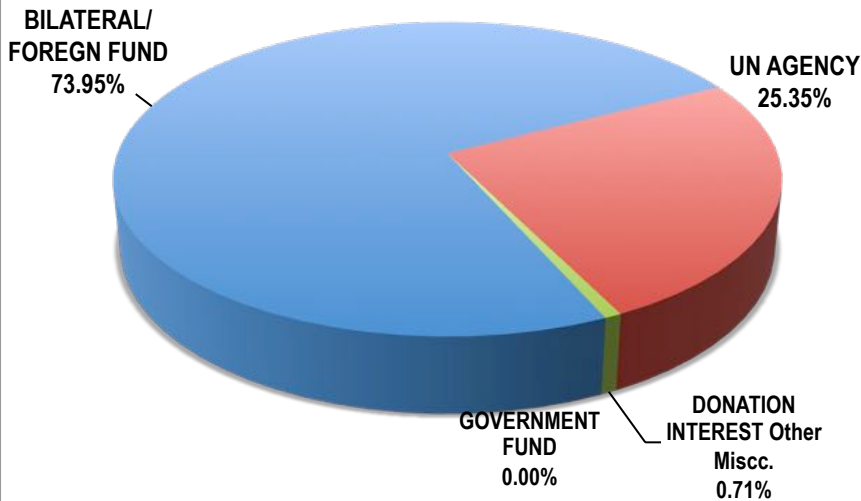
MANOJ KUMAR VERMA, DIRECTOR (9431456434) & BABUL PRASAD, CHAIRMAN

% Fund Allocation as per the Thematic Issues



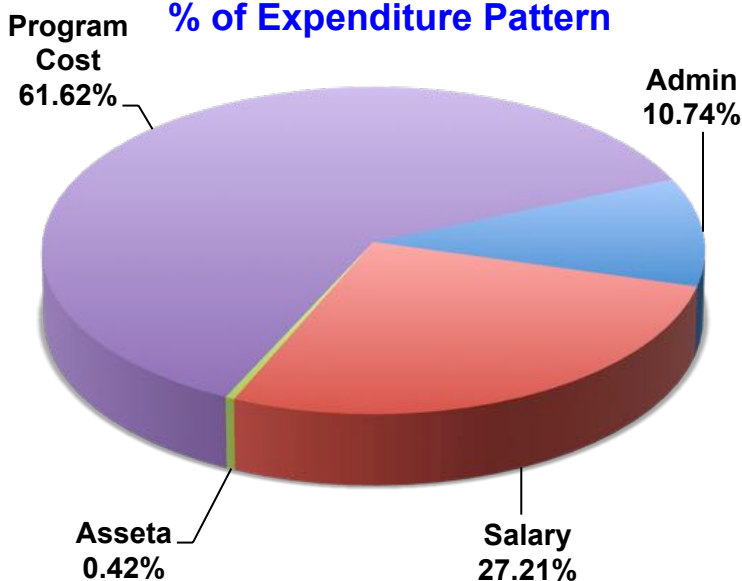
Total Thematic Cost of the Organization in FY 2015-16

% of Fund Types



Type of Funds in % FY 2015-16

% of Expenditure Pattern



% Distribution of total expenditure in FY 2015-16

B. PROJECT / PROGRAM OF THE ORGANIZATION FOR FY 2015-16

PROJECT -1

Project Title	:	Menstrual Health and Hygiene Management Project
Funder/Support Agency	:	UNICEF
Starting date of the Project	:	May 2015
Coverage	:	6 Blocks in Vaishali and 8 Blocks in Nalanda Covering 212 Gram Panchayat and 1049 village
Population	:	67112 (Direct with 1965 children families)
HR Involved	:	2 PM, 10 Block Coordinator and 54 Field Facilitator

A. Background

Menstrual health and hygiene are **taboo** issues in our society and no one is allowed to discuss this sensitive and important topic with anyone, resulting into grave silence and therefore lead to several complications as:

- 92% girls considered socio-religious restrictions imposed as “fair”
- 83% girls are completely unprepared for first menarche.
- 81% expressed low self confidence in attending religious functions during menstruation.
- 75% unaware of the importance of washing menstrual cloth.

Integrated Development Foundation (IDF) has initiated the Menstrual Health and Hygiene Management project in Vaishali and Nalanda districts in the month of May 2015 with the support of UNICEF. The project in its first phase of implementation was able to make a breakthrough by mobilizing, orienting and capacitating the community especially adolescent girls and their mothers. To summarize, participatory engagement of community, the focus group, government, and external bodies like Schools, AWWs, ASHA, etc has lead to building an enabling environment and adolescent girls where they are confident enough to discuss it with their peer groups, mother, and elder & younger sisters including male members in this issue. As well, the practice of improved hygiene during menstruation and proper disposal of used napkins / cloths have started.

The positive outcomes of the first year increased the confidence level of IDF and UNICEF and both agreed to continue the project for next 10 months with two new blocks in both districts. In second phase project started from 24th April 2015 with the following objectives:

- Reduce embarrassment around menarche
- Understand Menstruation and benefits of the menstrual hygiene
- Start using and maintaining the behavior of using sanitation napkins during menstrual cycle.

B. Geographical outreach:

MHHM Project was being implemented in 75% villages in 8 blocks of Nalanda and 6 blocks of Vaishali.

C. Outcome of the Project:

- Reduce embarrassment around menarche
- Understand Menstruation and benefits of the menstrual hygiene
- Start and maintain the behavior of using sanitary napkins during menstrual cycle

D. Strategies to achieve the outcome:

- Capacity Building to relevant stakeholders by orienting, training and by conducting strategic meetings and FGDs
- Implementing Social and Behavior Change approaches into the community by IPCs and using mass communications
- Social Mobilization process
- Advocacy with the government program to sustain the results of the pilot project

E. Situation Analysis:

The Adolescents (10-19 Years), who are 22.5% of total population in the state of Bihar, is in a vital stage of growth and development. It is a period of transition from childhood to adulthood and is marked by rapid physical, physiological and psychological changes. Often, young people are not informed and/or prepared for the rapid pace of physical, emotional and psychological changes that they undergo during adolescence. Misconceptions about issues related to sex and sexuality, especially those related to masturbation, nocturnal emissions and menstruation make them anxious. Their anxiety and confusion is further compounded by adults, who expect them to conduct themselves in a more mature manner without preparing them for their new role. They also faced stigmatization and other socio-culture restrictions during menstruation, which reinforces gender inequity and exclusion.



To bridge this gap, the project has emphasized on meticulous planning to mobilize, orienting and capacitating the community on **Menstrual Health and Hygiene Management** especially to father mother of adolescent girls and involve community primarily like Angawadi workers, ASHA, existing SHGs into the whole process of implementation.

F. Activity Narration

The following activities implemented in corresponding to realize above strategy and in line of steps towards the achieving the above listed Outcomes

1. Selection of Field Facilitators (FFs): IDF requested and consulted the ICDS, health and block officials, AWW, PRI members, local leaders etc to inform the and select the probable candidates who are able to socially renowned and accepted.

2. Orientation of New Field Facilitators in old area: Newly selected Field Facilitators of both districts were being oriented about the biological and social changes in adolescent age, menstruation process with apron, importance of cleanliness & hygiene and safe disposal of napkins. Importance of nutritious food & IFA tablet, bathroom & toilet construction (safe environment) as well myths & misconception was discussed during the program. The emphasis was more on their behavioral aspect, communication, body language and over all conduct at the time of community process.

3. Mapping of intervention area and collection of data: For Mapping of newly included area, a uniform detailed block wise list for the districts has been developed, where name of Panchayat, village, no of ICDS centre are along with some relevant information such as Centre Code, details of ASHA, number of adolescent girls in the project area, list of adolescent girls, list of mothers group, etc were collected.

4. Orientation of New Field Facilitators of New Areas: Before organizing a formal training a primary orientation to initiate activities related to collection of data, meeting AWWs & ASHA, know assigned villages and develop rapport with community has been given to the selected field .A format has been given to collect the list of Anganwadi Centres including AWW contact details as well ASHA workers as well a list of adolescent girls along with mother's group for further proceedings.

5. Technical Training to New Field Facilitators: 3 days residential technical training was organized at Hajipur for new appointed field facilitators in full participatory way by using menstrual hygiene tools and related module, BCC materials, story book, role play, mock-drill etc to ensure participant's understanding and retention of the contents and process to deliver. Focus was given on how to conduct group meetings in "facilitation mode" and how it is defer from lecture mode. 25 field facilitators (15 from Vaishali & 10 from Nalanda) were trained on menstruation and related issues who actively participated and placed their queries and questions in front of the trainer. Initially participations hesitant to talk on the issues but gradually by tools like Body Mapping and indicating the body parts helped in participants breaking their hesitation. Trainers used simple and easy language while conducting the training which helped Increase confidence level of the participants and motivated them to raise the question which resulted in to an interactive and effective training program.

6. Formation of Adolescent Girls Group: To reach the target population of **201,376** Adolescent Girls between 10-19, project focused the Anganwadi Center (AWC) & schools formed two groups having 25 girls in each at every AW Center in order to monitor closely and effective communication with them.

7. Adolescent Group Meeting: Field Facilitators visited to AWC as per their plan and orient the adolescent girls on on process of menstruation & need of safety, safe disposal of used cloth & sanitary pad, importance of nutritious food etc in both districts. "*Holiki Taiyari, Be Mausham Barish, Motercycle, Ye Kyahai, Garmi Ki Chhutti, Mela, KanganKa Kamal, AnokhiShadi*" of story book "Paheli Ki Saheli" had been read out and explained by the field facilitators. As well, *Meri Saheli Meri Maa, Mahwari Pe Khul Ke Charcha, Amma Ji*



Kahti hain, and Pratiyogita FFL films were showed to adolescent girls by using tab. Tab helped the facilitators in spreading the messages in effective manner. Field Facilitators also used apron and *Kishorio se Baatchet*" to facilitate the session.

8. Meeting with Adolescents at

School: Field facilitators covered middle and high school of their respective area. Initially during the meetings topics like the importance of nutritious food & IFA tablets; know your body by conducting the body mapping exercise, biological changes and female reproductive organ, followed by process of menstruation, importance of hygiene and proper use of napkin & its safe disposal. The bathroom & toilet construction (safe environment) and myths & misconception were discussed.



9. Tab Show: Due to the notable impact of “Tab Show” during last year it was scaled up and provided to each field facilitator by UNICEF. Tab show helped the adolescent girls to understand the issues like process and preparedness for menstruation, importance of hygiene, safe disposal of napkin set in most effective way as it had audio video impact. FFs organized the show with the support of AWW and Peer Educators. FFs used Tab as tool in 1634 meetings with adolescent girls at AWC, in 519 meetings at school and 1026 meetings during mothers meetings in Nalanda while in Vaishali 1615 meetings with adolescent girls at AWC, in 381 meetings at school and 619 meetings during mothers’ meetings in this Period.



10. Mothers Meeting: IDF has jointly formed 1302 groups (641 in Vaishali & 661 in Nalanda) to aware the mothers on menarche and related issues in the first phase of the project. Due to the gap between first phase and second phase FFs had to brush up the memories of members of mothers’ group to recall and rememorize all the previous issues to relink them with the project. In the reporting period 8884 meetings took place (4448 in Vaishali & 4436 in Nalanda).



11. Fathers Meeting: The project had an important target group as fathers of adolescent girls. In the reporting period 502 (261 in Nalanda & 241 in Vaishali) fathers meeting were conducted in which 4060 participants (1993 in Nalanda & 2067 In Vaishali) participated in the meeting where they were motivated for the construction of toilet & Bathroom. The idea was linked to their dignity of their daughter so as to motivate them. FFL video show “Bapu” and story “Papa Bane Saheli” of story book “Paheli Ki Saheli” helped the block coordinators in facilitating the meeting and to develop understanding of participants and also maintain their interest level.

12. ToT on Life Skills: The life skill develops the sense of responsibility, confidence and to manage our emotions and anger as well provide us an opportunity to lead our life in a positive direction with positive thoughts. The capacity building of Peer Educators on life skill under Menstrual Health and Hygiene management project is one of the important activities through which they could learn to lead the life in positive direction/ thoughts with increased confidence.

13. Interaction with Government Officials: Government officials of both districts had been consulted during the reporting period. District Project Managers and Block coordinators shared the progress of the project with the government officials and u shared the support expected at their end. During the reporting DPO and CDPO, ICDS visited field and were very impressed after the interaction with adolescent girls. Civil Surgeon, Nalanda visited to Sakraul village of Sakraul Panchayat of Biharsharif Block where peer educator demonstrated the reason and process of menstruation by using the Apron. Importance of cleanliness, maintaining hygiene and nutritious food etc were also shared by the adolescent girls. During the conversation Civil Surgeon asked many questions related to myths & misconception and disposal process etc.



14. Progress Review Meeting: One day review meeting was jointly organized by State/District Health Society Bihar, GoB & UNICEF Bihar to understand and analyze the progress. .It was found that after one year of implementation this project has positive impact and significant changes have been noticed from base line survey. Despite of positive changes still lots have to do on this issue. AWW, and ASHAs still faces problems related taboos which needs to be addressed to create positive environment by developing a concrete plan for the district.



G. Monitoring and Supervision:

1. Monthly Review Meetings: Review meeting had been conducted on monthly basis in both districts to track the work and its quality, coverage of adolescent, reporting, guiding, providing technical support, planning etc. A day wise plan was developed in a sheet for all FFs and BCs for their assigned activities.

2. Internal Visit: Mr. Binod Bihari Singh State Consultant UNICEF visited both district on a monthly basis where he interacted with adolescent girls at AWC and School as well to the mothers. In his analysis he found that capacity of the field facilitators has improved as well the positive changes has been reflected in the behavior & knowledge among adolescent girls. He

regularly participated in the monthly review meeting of the project staff. Ms. Arupa Shukla C4D expert Unicef Patna and Ms. Alka Malhotra C4D expert UNICEF Delhi visited to Nalanda district in the reporting period and interacted with adolescent girls where they found that adolescent girls are full of energy and significant changes had been observed at knowledge and behavior both level. Mr. Manoj Kumar Verma, Director of the organization also visited to the field and observed the sessions of adolescent meeting at AWC and school.

3. Technical Support by Project Managers and Block Coordinators: Project Manager of both districts regularly visited fields to monitor the progress of the project as well as to support the FFs. They themselves conducted the session and the meeting process.. Simultaneously they provided technical support to the FFs through demonstrating the use of different IEC .This helped in capacity building which increases the confidence level of the FFs.

4. External Visit: A team of media personal (2 people) visited the IDF field in Nalanda district to develop the web story for UNICEF. They interacted with members of adolescent girls group, members of mothers group, field facilitators and peer educator. Adolescent girls shared about the positive changes in their behavior after initiation of the project on health, hygiene and dispose of used napkins.

H. Concurrent Monitoring Visit:

Centre for Media Studies (CMS) a national level research organization conducted meeting with selected Field facilitators and Peer Educators of the adolescent group in 15 villages to interact with adolescent girls, their parents and front line workers (AWWs & ASHAs). They have conducted the data collection using FGDs and personal interview of adolescent girls, parents, FLWs, FFs for further proceedings.

I. Qualitative Achievement:

1. Improvement in Knowledge

- Around 80% girls could able to describe about the biological changes which take place at the time of puberty.
- Around 78% girls knew the process of menstruation, and importance of maintaining hygiene.
- Approx 65% of the target population know the importance of safe and environment friendly disposal of menstrual absorbent.

2. Improvement in Attitude

- More than 70% girls talk freely about menarche.
- Around 69% adolescent girls could able to describe about the biological process of menstruation.
- 47.09% adolescent girls are sharing the issues with their mother and 61.74% girls are sharing the issues with their friends.

3. Improvement in practices/Good Behaviour

- 76.89% adolescent girls are going to School during menstruation.
- 44.11% girls are using sanitary pad during menstruation.
- 13.21% girls had started to burn the used pad or cloths while 46.93% girls had started disposing the used cloths by digging mud
- Approx 73% of the target population could able to articulate 2 benefits of menstrual hygiene.

- 45.79% girls has toilet facilities at their home while bathroom is available in the house of 35.83% girls.
- FF and Peer Educators are sharing the message of Life skill with other girls

J. Quantitative Achievement

Particulars	Vaishali		Nalanda		Total		
	Target	Achieved	Target	Achieved	Target	Achieved	
No. of Blocks	6	6	8	8	14	14	
No. of Panchayats	103	103	109	109	212	212	
No. of Villages	606	606	443	443	1049	1049	
No. of AWC	970	970	864	866	1834	1836	
No. of ASHAs	1051	1051	893	893	1944	1944	
No. of High School	16	16	13	13	29	29	
No. of Middle School	162	162	110	110	272	272	
No. of Adolescent Group	1940	1940	1726	1732	3666	3672	
No. of Peer Educators	3880	3880	3452	3464	7332	7344	
Coverage in First Year	64458	62494	54063	52880	118521	115374	
Coverage in Second Year (New)	52755	48586	33246	34951	86001	83537	
Coverage in Second Year	School	12498	11873	10576	10759	23074	22632
	Other new Girl at AWC	40257	20263	22670	13892	62927	34155
	Through Group at AWC		16450		10300		26750
Total Coverage (Yr 1 +Yr 2)	115249	111080	86126	87831	201376	198911	

K. Success Story

Case 1: Construction of temporary Bath Space

Sinku Kumari is 18 years old resident of Amba Nagar village of Noorsarai block, resides with her parents and brothers. Her father Mr. Jai Kant Ravidas and mother Smt. Sumitra Devi is wage laborer and are hand to mouth. Basic facilities i.e. toilet and bathroom is also not available at her home due to lack of awareness, knowledge and money. Sinku felt the need of toilet and bath space for her safety but she could not discuss on it with her parents seeing her economic condition. Ms. Sumitra Kumari field Facilitator under the MHHM Project visited her village and formed the adolescent group in which Sinku was one of the active members. During meetings field facilitator Sumitra had discussed about the need and importance of toilet and bath space. After the meeting, Sinku field facilitator and asked her to support in convincing her parents to construct at-least the bath space. Field facilitator met with her parents and shared about the need and importance of bath space and the condition and thoughts of their daughter. Her parents agreed on the views of FF and their daughter but told that they are not economically capable to construct the bath space hence looking for some support from the facilitator. Field Facilitator further asked them what they can do for the dignity and prestige of her daughter including killing that person if any one misbehaved with their daughter. FF said if they are so concerned for the safety, dignity and need of her daughter they must think over providing safe environment to their daughter by constructing the low cost bath space. After this she shared about the process of formation of low cost bath space. Field Facilitator further did some follow-up meetings with Sinku's mother. Where she again shared her helplessness in doing so even after knowing the difficulties of her daughter goes through especially at the time of menstruation. Field facilitator again visited Amba Nagar village and met with Sinku's mother. She convinced

her again saying to recall her adolescent days and difficulties she faced during that time. After-while, Sinku's mother confirmed FF that they are agree to construct a low cost bathing space. In next visit Sinku requested the FF to come to her home and showed her bath space. It was temporary constructed with four bamboos which were covered with "chat." Although, it was temporary but quite enough to provide safe place for bathing and changing the cloth or pad at the time of period. Sinku was very happy and there was pride and feeling of winner at her face. Field Facilitator, Sumitra also became happy to see the bath space and kind of satisfaction that they could able to construct the bath space at Sinku's home. Sinku's parent was also very happy by providing the safe environment to her daughter.

Case 2 Mother constructed Bathroom for her daughter

Mrs. Punam Devi is the resident of Naili village of Salepur Panchayat and belongs to general community. Her only daughter Sonali got associated with the project as the member of the adolescent group later she became the peer educator of the group. Sonali used to share the issues with her mother which was shared during the adolescent group meeting increased her curiosity Punam and she became the member of mothers group.

Once in the meeting field facilitator was sharing the need and importance of toilet and bathroom for the safety of adolescents in both adolescent group meeting and mothers' group meeting. She (mother) was very upset on that day as basic facilities i.e. toilet and bathroom was not available at her home and she & her daughter faced same problem which were shared during the meeting. She remained disturbed for next one week.

Finally she decided to construct toilet and bathroom for daughter at any cost. She discussed it with her husband and tried to sensitize him about their difficulties & conditioned which were shared by the FF during the meeting. Her husband showed his helplessness in construction of toilet & bathroom. In the mean while FF visited to her house and she requested the FF to convince her husband for bathroom & toilet construction. FF initiated discussion with her husband where she saw bricks were scattered in the corner. She suggested him that boundary wall is already positioned one side and two side could fenced with the available bricks by using mud in place of cement and curtain could use at front side. She also asked him that he could construct the fencing wall by himself as he is a mason. Now she is proud that her daughter is safe and she could able to provide pride and dignity to her daughter. She and her daughter Sonali also motivated others to construct the toilet and bathroom.

Case 3: Adolescent Girls have started to burn the used Sanitary Napkin.

PYARHI Project has been implemented in Nalanda district since July. Initially adolescent girls had more hesitation and shyness in discussing the issue and not very much open to discuss the issue. But as the interaction and meetings progressed, level of confidence increased and hesitation & shyness got reduced among the girls. Now they know the internal & external changes of the body during the adolescent age, process of menstruation, importance of hygiene during menstruation and disposal of used sanitary pad or cloth. Increased confidence also provides an opportunity to bring change in their behavior and now they asked for sanitary pads during the periods from their mothers. Presently most of the girls of the group have started to burn the used sanitary napkins and they shared it with confidence and pride that they burn used sanitary pads and nothing could happen to them. Rest of the girls of the group disposing the used cloth or pad by digging it in mud. It is due to their increased confidence level that they are ready to burn the used sanitary pad or cloth in-front of any one.

Case No 4: Adolescent Girl motivated her parents for Bathroom Construction

Suhani is like other village girls who belong to dalit community, studying in 8th standard. Her father is the only earning member who is a small and marginalized farmer. Her mother is a house wife and associated with the SHG as a member. Her economic condition is not good therefore basic facilities like toilet and bathroom was not available at her home. She and her mother have to go outside for defecation. She felt very ashamed whenever she had to go outside for defecation. She asked many times to her parents to construct the toilet but every time her parent refuses in doing due to money.

As the PYARHI project started in her village she got associated with the project as the member of adolescent group. In meetings, importance and need of toilet and bathroom was discussed where she eagerly and sincerely took part. At the end of the meeting she shared that she could not ask her parents for toilet or bathroom construction as they cannot afford. On which, the field facilitator shared the process of formation of **low cost bathroom** by using four pieces of bamboo and wrapping it with sacs or cloths. Suhani became very happy with this and shared it with her parent. Her parent also liked the idea and constructs the bathroom for her. Now Suhani and her mother used this bathroom for bath and changing the cloths. It is also used at the time of menstruation for changing the sanitary pad.

Case No. 5 Contribution of Peer Educator

Priyanka is the youngest in her siblings belongs to OBC community. Her mother is working as a labour in the field. She is very sincere and labourious in her studies. She used to go school daily and never missed her classes. She has created a niche for herself among her friends due to her qualities. She has associated with the project as Peer Educator of her group due to her sincerity, hard work, learning attitude and skills. She helped the field facilitator in mobilizing the adolescent girls and organizing the meeting. Sometimes in the absence of the field facilitator she herself organized the meeting.

As her economic condition is not good so availability of proper toilet and bathroom could not possible for her. Therefore she convinced and motivated her parent to construct the low cost bathroom for her so that she could bath properly and keep herself clean and healthy. This bathroom is also used for changing the pad during the menstruation. Now she motivated other girls and their parents to construct the low cost bathroom. She also shared the benefits of having the bathroom by putting her example and sharing her experiences.

L. Challenges

- Number of participants in fathers meeting was not as per the expectation due to their engagement in livelihood activities.
- Most of the adolescent girls were enrolled and going to school on regular basis. Their presence in the meeting at AWC is an issue.
- Girls were started demanding the napkins, but the low cost napkins are not easily available in villages.
- Parents have realized the need and importance of private space for their daughters but most of them are not having proper space at HH level and also dependent to get toilet under SBA of the government.
- Liaison with government officials got hindered due to their transfer.

Project Title	: Child Centred Community Development Program
Funder/Support Agency	: Plan India
Starting date of the Project	: August 2008
Coverage	: in Vaishali, 22 Villages of Rajapakar Block
Population	: 67112 (Direct with 1965 children families)
HR Involved	: 1- Program Manager, 4-Project Coordinators, 13-field level worker, 1 Accountant and 1 Admin Assistant

A. Background

Plan India started its partnership with IDF in the year 2008 covering 12 communities, which was later on extended to 22 communities by the end of 2009. Plan India partnered with IDF in an open-ended project targeting up to 27516 children (0-18 yrs) in 12365 household and 67112 populations in the Rajapakar block of Vaishali, Bihar.

Integrated Development Foundation (IDF) has been working in the Rajapakar block of Vaishali, Bihar since 2008 for the under privileged and deprived sections of the society. The majority of the population comprises of schedule cast accounting for 23% and backward caste comprising almost 30% of the total population. The literacy rate is very low and 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 a agricultural labour. The majority of the people are dependent on the agriculture for their livelihood. 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 child labour is very high and children could be seen working as a child labour in the small hotels, dhabas, brick kiln agricultural field, etc. Child marriages are also very high in the area. Although, there has been some actions to stop the child marriage, but the sensitization works needs to be scaled up. The Child Welfare Committee, Juvenile Justice Board and District Child Protection Unit (DCPU) functions to a very limited scale and Village Child Protection Committee (VCPC) is yet to be formed and strengthened. The children are enrolled in the ICDS centre but the quality of the service delivery is very poor. The health sub centres is partially functional, due to lack of man-power. The health services are within the reach of the poor people. The people do not have access to the safe drinking water. The year also saw drought which is reflected by the depleted water table and as a result many of the handpump have gone dry. The available water is also not safe for drinking and people are forced to buy water from the market.

Child protection and child rights are major concern in the project area. Early child marriage, child labour, female foeticide, child trafficking is some of the major issues of the project area. Gender discrimination is also very high in the project area. This is reflected while girls are enrolled in the government schools and boys in the private schools. The voice of the children is not heard and children participation in the family still remains the priority issue. Newly elected Panchayat representatives needs to be orientated on their roles and responsibilities towards the panchayat and committees headed by them. They also need to learn and to ensure the child participation in the gram sabha. To address all round development of the community, IDF with the support of Plan is working on eight thematic areas. The program and the activities have been developed all around this thematic area, which has helped in overall development of a child, family and community as a whole.

B. Scope of the Project

The CPU- Patna intends to address the child Rights issues of Bihar across its operational areas by implementing rights based programs. As a right based child centered organization it would like to influence policy at state, district & local level considering specific strength of each region. In order to touch every child, it requires a systematic planning, deeper understanding & proper dissemination of messages in the communities and households with the involvement & supports of all the stakeholders.

C. Goal

Country Program	Program Goal
Right to Protection from Abuse and Exploitation	<ol style="list-style-type: none"> 1. To improve knowledge, attitude and practice (KAP) among children and parents on child abuse, female foeticide, child marriages and gender-based violence. 2. To improve child protection legislation and policies. 3. To promote community-based child protection and its effective integration into the state/national child protection system.
Right to Children's Participation as Active Citizens	<ol style="list-style-type: none"> 1. To build capacity of children and youth, particularly girls and women, to organize and express themselves as active citizens. 2. Providing space for children to monitor the implementation of child rights programming by government and NGOs and recommendations of the UN Committee on CRC. 3. Create an enabling environment for children's participation at all levels through aptitude and attitudinal change in duty bearers.
Right to Adequate Standards of Living	<ol style="list-style-type: none"> 1. To increase children and young people's access to food to meet their dietary needs for an active and healthy life. 2. To promote access to formal financial services (savings, credits, insurance, and remittance) especially for women. 3. To prepare young men and women to get decent and formal employment or self-employment through market oriented vocational, business and life skills training.
Right to Drinking Water and Clean Environment	<ol style="list-style-type: none"> 1. All families have improved hygienic practices including disposal of human and other waste. 2. To enable children and communities to access safe drinking water supply by making them aware about government schemes, policies and provisions. 3. To facilitate the availability of water and sanitation facilities in preschool, primary and secondary school for all girls and boys.
Right to Optimal Health	<ol style="list-style-type: none"> 1. To improve maternal health by enabling women to access knowledge and quality health services. 2. To improve nutritional status of malnourished children and promote child health by promoting community response. 3. To increase access to information and capacity building to exhibit responsive health seeking behaviour and system strengthen mechanism for sexual and reproductive health. 4. To increase access for children and their families affected by HIV to care and protection from stigma and discrimination.
Right to Early Childhood Development and Quality Education	<ol style="list-style-type: none"> 1. To improve early childhood care and development of children between 0-6 years at home and in centres by strengthening the capacities of the government and communities. 2. To facilitate all girls and boys to complete 10 years of quality education in schools by improving access to formal education and increase their transition into higher education by enhancing the classroom transactions.

D. Activities and Output

I. PO # 3570 Child Protection

1. Observation of International Day of the Girl Child was organized in the four schools of Rajapakar block with the support of the education department. The 260 representatives' children participated to express their views and raised the issue



of Girl Education, Gender Discrimination, child marriage through role play and paintings.

2. One day workshop for 63 members were organized at district level with the PRI member, representatives of Child Protection Committee and school teachers on the **child protection issues, Juvenile Justice Act and POCSO Act**. The workshop was organized to sensitize the duty bearers on the various provisions available for the children in the act as well as to understand the reporting mechanism from Panchayat to District level.



3. Bal Chaupal was organized in the 22 village which provides the interactive platform for the children to discuss child rights and child protection issues which are being discussed further at the larger forum with the PRI/teachers/ICDS/etc. 396 child representatives participated to discuss the issues on the child labour, child marriage, child trafficking, child abuse, etc

4. 363 representatives children interacted with the teachers, ICDS worker and PRI representatives in the **interface meeting** to discuss the child protection issues such as reporting mechanism on the child rights issues, child abuse, child labour, school drop outs, etc.

5. Orientation to Child Club: 12 units of training/orientation for the 317 members of the Children club were organized at the community level on Child Rights and Child Protection issues. The children learnt the external and internal environments which are responsible for the protection of the child. The children also learnt the various legal provisions such as POCSO, Child Labour, Right to Education Act, etc



6. Child Rights Week was observed to discuss on the importance of the rights of the child in the society and in the family. The family and the community should feel that the rights of the children are protected and in any cases of violation need to be addressed immediately. The children prepared the role play on the child rights such as child marriage, child education, etc to sensitize the community.



7. Two-day non-residential training for the 599 members of the **Child Protection Committee** was organized on the basics of child protection, child protection reporting mechanism, government

schemes, acts and legislation, etc. The training would certainly help to improve their knowledge and enable them to establish child protection issues at the community level.

8. Session with communities was organized to discuss on the purpose of YAP and its engagements. The focus of the program is to associate the youth into the group and strengthen them. Institutional set up would be established and youth advisory panel would be formed from the community level to district level and further to state level.

9. 3 units of Orientation of 109 PRI members on Child Participation in Local Self Governance was organized on the constitutional provision on the child participation depicted under articles 14, 15 21A, 24, 39E and 39F. The article under UNCRC was also discussed which establish the rights of the children and ensure the children participation. Some of the key issues which were discussed were the child labour act 1986, POCSO, Child marriage prohibition act 2006, etc.

10. Orientation of 103 teachers on Child Participation in Local Self Governance was organized in 3 units on the constitutional provision on the child participation depicted under articles 14, 15 21A, 24, 39E and 39F. The article under UNCRC was also discussed which establish the rights of the children and ensure the children participation. Some of the key issues, which were discussed were the Child labour Act 1986, POCSO, Child marriage prohibition act 2006, etc.

11. Bal Suraksha Mela /Exhibition was organized to raise awareness on Child Protection issues in the 05 village. The children prepared their role play on the child marriage, child labour, illiteracy, child trafficking, HIV/AIDS, etc. In the program, children, family, social leaders, etc were invited to participate in the Mela. The children raised the issues through the paintings, songs, role play, cartoon making, etc.

12. 3 day orientation program for the partner staff was organized on the Youth Advisory Panel (YAP) to engage them in the planning and implementation process of the program. The two processes of the youth engagement viz Micro system, Meso system, Exo System, Macro System and Chrono-system. The micro system suggest to interact with the family, schools and peers where as Meso system interact with child's emotional needs, Exo system refers to context where child is not directly involved but may influence the people who have proximal relationship with the child and Macro system involves wider political, cultural and material influences on all other levels of systems which impact the child. Chrono System reflects changes in the developing child as well as simultaneous changes in her/his developmental context.

PO # Child Participation

1. Advocacy with media persons & other NGO's at district level on Child Participation was conducted to sensitize media on the child protection issues and to raise concern on the child rights issues. This workshop also gave platform to the media houses to prominently raise the child related issues and draw attention of the duty bearers.

2. Comics Publication - The children trained on the comics and cartoon making act as a resource person among the peer group to raise social issues on the child marriage, child protection, child labour, etc. These children come up with the nice comic books which were published by the organization.

PO# Strengthening of MFI & Food Security (HES)

1. 36 youth were provided training on six month DCA course through the ITCC. 25 youths have been provided employment opportunities and are helping in raising the family income.



2. 10 youths have been provided training on Mobile repairing to make them self sustained and help in raising the income level of the family. These youth have started their own shop with the mobile repairing kit provided to them through the program.

3. Soft Toys and Embroidery training has been provided to the 20 youth to make them self dependent and contribute in their family income. This would also help them to start their own business in the small scale and build enterprise skills.



4. Mason Training to the family members of the self help group was provided keeping in view of the high demand of the mason at the village and nearby cities. The 30 trainees were provided on spot demonstration of the construction of the household latrines and other technical aspects of the civil works. The training has helped them to negotiate the daily wages from Rs. 250 to Rs. 400 per day basis.

5. Vegetable seeds were distributed among 500 farmers to support the families on developing kitchen garden. This has helped the families to control and retain some expenses over the green vegetables as well as add nutritional supplement in their food.

PO # Water Environment Sanitation

1. Repair of the defunct toilet and provision of running water facilities inside the toilet and hand wash facilities was created in the two schools. The toilet facilities at the schools ensured the retention of the students especially the girls. The provision of the hand wash platform would develop the hand wash practices among the children which would certainly drop down the cases of water borne and other diseases.

2. PRI members, Mukhiya, ward members were sensitized on the sanitation issues with focus on the open defecation free village. 6 unit of program was conducted in which 180 people participated. The activity has been undertaken to support the ongoing Nirmal Bharat Abhiyan through the Public Health Engineering Department.

3. 44 units of the triggering exercise have been conducted to raise awareness on the open defecation free (ODF) village. The program has raised the demand for the construction of the individual household latrines. The demand raised has been submitted to the block coordinator of the PHED to support in the model.

4. Global hand washing day was observed in 22 villages. Rally was organized by the children to raise awareness on the hand washing practices, small speeches by the children on the importance of hand washing, painting competition, short plays, demonstration of the hand washing was carried out among the 1628 children. The slogan was **“Raise A Hands for Hygiene”**.



5. Hygiene promotion techniques training was provided to 162 children in which personal hygiene care was discussed with among the children. It is also evident from the research that 80% of the diseases could be prevented through the hygiene practices. The use of safe drinking water is promoted. Children are found malnourished and worm infected because of unhealthy behaviors.



6. World Water Day was observed on 22nd March where the 230 children learnt the water conservation techniques and need for safe drinking water. The children were involved in the painting competition, essay work, short play on water conservation.

7. World Toilet Day was observed on the 19th Nov in which healthy living was promoted. Many of the panchayats have been declared open defecation free but still more works needs to be done. Many of the diseases are caused by the fecal contamination in the water. Through this event, community was sensitized for the construction of the household latrines and to ensure the usage.

PO# Child Survival, growth and optimal development

1. Breast Feeding Week was organized in the 5 village and 1 unit at block level, where mothers learnt the importance of exclusive breast feeding, complementary feeding as well as correct way of feeding the child.



2. World AIDS Day was organized on 1st Dec to raise awareness on the HIV/AIDS issues. It is estimated that almost 2000 cases of HIV positive people are there in Vaishali as compared to 700 in 2010.

3. 11 units of two days training for 447 mothers were conducted on Birth preparedness, Danger signs of Pregnancy, safe delivery, pregnancy care & infant feeding practices & treatment of diarrhoea. The training would help the mothers to raise their awareness as well as

increase in the institutional delivery, increase in the demand for the health care services by the community, etc.

4. 10 units of sensitization program was conducted for the 222 members of VHSNC which has helped to improve the health services delivery, strengthen ICDS centre on organizing VHSND (Village Health Sanitation and Nutrition Day), preparing plans for the construction of IHL(individual household latrines), etc.



5. Six units of training to the 184 eligible couples & adolescents for familiarizing the availability & use of different family planning method, Adolescent Reproductive & sexual health, HIV/AIDS, life skills etc. at sector level was organized. Eligible couples were also oriented on the institutional care and health services.



6. One day training to ANM, AWW, ASHA and ECCD teachers on child care, infant feeding, and childhood malnutrition was organized for 59 health workers like ANM, AWW and ASHA on immunization, proper care and treatment, adequate feeding, etc. This training would help in the proper health service delivery

PO# ECCD

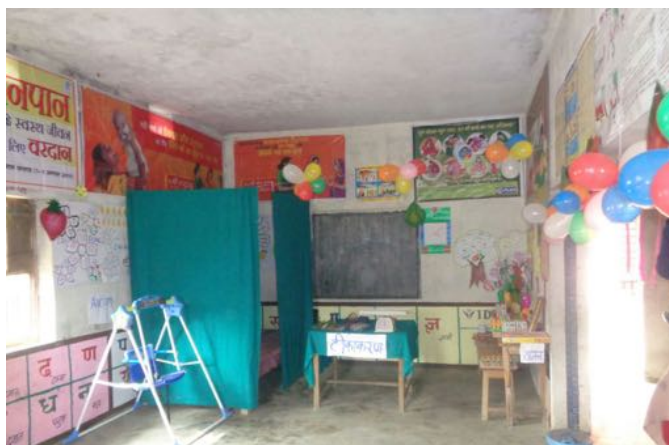
1. Annaprashan ceremony was organized for the 188 children who have completed 180 days. The mothers were oriented on the complementary feeding for the infants. The program was organized exclusively for the infants who have completed 180 days and have attained 181 days of their birth. The infant is supported with bowl, spoon and glass which is separately used for the children to maintain hygiene level.



2. 10 units of Capacity Building of 250 mothers and women on developmental milestone & protection issues for children at community was organized to oriented towards the basics of child development like age vs weight/height, some common activities of the children which they expected to do during age intervals were also discussed.

3. 15 units of the Quarterly Parenting Committee Meeting were organized at the ICDS centres to collect the information on the ICDS services and quality of services being delivered. During the orientation more focus was put on the improving quality services at the ICDS centre.

4. Creating Model ICDS centres in Project Area- TLM Availability, Small repair works, water availability, individual blackboard etc was



done in 2 ICDS centre. Repair work includes floor repairing, Lime wash, wall writing on the ICDS component, educational component. This would help

in building learning environment among the children and learning's would be joyful.

5. Capacity building programs of 25 ECCD Functionaries on essentials of Home Based Care & Developmental Milestone for children including immunization for children 0-6 years was organized. The training would help the staff in understanding the essentials of home based care and age appropriate development of a child.



6. 32 ICDS worker were oriented on the development of the teaching and learning material with locally available materials. These trained workers would prepare teaching and learning material in the centre where the children would learn through the creative group work.



7. IDF-Plan has organized the Bachpan Diwas in all the 51 centre of 22 community involving 997 children. The centre was decorated with the balloons and crape paper and different activities were conducted at the centre such as songs, prayers, rhymes, story-telling, etc. This attracts the children and their parents.

8. 3 units of Mothers Mela was organized with the support of ICDS and Health Department. The event was organized aligning to the VHSND in which the ANC was conducted for the pregnant women, Immunization, growth monitoring chart were recorded. 161 adolescent and the women were oriented on the Nutrition component.

9. Orientation of SHG Members on ICDS Services for developing Community Based Monitoring System was organized for 211 Members of the SHG on the components of ICDS services and home based care as well as centre base care. These groups would further help in monitoring of the quality services of the centre.



10. 01 units of Capacity building for the 25 members of the ICDS monitoring committee at the village level was conducted so as to strengthen the services at the ICDS centre.



11. Capacity building of the 40 PRI members on the ICDS monitoring committee was conducted at the village level to strengthen the services at the ICDS centre. The members of the PRI play vital role in strengthening the services and conducting social audit of the ICDS centre.

PO# Quality Education

1. Creating Child friendly environment in the classroom. Classroom of 01 school has been decorated as per the child friendly norms. The wall of the class room has been painted with English and Hindi alphabet, counting numbers, tables, cartoon character, rainbow, mathematical sign, colours identification, parts of bodies, cartoon character, good habit, etc. This would help the teachers to make the learning process most interesting.



2. Aao Pados ko Jane was organized for the school children in which they visited Rajapakar Police Station, Banks, Post Offices located in their blocks. The objective of the exposure was to make the children understand the basic functioning and operational issues of the police station, banks and post offices.



3. One unit of training was organized for the **43 member of School Management Committee** on their role and responsibility. The objective of this training was to provide information of school management committee (SMC's) and the important role they can play in improving the learning environment at schools and can be proved to be an effective body for monitoring day to day progress of the school administration.



4. Three units of Siksha Jankari mela were organized at the village to raise awareness on the importance of education. 285 children from different schools were oriented on the provisions and schemes run by the education department. Peer system was also developed in which children have been entrusted with responsibilities to check that there is not case so dropouts and all the children are enrolled and regularly attending the schools.

5. Six units of Siksha Diwas were celebrated in which 616 children and community member participated. The day was observed to mark the importance of education and transformation could only be brought if the person is educated. The rallies were undertaken in the marginalized community to raise awareness.



6. 35 Teachers were trained on Joyful learning technique and developing TLM with locally available materials which includes the use of existing TLM and developing new TLM with locally available resources. The trained teachers are using the TLM in their classrooms.

7. One units of Matrix Mela was organized at Block level, in which 285 children from 7 schools participated to demonstrate their science and math model based on their syllabus. The 10 best models were selected and children explained the theory behind their model. 25 children were awarded with consolation prize.



8. One unit of training program was organized for the 32 member of the bal sansad on the team building and their role and responsibilities. The children found this workshop very useful as such training has helped in the identifying their broader roles in improving the quality of school management. The last session was on the 20 indicators of the quality education.

9. International Women's Day was celebrated on 8th March to sensitize women on gender discrimination and status of the women in the society. They shared that government has made provision of 50% reservation in the panchayat election but their voices are still not heard.

10. Training of Trainers of 20 Staff & selected school teachers was organized for preparing child friendly school curriculum and TLM Development for Primary section. The need assessment was done and as per the requirement of the school curriculum was developed. The teachers are following the prepared curriculum at the schools.



11. Sikshak Samman Diwas was organized in which 11 teachers were honored for their service in the education field. The selection of the teachers was done in consultation with the education department involving Block Education Officer, Cluster Resource Coordinators, Teachers, PRI representatives, etc.

Name of the Project	: Strengthening Community based Institutions advocating for DRR model and adapting to the changing Climatic condition for Sustainable Livelihood and Development
Supporting Agency	: OXFAM INDIA
Stating Date	: 1st of April 15
Coverage	: Village – 15, Panchayat – 8, Blocks – 03, in 01 District
Population covered	: Direct: - 7,200 Indirect 50000,
HR Involved	: Project Coordinator – 01, Block coordinators – 03, Field Workers - 04

A. Project Background and Scope

The geographical complexion of Bihar, its boundary, its land, its water bodies, the climate and above all, its location makes it State of Hazards. Almost all the districts are prone to most of the major hazards: earthquake, floods, cyclone, drought and fire. Sometimes two of the major hazards visit different parts of the state during the same period. This constitutes the multi-hazard profile of the state in true sense of the term.”

IDF has been working in 20 villages in 10 panchayats of four blocks (Gaighat, Meenapur and Katra) of Muzaffarpur district of Bihar. These villages are severely affected by flood, fire, cold wave, drought etc. and often destroy their crops, shelter, livestock and properties. Therefore, they live in poverty and despair in all the seasons. It directly affects their livelihood, health and education. Though water is in abundance nevertheless the table is deepening and is degrading fast. The situation is worsening their quality of life day by day. IDF has created and empowered CBOs - "Lok Sahyog Samittee" in all the 20 villages to collectively address the disasters and its ill effects. These LSS are liasioning with Panchayats and Government for mobilizing resources and social security schemes. Apart from preparedness the project has been successful in introducing organic farming through vermin compost, SRI technique, and kitchen garden. The WASH issues through schools and hard & software work was also done with community engagement on a massive scale. AS an advocacy initiatives workshops and meetings at both district and state levels has been conducted on regular basis to mainstream the DRR in development process.

B. Scope of the Project

The project has designed to work directly with socially and economically poor communities having special focus on women headed families, landless, old aged households and families having physical disabilities marginalized community. The village level committee that has been created has the representation of PRIs, Government front line worker and community members who has a role to perform as catalyst in meeting project deliberates

1. **Specific Objective 1:** To create strong community based organization for enhancing their coping capacities to withstand disaster risks due to climate related hazards through improved and sustained community level preparedness and adaptive measures. (Emergency Response Capacity Building)

2. **Specific Objective 2:** To enable vulnerable community especially the SC, EBCs and Minorities living in flood prone areas to identify and manage public health risks with special reference to women and children.
3. **Specific Objective 3:** To increase food and cash security through promotion & up- scaling of context specific (taking consideration the changing climate) agricultural package of practices such as Systematic Root Intensification (SRI) and Organic Farming.
4. **Specific Objective 4:** To build organizational preparedness capacity of IDF and its network partners with improved knowledge and skills for effective humanitarian response during disasters and enabling them to effectively take up emergent pro-people, pro-poor advocacy.

C. Activity undertaken:-

1. Monthly meeting of VLLSS members:- During the reporting period meetings of Village level lok sahyog samiti members got ensured and group members seen engaged in action like (Reviewing of CCP, adopting Latest agriculture practice, strengthening of immunization program, maintaining and repairing of water sources, fostering Linkages with government schemes, Advocacy with line departments) that resulted to following achievements:-



- Joining of two ANM namely Mina Devi and Vibha Devi at health sub centers of village Basant and Darhaul
- Construction of 48 zero cost pit across working villages
- Demand of road and bridge construction, H.P installation, toilets construction was made in AAM SABHA meeting, 21 HP installed and 2,25,000 fund mobilized
- 11 person got subsidy benefit for agriculture promotion worth 121,000 INR
- 14 families benefited under the scheme of Kanya Vivah Yozna worth of 65,000 INR
- 33 person got benefits of OLD AGE PENTION of Rs 4,00 each per month
- Maternity benefits to 6 person worth 84,00 INR.

2. DRR Preparedness and mock drill etc. with LSS and sub groups - In a bid to create mass awareness on Disaster preparedness 32 units of Mock Drill Session got conducted during the quarter that covered 832 male and 702 female across targeted villages. During the daylong event community learnt different art and skill on rescuing victim through mock drills during emergency situation in disaster like Earthquake, Fire, and flood.



The impact of mock drill session has now been seen in ways like people acknowledging its importance and putting efforts to better prepare for crisis times. In the recent time at many places first aid kit has been prepared by the community that proven very effective to serve

community like in the village Mazhuhar, WASH committee member, Neelam Devi rescued snake bite victim by doing first aid as she learnt the skills earlier. The available first aid kit also proven effective first aid was done on urgent basis

3. Celebration of global hand washing day with School Children (one week)

Global hand washing day got carried away with 30 schools where school children took lead and conducted hand washing campaign at tola level. During the camp participation of **1751** male and **1764** female ensured as they practically done five steps of Hand washing. These camps fetched good media attention and created mass awareness among community.



This is small incident of village Mazuhar where one of the community member namely Sita Ram Paswan was correctly suggested by his son Santosh Kumar to cut his nail before eating as he noticed that his father was touched cow dung and could not wash hand using soap before meal. As per Sita Ram Paswan his son not only convinced him for cutting nails but also taught him about five steps of hand washing that now he has been practicing.

4. Panchayat level meeting of VHSNC During the quarter, **24** units of VHSNC meeting got conducted in which **250** male and **295** female members participated in which WASH development related were discussed and strategies were drawn that resulted in following achievements :-

- Construct work of platform raising near H.P at 4 places got completed approx value of 22000 INR
- Amount of RS 73,000 got spent to purchase furniture and fixture in the panchayat like Loma , kamarthu and Patsarma
- Resolution passed to construct platform near community hall in the Das tola of village Bishanpatti nearly cost of Rs 10,000 INR
- Purchasing of furniture and fixture of Rs 26,000 at AWC in the villages of Karhar, Mazhuhar, Koili
- Resolution passed to construct platform at 5 sites of H.P in Dalit tola in village Karhar

5. Promotion of kitchen Garden :- During the quarter 469 Framers got input of vegetable seed to initiated Kitchen gardening. In the past the concept of kitchen gardening was well propagated among the women farmers as many of them earned good profit and used the produced vegetable in their consumption purpose also. This year too our farmers done exceptionally well and booked good profit. In Minapur block approx 21 women who opted kitchen gardening earned



Approx 500 each from selling of radish, spinach and enjoyed its production for consumption purpose for more than 20 days. As per Neelam Devi, Pawan Devi and Poonam Devi of village Mazhuhar that they have saved Rs 500 each by consuming own produced vegetables

6. Learning sharing Network Meeting of DRR partner organization -

One day of learning sharing network meeting got organized at Mayur Hall, Muzaffarpur in which project staff from all the three network partner participated. The objective of this network meeting was:-

- To understand other DRR partners project deliberates
- To learn successful initiatives of other DRR partners for its wider replication
- To build common understanding to overcome challenges faced during implementation of the project



7. Campaign on WASH at schools :-

In a view to established WASH good practice among schools children one day of WASH camps got organized at **30 schools** during the quarter. During the campaign **490** boys and **496** girls participated from all the targeted schools. During the day members of WASH committee facilitated the events like hand washing, nail cutting, garbage disposal and award other school children about its importance. Earlier to this a draft plan for the WASH campaign was discussed with committee and related input where provided to them by IDF staff. Apart from it in many places our School Wash Committee members took the charge and initiated the cleanliness drive in the vulnerable pockets where water lodging was persistent.



8. Water testing and chlorination of water sources of H.P:

Water chlorination camps got organized in which water testing was done to find out PH value of H.P and this regard **270** H.P was tested and treated across project working areas.

After the test it was observed that the status of water quality in relation to PH value fails between 6.5 to 8.5 in most of the H.P water that is quite satisfactory and considered to be safe drinking water. The above findings also suggested that



community understanding on H.P maintenance has improved a lot and resulted in lesser cases of water borne diseases as compare to previous years.

9. Block level federation meeting - In all the three blocks one unit of federation meeting of executive committee members got carried away In the meeting review of work that has been initiated by the federation was done. Further during the meeting planning for the left out activities was also done and responsibility was given to concerning federation members. Over the period of last one year federation members have attempted many issues successfully. The following are few initiatives that turned out positively among community

- Regular monitoring of Mid Day Meal by federation members resulted improved food quality in many parts of our working areas. Like in Minapur the MDM at Middle School karhar was not regular but our federation members namely Siya Ram Jha, Barahmdeo Sahani, Sikila Devi and Lalpari Devi random visited at school pressurized the management to regular MDM and also improved the food quality. During their visit they also suggested the concerning people to follow hygiene measures.
- In the village Patsarma of Gaighat block our federation members namely Krishna Devi, Indrashan Devi and Nitoo Devi fought hard by raising their voices against shifting of AWC from their tola (Harizan Tola) as shifting was done under the pressure of influenced section of society . The strong protest in this regard compelled the Mukhia to again reallocated the centre at previous one

10. Campaign for social security entitlement with Government Officials for linkages:-

Campaign for social security entitlement with government officials for linkages and resource mobilization got carried away in all the three blocks where Community members along with federation representatives first listed the beneficiary's details and later on its compilation work was done through a meeting. Earlier to this our group members were involved in figure out real beneficiaries for linking them with SSS and this regard a sample household survey was done at village level delegates from



community including federation representatives, VLLSS members visited the block office and held meeting with concerning officials and handed over the list to the office of BDO for further action.

11. Strengthening of Lok Sahyog Asthal:- During the quarter all the three LSA continued to provide a base to the community for accessing the information and services related to health & hygiene, flood preparedness, agricultural etc. During flood time community members received benefits in terms of emergency item i.e. O.R.S, Bleaching powder, I.E.C materials, Ropes, Torch, radio and other essential materials from the LSA. In recent times, LSA made strong presence among government and non-government agencies as now government officials and other stakeholders recognizing its importance and using this platform. Further LSA are also proving an effective tool to bridging gap between line up department and community in term of providing relevant information on the issue of DRR, HEALTH, and

LIVELIHOOD. The presence of LSA also lessens the burden of nearby community of their unwanted visit to block that sometimes becomes compulsory even to get small information During the reporting period attendance of **2002** registered to get benefits for the following purposes:-

No. of person	Paper / IEC reading	Agriculture support	WASH support	Govt. schemes related information	Others (Medicine, ORS, weight measures, first aid)
2002	792	226	265	284	435

12. Celebrating National Disaster Mitigation Day:-

On 29th of October we celebrated National Disaster Day in all the three blocks. During the Day a rally was organized with school children to aware the target community on Disaster Risk Reduction measures and children demonstrated placard on to aware community. During the event 242 community members participated in the rally. Earlier to this school children were given capacity building inputs on DRR measures and motivated to prepare slogan for the day.



13. Residential training OF MDRR partner on WASH Two days of residential training with the following objectives:-

- Develop common understanding and approach on WASH and practice during emergency response
- Strengthen technical understanding of the participants on WASH
- Start coordinated effort with the members of the network scattered all over the state for preparedness and response, with especial focus on WASH



14. Providing WASH Kit in each School 18 - WASH PROMOTIONAL kit made available to all 18 schools is being used in WASH promotional events at school. WASH kit provided to schools enhanced the momentum of hygiene promotional events at the school by its effective utilization in the WASH related initiatives. Further it has been also seen that the status of personal hygiene has been improved among school children due to events like nail cutting, Hand washing etc

15. Capacity building events In the month of August 15 a three days training program got organized at Patna on the issue of "Documentation and use of social media". During three days of training we learnt so many things that include how to use social media to showcasing our work



and in this regard use of face book and twitter in social media was discussed and participant were made aware on its application. On 14th and 15th of the September two days training program on Budget Analysis and Advocacy got carried away with the kind facilitation of OXFAM INDIA. During the training we as a participant learnt so many technical things regarding Budget and this regard the many of terms like revenue receipt, GDP, revenue expenditures we got to know. During the two days of session we learnt basic of budget analysis through a group exercise. Apart from it, during the training we were taught about gender budgeting and its importance in the present scenario this regard gender budget of government of Bihar for the year 2015 – 16 was shared with the forum for understanding.

Out comes	Achievements
In all the 15 targeted villages causality and other damage reduced by active involvement of capacitated community and created CBOs and its sub groups	<p>15 strong Lok Sahyog Samiti formed and groomed as an unit to work and raise issues of disaster risk reduction in 15 villages that overall resulted in developed resilience of target community in the wake of flood situation</p> <p>Revisiting of Community Contingency Plan (CCP) in all 15 villages developed competencies of target community to view response and preparedness plan in more organized and scientific manner. LSA emerged as a centre that increased community sensitisation on the issues of preparedness, water and sanitation and emergency food security resulted availing of many social safety net schemes</p>
Women and children of 20 villages better prepared to handle health and hygiene issues to minimize health hazards	<p>The village level cadre in the form of hand pump volunteers, Swasthya Dal, School children have been evolved and nurtured to better handle health and hygiene hazards by their own through upholding the task to revive drinking water sources, establishing WASH good practices among target community ensuring better lives</p> <p>In all the 15 project villages community shown and demonstrated adequate knowledge on hand washing that proving very helpful in minimizing health hazards</p> <p>Meetings of VHSNC meeting got ensured at three Panchayats resulted untied fund being used for H.P platform and its repairing</p>
Climate friendly cropping pattern is practiced in the community through 20 farmers clubs for food security	<p>15 Grain bank and seed bank got established across project areas to address the issue of food security especially for vulnerable community</p> <p>Members of Farmers Clubs demonstrated use of their technical knowledge and information for improve and/or alternate approach of crop production considering vulnerabilities of their crop fields</p> <p>Resource mobilization got ensured by fostering linkages with agriculture department for schemes like diesel subsidy, Mukhya Mantri Beez Vistar yozna</p>
IDF in and its partner organizations are well equipped for advocacy and lead humanitarian response	<p>Government programs and schemes primarily focused risk reductions got incorporated in the forums like Gram Sabha through sensitized stake holders.</p> <p>Members of LSS uphold entitlement realization issues by raising their voices and strengthening their competencies to access schemes and other forms of entitlements</p>

D. Challenges

The government emphasis on relief work affects DRR initiatives and there is a lack of adequate infrastructure to address disaster related concerns. Since, there has been no flood related concerns in last five years, people's priorities are changing. The DDMA is not functional at the district level and the mainstreaming of DRR in schools has not happened.

E. Key learning's

- Advocacy work needs to be tailored to ground realities with continuous follow up.
- The strengthening WASH initiatives in Dalit tola require additional resources, as infrastructure

F. Case study

Established communication

In the muzaffarpur district Katra is among one of the most flood prone blocks where communication often got disturbed by over flowing of water. This year too the communication got disturbed resulted in freezing of communication that invited other risk aliment like community using alternative but risky mode of communication like boat, Bamboo Bridge.

This case is of village Bishanpatti of khaura Panchayat where our VLLSS members negotiated with S.D.O OF Baghmati Project and put their concern to divert the path of water flow in order to establish the communication to benefit the population of over 20,000 people who were bounded to pay more for their transportation using alternative means like boat e.t.c.

In the month of September 15 in the office of SDO of Bagmati project an application was submitted by federation members referring the issue that immediately got attention approval passed of diverting water flow and the work got completed under the technical guidance of SDO Baghmati project as the embankment diverted 400 meter further resulted established communication

As per Rajesh Kumar **“Sahi jankari aur sachi lagan se kaam karne se asambha kaam bhi sambhab ho jata hai jaisa ki is kaam me hua aur hum logo ko sarkari sahayata mila jisse yatayat ki samasya ka samadhan ho saka”**

Alternative livelihood

Kanti Devi wife of Shital Das is resident of village Hazaratpur of Minapur block comes from a very poor family. She joined the village level committee formed under Oxfam India/ IDF supported DRR program and got opportunity to participate in a training program on Hand Pump management. During the training she learnt the skill of repairing of hand pump. After the training she purchased the H.P repairing tool kit and started the repairing work at their tola. Initially she did all this without taking any charges just to get practical experiences. From 2015 onwards she has now adopted this professionally. Presently she has been covering approx 35 H.P near her tola and do repairing work when required. In the last one year she managed to earn over 5,500 INR from this work and contributed financial to her family. As of now her work is very much praised inside village and she gets full acknowledgment for her work.

As per Kanti devi **“Naya kaam sikh lewe se humara paisa aur pratishtha milaichi hamara le kaphi khushi ke baat cahhi”**

Name of the Project	: “Promoting Sustainable Sanitation in Rural India”
Supporting Agency	: Global Sanitation Fund
Coverage	: 1146 Villages of 136 Panchyats of 09 Blocks in Saraikella-
Population covered	: Direct: Aprox. 903963 (M-822479, F-81484)
Indirect:	Approx.3 lakhs
HR Involved	: 1-Project Manager, 1-Community Mobiliser, 01-IEC Expert, 01-Accountant, 04-Block Coordinators & 08-Cluster Coordinators.

A. Project Background

Seraikella-Kharsawan district comprises of 9 blocks and 136 Panchayats. The 1146 revenue villages in this district are lies scattered. The majority population of this district comes from Orissa. Oriya and Bengali are two major languages spoken in the district.

Promoting Sustainable sanitation in Rural India is a highly ambitious and promising project in sanitation to deliver context specific IEC and BCC packages to raise awareness on sustainable sanitation practices. Achieving an open defecation free ‘ODF’ status in the stipulated timeframe requires a strategic, structured and phase wise layering of a gamut of activities promoting awareness to create a demand for improved sanitation. Considering the socio-cultural factors, IDF proposed to implement the PSSIRI project at Seraikella in partnership with local NGOs to support its implementation through a differential approach based on evidence based contextual intervention. IDF – strategically followed 5-D Approach’ in the project to - Develop, Design, Demonstrate, Document and Disseminate. The local partners were informed on the final shape and budget of the project to Develop a common understanding for coordinated project implementation through geographic allocation and phase wise involvement of the various partners as per the technical proposal.

The detailing and phase wise layering of activities was designed in a meeting of partners. The logical framework integrating the required number of panchayat to demonstrate results commensurate with government priorities was defined in the design.

B. Scope of the Project

The project worked at improving hygiene practices and sanitation coverage laying emphasis on strengthening institutions through, learning for capacity building and multi-stakeholder engagement to support demand driven community level approaches. It covered 1146 villages of 136 panchayats in nine blocks of Saraikella- Kharshawn district,. It directly covered a population of approximately **9,03,963.00** (M-8,22,479, F-81,484) and indirectly a population of approximately 3 lakhs. The project worked within the framework of the nation’s ‘total sanitation campaign’ referred to termed variously over the years as the Nirmal Bharat Abhiyan and Swach Bharat mission as it progressively addressed an increasing number of issues. Sanitation is an issue for rural India for institutional challenges and capacity constraints. This project supported direct intervention in the community to promote hygiene practices improving access to and then ensuring the effective use of improved sanitation It laid emphasis on generating community awareness backed by media campaigns and offering training to strengthen institutional capacities in areas requiring support to meet any community demand for addressing open defecation and bettering community health. Institutional strengthening and capacity building was undertaken at the state, district and sub-district level addressing communication and capacity

building needs scaling up successful approaches. The potential of civil society partnering with various Government departments and the private sector was explored by promoting the engagement of a multi stakeholder coalition.

C. Project goal and objectives

The project set out to achieve ODF status for 125 panchayats of Seraikella-Kharsawan district by December 2015 developing institutional and community capacity to address the need for sustainable practices in hygiene and sanitation. It promoted a culture of continuous learning among all stakeholders.

D. Project strategy

A coordinated action plan was developed in close consultation with consortium partners and DWSD-Seraikella. The project developed monthly/weekly action plans shared with the DWSM, DWSC, CE& BRC in the first week of every month and mobilized funds to have villages attain temporary ODF status. The EE & District coordinator made visits to verify the ODF status of a village for fund mobilization keeping the EE-DWSD informed on progress in developing ODF villages. Process to finalize Joint action for 05 Panchayat identifies to upgrade for NGP. Weekly meeting with district coordinator (S & H), BRC –coordinator under leadership of EE-Seraikella initiated and established. Joint IEC/ BCC activities plan with DWSC–Seraikella and accordingly communicated to NRMCC- Ranchi & PMU-Jharkhand. BRC and CRC attended in all IEC/BCC activities plan and implement in the district AIP area. Presence of BRC /CRC and visa –visa IDF concern field staffs in any plan activities cross match through reporting format and accordingly acknowledge to PMU/SWSM –GOJ. Joint field visit with district coordinator was undertaken in problem area along with acceleration of IHHL construction. Online reporting to EE-Seraikella system is in place by any field staff to obtain suggestion and support on any problem issue. Time Management to achieve NGP target on time- Day wise, Weekly and Monthly wise planning for involvement of Mason's Team Activities Planned with DWSD for how many Mason team need to be involved in which all priority villages, so that time line could be achieved for making the ODF village

Support to VWSCs, NGOs and Agencies in construction of IHHL- To establish Production Centre for Construction of IHHL. Road Mapping was done through wall paintings in priority villages. ODF Certification by Local Level Service Provider such as Mukhiya, Jal sahiya, AWW, Gram Pradhan, Teacher. Organised Block Level orientation and interface with identified local hardware shop owner to strengthen supply chain for sanitary materials and also to bring Mukhiya-Jal Sahiya in one platform along with linkages with DWSD.

E. Promote open defecation free (ODF) communities

1. Village Triggering Activities: The CLTS approach has a high potential to achieve the goal of creating open defecation free villages. 69 quality village triggering activities (CLTS) implemented till March 2016. CLTS used as a tool to stimulate self respect and ego of community to come in to action to adopt recommended sanitation behaviour. CLTS considered highly potential to achieve ODF villages. The success of any sanitation project depends on the capacity of the village water and sanitation committee VWSC. The Jalsahayia is both secretary and treasurer of the VWSC and the village level worker the SBM acts as the link between the scheme and the community. IDF believed the way to win the battle against poor sanitation in rural areas was to strengthen the capacity of Jalsahayia and ninety five Jalsahayia were trained through the project in 14 panchayats by March 2015.

2. Community follow-up visits: To understand the current position of IHHL construction and slippage to make an ODF village 12 follow up visit were done this year. In 8905 houses IHHL construction has been completed and being used.

3. Household visit & IPC Campaign: The social development sector considers interpersonal communication as counselling support to individuals or community groups the most powerful means to change community mindsets on any social issue. It needs to be backed by scientifically established facts, to adopt desirable behavior and practice and a door to door counseling undertaken to reach 51344 household visits were done by March 2016 and 3 main points are discussed i.e. Construction of IHHL and its usage, Safe keeping of drinking water and practicing of hand washing with soap and when its needs to be done; before eating, after toilet, disposal of waste materials

4. Wall Paintings: Wall painting with catchy jingle considered single investment for creating permanent sources of information dissemination. Pictorial form of message in local dialect effectively delivered message on any particular development issues in very simplified manner. Wall painting found prime contributor to achieve ODF IEC activities impact assessment Wall paintings were found to be a prime contributor to achieving ODF on an impact assessment of IEC activities. The project displayed 537 wall paintings completed in identified strategic location across entire operational area till March 2016.

5. Celebration of ODF Panchayat: IDF organized a celebration of ODF Panchayat i.e. Rasunia with the collaboration District Administration and Mukhiya. This celebration was organized to reward the successful Gram Panchayat and honour key community leaders who have played exemplary role in making their Panchayat ODF.

F. Support community-level awareness generation and demand creation interventions

1. Mobilisation of elected representatives to visit GPs and mobilise people for sanitation:

MLA Sri. Sadhu Charan Mahato, MLA-Ichagarh Visited ODF Panchayat Rasunia on 2nd June 2015. He exclaimed that IDF should monitor the the quality of toilet that is being constructed under SBM. He praised Mukhiya and VWSD in Rasunia Panchayat for their work in constructing toilets and also IDF/GSF for empowering VWSD of Rasunia Panchayat by strengthening and training. At last the MLA visited the field and checked the quality of the IHHL constructions before going and asked the community to contribute in the IHHL construction or to support VWSD in their construction work.

2. Gram Sabha Meetings: Gram sabha is the apex platform at village and Panchayat level to obtain consent of whole community of any particular geographic location to take final decision on any critical issue. IDF successfully harness this platform for effective implementation and achieving objective of PSSRI project at Seraikella. 145 Gram Sava meeting facilitated to organized till March 2016.

3. Training of PRIs Members: Community mobilization towards any critical social issue solely depends on the role and involvement of PRIs in the process. Enhancements of PRIs Capacity on sanitation & Hygiene issue envisage prerequisite to ensure effective contribution for achieving desire result. 14 capacity building session organized to build capacity of 344 PRIs (Mukhiya, Word members & panchayat sammitte members) of 14 operational Panchayat till March 2016.

4. School Rally: Secrete of success of any sanitation project rest on innovative use of information pertaining to the adverse effect of open defecation among community. Students are used as pressure group to construct household latrine to stop open defecation. School Rally resulted to create positive momentum towards sanitation in the community and accordingly adoption of feasible sanitation behavior. 4 high qualities School Rally organized till March 2016 across operational area in various identified strategic location.

5. Organize World Toilet Day and Global Hand washing Day: Observe Global Hand Washing Day on 15th October 2015 at district level and in 16 schools, to promote hand wash practices among children. World Toilet Day was observed on 19th November 2015 at District and Village level.

6. Sawachata Rath: The objective of Swachata Rath is to improve awareness of population of the district on safe sanitation and use of toilet. To celebrate National drinking water and sanitation awareness campaign, a sanitation Rath was organized in 155 Villages of 22 Panchayat of Saraikela-Kharshawn District from 26th September to 31st October 2015.

7. Nukkad Nattak: Rural India population reluctant to listen, but prefers to watch any entertaining activities. Nukkad Nattak is very popular local art in the district of Seraikella and highly potential to serve the purpose awareness promotion on sanitation. Script of Nukkad Nattak is designed to highlight adverse effect of poor sanitation and hygiene practice among rural mass effect disease burden, economic condition, dignity of female, religious belief and overall respect and dignity of family. 105 Nukkad Nattak implemented across the operational area till March 2016.

8. Block level planning meeting with identified local shop owner to established local supply chain for sanitary materials: To speed up IHHL construction, to strengthen the supply chain for sanitary materials so that no problem may arise to make avail of all the requirement of supply chain for the construction of the IHHL under 'Swacha Bharat Mission, at Block level for local identified hardware shop owner were called for one day workshop, where 34 local shop owner participated

9. Masons Training: Integrated Development Foundation (IDF) with the support of GSF, NRMCA and the district administration trained local village masons on the design and construction of household latrines within the budget proposed by the NBA & NREGA. To speed up IHHL construction, with collaboration of DWSD, 14 batches of local unskilled mason were trained. 429 local untrained masons were trained. Now all trained masons are involved in IHHL construction work and Capacity developed among them and they are helping in their family economy.

G. Promote adoption of improved hygiene behaviour

1. Orientation of Village Water & Sanitation Committee members: Jalsahayia is acting as member secretary as well treasure of the VWSC and only village level worker of SBM to link between scheme and community. IDF believes to win battle against poor sanitation status in rural area by strengthening capacity of VWSC members. Members of 313 Village Water and Sanitation Committees were orientated till March 2016. Success of sanitation project lies on the capacity of the VWSC.

2. Training of Local Service Provider: Local services providers are engaged to communicate various social and health issue to the community as when require. Those local service providers are well accepted by the local community of their own vicinity. Capacity building for local service

providers (ANM, AWW, Health Sahayia & identified village point person) is effort to enhance chain of effort at village level and replication of best practices. 11 capacity building session organized for local service providers and 326 (ANM, AWW and Health sahayia) were capacitated by March 2016 to ensure joint effort for community mobilization towards adoption of feasible sanitation behavior for achieving programme objective.

3. District level lunching cum Workshop Program: To celebrate National drinking water sanitation campaign Campaign (25th Sept 2015 to 31st October 2015 and 16th to 22nd March 2016), Drinking water sanitation department – Seraikella -Kharsawan and Integrated development foundation (GSF-project) jointly organised District level Lunching cum workshop organised on 26th September 2014 (at Dc Conferece Hall, Saraikela) under the chairmanship of Deputy Commissioner –Seraikella –Kharsawan. The program promoting mass awareness on drinking water and sanitation issue is to convert effort towards behaviour change into physical result.

4. Hygiene Camp: 16 hygiene camps organized across operation area to harness platform to delivered effective message on sanitation and hygiene among the community till March 2016. Hygiene camp is one of the effective platforms to transfer sanitation message through demonstration among students with parents as witness in presence of community leaders by organizing at School or village level public gathering places (Panchayat Bhawan).

5. Hoarding: The key message behind hygiene & sanitation has been spread throughout the district and the Blocks through it. 06 hoarding was installed in 06 places such as 5 Places of Chandil Block i.e. At divider of main highway road Chandil & Chowka, Near Manikui Bridge, Near Chainpur Village, Turning point of Chandil Chowk under Bridge, Sadan Hotel at Chandil Chowk Around 20,000 people, directly or indirectly has been attached to hygiene & sanitation campaign through it.

6. Promotional Health Camp: 12 health and sanitation awareness camps were organized in 60 villages where free health and hygiene consultancy by professional, free check-up by registered Doctor and free medicines were distributed. Approx. 4000 villagers availed the health camp. Villagers were happy after proper checkup and after getting medicines. Saf-Safai Abhiyan also conducted under Swacha Bharat Mission. Approx. This camp was aimed at spreading the idea of good health as well as spreading awareness among the people on self hygiene, for the use of toilet and also the need of an ODF village. For that lunch were arranged in participatory mode among villagers. Demand generation was done in the rest of the villages for organizing the camp.

H. Output:

This project 'promoting sustainable sanitation in rural India', worked with communities by targeting adults and school going children educating them on the interlinks between hygiene and sanitation and informing them of government schemes supporting the construction of individual household latrines. Street plays, hoardings, rallies and events were held to generate awareness. Health camps were held with free medicine and medical consultations on offer. Local masons were trained in the construction design/s used to budget the cost of individual household latrines under the scheme. Panchayat members in local governance and the village water and sanitation committee members were provided all round training on water and sanitation. Workshop's were held for traders who could supply material for toilet construction to

familiarize them with the scheme local hardware shop owners were introduced to Mukhiya and Jal Sahiyas at the workshop to link them up with the village panchayats.

IDF activities through the project reached 356 villages and saw one panchayat (Chhota Rasunia) and 20 villages (Chhota Gamharia, Tiruldih, Hathinada, Rasunia, Suhsari, Itakudar, Lakhodih, Dudhi, Narsinghpur, Padampur, Manikbazar, Basudevapur, Bundu, Majhladawna, Kusnopur, Hesra, Magarkela, Murumdih, Kalajharna, Kadamdiha) as ODF, Through SBM, in 8905 IHHL construction was done and in 1083 IHHL super structure construction is going on. In whole year we reached out total approx. 2, 60,389 people. This came of collaborating with the NBA, MGNREGA and SBM.

Various IEC activities for the awareness was done in villages which resulted in building Rasunia GP has been titled to be the 2nd Panchayat of the district of Saraikela to be ODF. In the preceding year 20 villages has been made ODF and is included in 2 panchayats. Panchayat camps were organized as required to motivate commoners to construct toilets, also problems related to land was solved at Gram level. Kharsawan and Chandil block has been selected for ODF in the year 2016, and for this 429 local masons from 14 panchayats were given training to construct toilets at their villages. Mission 100 was inaugurated last year, which aimed at 100 villages for ODF, where success was found in 20 villages. It was for the first time in the district that, in Maranhatu Panchayat's 10 villages and Rudhiya Panchayat's Darda village, toilets are being constructed under the guidance of women of SHG.

Mobilization visits of CM, MLAs, DC, and DDC was organised to motivate people and also to boost the speed of construction work. Hand washing was promoted in 16 schools by celebrating Global Hand Washing Day in their schools. The main focus was given to one Girls High School of Saraikela and program was inaugurated jointly by DDC, EE, GSF, IDF & World Bank. Health and Hygiene camps were organised in 15 strategic location to promote Hygiene and Sanitation, where 15000 villagers were benefitted who belonged to 75 villages. All the targeted villages were once again surveyed according to SBM guidelines and instruction of DWSC, where IDF played a very important role in helping during Base Line Survey. From every block, a total of 11 panchayats has been selected for the constructions of toilet under MANREGA, hence to mobilize community & promote use of toilets through IEC which DC and DDC has requested to IDF for its additional support. For this IDF has conducted various IEC activities in these areas such as CLTS, wall painting and VWSC orientation. World Bank implemented 10 villages where water scheme started and where IDF also supported in mobilization & usages of toilet, as a result Majhla Dwana village has been made ODF.

With the support of DWSD and BRC, 429 masons were trained in 14 Panchayats of Priority Proposed ODF Block i.e Chandil and Kharshawn and 60 IHHL were constructed during Mason Training. To strengthen the supply chain for sanitary materials, at block level four workshops were organised for identified local hardware shop owners, who were introduced to Mukhiya and Jal Sahiyas during the workshop.

In order to promote sanitation and its usages 15 health camps were organized, from it people had became sensitized about health and hygiene. During the camp villagers were made aware by the registered Doctor about the various diseases that is associated keeping oneself unclean and now the analysis done on to check on effect. There is now demand coming up from other villages for health camps. Village Sanitation Action Plan for IHHL construction is being prepared according to DWSD's prescribed format with the help of IDF and is being submitted.

I. Achievements

Organized meeting with CSR team (Adhunik) and World Bank Support to solve the problem of water at one village of Gamharia Block. 36 Water Schemes Started under NRDWS and World Bank. Distribution of Mug and Brush to maintain & sustain of Toilet use. Celebrated Two ODF Panchayats and established 27 ODF Villages from 2015 to end March 2016. Successfully conducted Two phase of Swachhata Week and Month i.e on March and September jointly with District. Support to DWSD in Base Line HH Survey (Supported in total 7724 H/H survey in 72 Villages) and Re-survey under SBM new guideline.

Support for solid and liquid waste management Survey, assessment and Policy preparation. Support in Supply of Rural Pan. 500 Rural Pans procured from Ranchi. Interaction meeting with all Media Persons for press release of activities accomplished at field. Data base bank made of Local Masons. Support in IHHL Construction under MGNREGA. Total approx. more than Rs. 99 lakhs fund transferred. Survey and assessment done for differently abled persons in 3 Panchayats after taking initiative by IDF. With the support of DWSD and BRC, 429 masons were trained in 14 Panchayats of Priority Proposed ODF Block i.e Chandil and Kharshawn. With effort of IDF, the pace of construction of IHHL has been increased. In which IHHL Construction Completed -9402 and under Construction – 1732.

J. Challenges

1. Panchayat Election - Due to the Panchayat Election the IHHL construction and fund flow had become difficult for three months as 'code of conduct' was commenced from 8th Oct'15, so the present Mukhiya was not authorized to issue any cheque during 'Code of Conduct' so the fund flow had been stopped. After a meeting with DWSC-Saraikeela it was decided that the funds would be transferred to BWSC (Block Water & Sanitation Committee) where concerned BDO & JE would be signatory authority, but the transfer process took a lot of time due to which the IHHL construction had stopped.

2. Due to involvement of Agency, local unemployed youth are not getting scope to work in IHHL construction. Village Triggering- Training not done till yet and Agency is involved in IHHL construction, no need for triggering training at field. Usages is slow in those IHHL were made in NBA fund.

K. Success Story

Case 1

रसुनिया पंचायत ने खुले में शौच मुक्त ग्राम पंचायत का दर्जा हासिल किया

सरायकेला-खरसावां जिला के चाण्डिल प्रखण्ड के अंतर्गत रसुनिया पंचायत स्थित है। इस पंचायत में कुल 1571 परिवार एवं कुल 8001 जनसंख्या है जिसमें अनुसूचित जाति, अनुसूचित जनजाति एवं सामान्य जाति के लोग निवास करते हैं जिनका मुख्य पेशा कृषि, दैनिक मजदूरी, नौकरी ;सरकारी/गैर- सरकारी) है।

वर्ष 2013 में इंटिग्रेटेड डेभलपमेन्ट फाउण्डेशन (आई0डी0 एफ0) संस्था ने जी0 एस0 एफ0 के सहयोग से रसुनिया पंचायत को अपने लक्षित में रखते हुए इस अभियान की शुरुवात CLTS विधि के द्वारा की। जिससे समुदाय के कुछ लोग शौचालय के प्रति और संवेदनशील हुए एवं कच्चा शौचालय का निर्माण किये। जिससे खुले में शौच जाने की कुप्रथा समाप्त होने लगी। उसके बाद वर्ष 2013 मध्य में निर्मल भारत अभियान के तहत 4600 प्रोत्साहन राशि के सहयोग से पक्का शौचालय बनाने की जिम्मेवारी ग्राम जल एवं स्वच्छता समिति ने ली जिन्हें आई0 डी0 एफ0 के सहयोग से समिति के सदस्यों का उन्मुखिकीकरण, तकनीकी जानकारी एवं स्थानीय राजमिन्त्री को प्रशिक्षित किया गया। जिसके फलस्वरूप चार गांव क्रमशः रावतारा; 193), लेंगडीह; 186), कांगलाटांड; 96) एवं रूवानी; 73) में

शौचालय का निर्माण किया गया। 2 अक्टूबर 2014 में स्वच्छ भारत मिशन के अंतर्गत जोष बचे चार गांव क्रमशः रसुनिया; 490), सुखसारी; 350), तिरुलडीह; 53) एवं हाथिनदा; 130) में शौचालय का निर्माण किया गया। पंचायत में प्रचार प्रसार के लिए आई0 डी0 एफ0 संस्था ने जी0 एस0 एफ0 के सहयोग से IEC गतिविधियां जैसे नुक्कड़ नाटक, दिवाल लेखन, स्वच्छता रथ, स्कूल रैली, स्वच्छता षिविर आदि का आयोजन कर विशेष योगदान दिया जिससे लोग शौचालय के उपयोग के प्रति संवेदनशील बने। पानी की समस्या के समाधान के लिए ग्राम बैठक, सर्वेक्षण किया गया एवं विभाग के साथ मिलकर की तीन जलापूर्ती योजनाओं का क्रियांवयन किया गया एवं खराब पड़े चापाकल की मरम्मत की गई जिससे लोगों को शौचालय इस्तेमाल करने में परेशानी नहीं आयी।

शौचालय निर्माण की गुणवत्ता एवं उसके उपयोग के लिए प्रत्येक ग्राम में दो प्रकार की निगरानी समिति का गठन किया गया है एक बड़े लोगों के साथ लेकर एवं दूसरा बच्चों को साथ लेकर जो लोगों को खूले में शौच करने से रोकते हैं एवं दंड भी देते हैं। समुदाय एवं ग्राम जल एवं स्वच्छता समिति के प्रयास एवं जी0 एस0 एफ0, आई0 डी0 एफ0 की टीम, बी0 आर0 सी0, जल एवं स्वच्छता विभाग के सहयोग से 1 अक्टूबर 2015 में रसुनिया पंचायत खूले में शौच मूक्त पंचायत घोषित किया गया एवं सभी जन-प्रतिनिधियों एवं जल-साहियाओं को विशेष योगदान देने के लिए सरायकेला-खरसावां जिले के उपायुक्त के द्वारा सम्मानित किया गया। रसुनिया पंचायत सभी पंचायतों के लिए एक आदर्श पंचायत बना गया है एवं दूसरे पंचायत उनसे प्रभावित होकर इस वर्ष अपने-अपने पंचायत को भी खुले में शौच मूक्त पंचायत कराने का संकल्प ले चुके हैं।

Case 2

Name: Nashrin Praveen

Village: Kadamdiha

Panchayat: Kharshawn

District: Saraikella-Kharshawn

This is story of Nashrin Praveen who belongs to Kadamdiha village, under Kharshawn Panchayat, under Kharshawn Block. The village has a total population of 3245 people out of which 1709 are male and 1536 are female. Out of the 3245 is a poor man named Md. Hamid, who has two sons and eight daughters.

Out of these 8 daughters three are married. The second daughter, Nashrin Praveen wouldn't get married as she is handicapped from her waist to both legs. The source of income for the family is a small shop run by Md. Hamid and Handicapped pension that is given to Nashrin Praveen. She is also working in Anganwadi Kendra as "Anganwadi Sevika", the courage she portrays is unimaginable as she has left her weaker of being handicap and has been constantly working as "Anganwadi Sevika".

Even after being handicapped by legs she is forced to go out into the field in her wheelchair to defecate as there is no toilet in their house. In the year 2013 the IDF block Coordinator Rabindra Nath Puthal and the Jal sahiya Indrani Devi during their survey informed her of the construction of toilet at Rs. 4600/- under NBA, but that construction didn't happen. Then again in 2nd October 2014, during LSP Training it was informed to her that under SBM the toilet would be constructed for sum Rs. 12000/-. Then she got the IHHL constructed in house and she exclaimed that now she and her family is continuously using the toilet and hence they have stopped going out. She exclaimed, "we have totally stopped going outside, i am really happy even my family is happy to and thankful to IDf people as it is because of them that i was able



to get the IHHL constructed,. They came door to door, explaining the needs and usage of toilet. They also said about the importance it hold is our lives, also the various disease associated to defecation.” She also said, “it was only through IDF that we came to know the various schemes of government,”. She also referred that IDF has also given out all the importance information. I and all was very easily understandable as it was in very simple mode like Nukkad Natak, Wall Painting, Wall Painting etc. which reached people directly.

Finally she said that she would spread the information about all the pros and cons related to toilet construction. And not only this, she’ll be regularly be using the toilet.

Case 3

Active involvement of women And steps towards clean Jharkhand

Block – Kharsawan, District – Saraikela-Kharsawan

In the rural area active involvement of women towards a vast and complex issue like sanitation is a remarkable step. This is such an example which should high praise. Maranghatu gram panchayat is situated in Kharsawan block of Saraikela-Kharsawan district. The panchayat sets a remarkable example of quality implementation of Swachh Bharat Mission (Gramin). With the help of mukhiya, out of 10 active SHGs, 5 were selected and given the responsibility of implementation of SBM (G) in the panchayat. In the last 8 years these SHGs were working in the panchayat and they have the bank loan facility so they accepted the challenge without any hesitation. With the joint effort of village water and sanitation committee



and such groups the implementation work was started in the panchayat. DWSD ,Saraikela & Mr. Sanjay Pandey – State Programme Officer, GSF and Mr.Sujoy Kundu- Project Manager of partner agency IDF has oriented and strengthen these group members on sanitation. Through Community-led Total Sanitation process Triggering was done in the villages and implementation of the scheme was formally started.

Direct support and involvement of group members in market survey, purchasing of toilet construction materials, monitoring and maintenance of work done by masons, molding of pit cover, painting of completed toilet shows the importance of role of women in a healthy society. Since the writing of this story, out of 1251 toilets total 70 toilet is constructed in the targeted panchayat for the year 2015-16. To ensure the use of constructed toilet the group members has taken the responsibility of monitoring. The group passed a resolution and decided that those beneficiaries who constructed toilet in their houses but still going for open defecation will be liable to fine of Rs. 500. The fine amount will be deposited in group's account.

Name of the Project	: India-Nepal Trans-Boundary Resilience Project
Starting Date	: 1st April'2014
Supporting Agency	: Lutheran World Relief
Coverage	: Supaul -15 Villages of Birpur Block
Pop covered	: Direct- 2890 and Indirect- 7710
HR Involved	: Project Manager-01, Program Associate -01, Field Worker-08

BACKGROUND

The 2008 Kosi flood was declared as a national disaster in which 2.5 million people of eight northeastern districts were heavily hit and victimized. The sudden breach of the kosi embankment washed away several villages and killed hundreds of people and thousands of livestock apart from damaging property worth millions of Rupees. This led IDF to think to do something important to save the lives of people and conceived the project. IDF selected the area in Basantpur, Birpur, Supoul at just Indo-Nepal border only few KM from the breach point, Kusha in Nepal.

Goal: Communities living along Nepal- India boarder in Gandak, Narayani and Koshi river basins have better quality of life through increased resilience to the impact of flooding.

The project title **“India-Nepal Trans-boundary Resilience Project”** is being implemented by Integrated Development Foundation since March 2015 with an aim to increase the resilience of the communities through system improvisation that includes early warning system, institution building at community level and capacity building of village institutions.

The projects aims at increasing the resilience and coping capacities of the community at one hand and enhance the sustainable income at another with a well developed community institution which can bargain with government and other development authorities in their favour. The community would be organized and capacitated in such a manner that they are in a position to counter the frequent flood having, mitigation tools and techniques, proper evacuation plan, diversified livelihood options and access to government services.

The need of baseline survey was realized and the same was conducted in all the 25 villages for around 1500 households. This survey was intensively discussed and decided in the startup workshop in Kathmandu during the startup workshop held from 17-24 April 2015. The workshop was attended by Program Manager and Finance Headof IDF. Prior to start up workshop the project team with the local community including PRIs, PACS members at Supaul conducted one project planning meeting to have consensus for implementing the project in the area.

The project was initiated in the March 2015 but the actual work started in April 2015. As per the plan and schedule IDF executed the activity in the following manner. IDF, through the project, organized several community meetings in all its 25 targeted villages and mobilized the community around their felt needs and to motivate for adding resilience for disasters especially flood. After series of community meetings three major areas of work were categorized; **1. Community Preparedness 2. Livelihood and 3. Advocacy**. These three categories were further stratified for micro planning and action.

Major Activities

a) Community Preparedness:

a) 25 Village Development Committees were (VDC) formed with around 45% women participation

b) Each VDC is having 4 Task Forces with separate responsibilities; Information and Communication Team, Search and Rescue Team, Relief and Rehabilitation Team and Health and Hygiene Team.

c) All 25 VDCs together formed a Citizen Forum having two, one male and one female, reps. And created a community fund called “Jan Suvidha Fund” for self help. Over Rs. 2,00,000/- have been accumulated under its banner so far.



1 Community / women Participation

d) The community representatives were given trainings of their need in several bathes for understanding their roles and responsibilities. 6 types of training were provided to the members on various topics such as DRR, EWS, Search and Rescue etc. Around 600 men and women received comprehensive trainings on the above topics during the period.



2 Village Palnning

e) Later the VDCs were provided with EWS equipments, signaling tools and techniques in all 25 villages.

f) The community also received life saving equipments, life jackets, lifebuoy, tarpaulins, tool box, first aid materials apart from IEC materials on Dos and Don'ts during five vital emergencies- flood, fire, earthquake, cold wave and heat wave.



g) To enhance and deepen the coverage IDF has included 11 schools in the project to focus on children in the DRR and EWS programme. Altogether 676 persons participated in the orientation programme consisting of Boys/Males- 322 (47.63%), Girls/Females -354, (52.36%), including 37 male and 37 female teachers. Here too IECs on Dos and Don'ts were distributed.



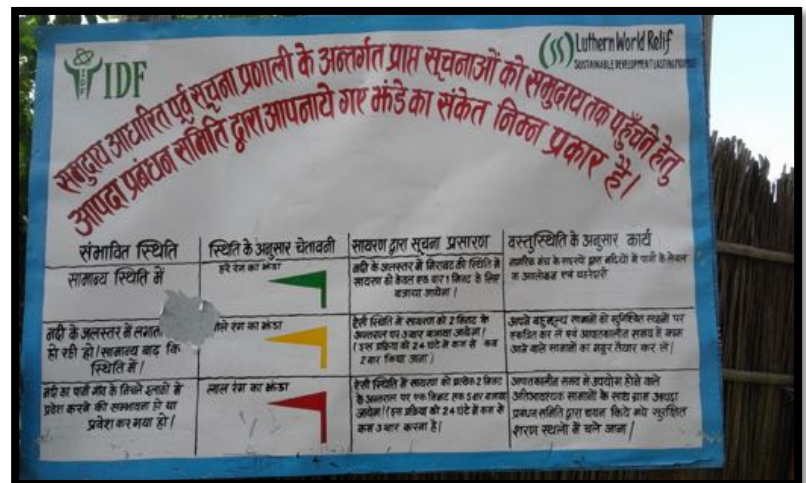
h) The community was involved in fencing the area with bamboo plantation and a range of 1.5 KM area near the river side was fenced with bamboo plantation.

i) ECs on DRR were wall painted on 25 strategic locations in 25 villages for common mass and the community

j) The CF of India side and CF of Nepal side conducted joint meetings and mock drills for early warning system and created a team for messaging and communication for any

increase of water level upstream.

k) The CF along with IDF personnel met with District Emergency Operation Center and updated about the work being done in 25 villages of Basantpur, Birpur, Supoul.



l) An exposure visit to GDS field area was conducted in which 11 persons from Citizen Forum (5 women and 6 men), 4 project team members of IDF participated with the objective of learning on resilient livelihood and practices on DRR.

b) Livelihood:

- a. An assessment on probable livelihood was done by an external expert for rolling out in the project area
- b. The planning with community on livelihood is ongoing for implementation
- c. The community, women, is already covered by Jiveeka project of Government of Bihar on livelihood
- d. Later members of Framers' Clubs received 139 farmers, seeds, spray machines, seed weeder. However, the tools were given to DMC for other members' utilization. In continuation under the agriculture inputs IDF provided five varieties of vegetables seeds, 261 wome, 371 males = 632 Households, vermin compost iron bins along with ½ kg vermin

to 625 households are procured and to be distributed in April, irrigation / delivery PVC pipes of 12 kg/appx. 200 ft is procured for distribution to 25 DMCs in March 2016.

- e. 25 Grain Banks were established in all 25 villages to face the emergency and having food security. Each Grain Bank has over 6 quintal of rice for the target groups.



3. Advocacy:

- a) IDF was deeply engaged in advocacy issues for DRR in the state as the PD himself involved in the making of Bihar Road Map on DRR of the Govt. of Bihar meetings. IDF was one of the core committee members of the Road Map. Bihar Road Map, DRR was formally inaugurated by the Honorable Chief Minister of Bihar on 13th of May 2015. The Two days' workshop was held at Patna having 17 DRR themes including EARLY WARNING SYSTEM duly represented by IDF in one of the sessions dedicated to Early Warning System. Bihar is the first state to come out with DRR Roadmap in the country. The EWS section was led by IDF in the conference. Later it contributed in section- Resilient Village in the DRR Road Map. Please refer: <http://www.bcdrr.org/>

- b) IDF also held meetings with two relevant political parties 'representatives such as JD(U), ruling party in Bihar and BJP, ruling party in the center for creating a political environment on the Water Treaty and Water Management of the Koshi Barrage at Birpur / Bhandabari in India and Nepal respectively. To highlight the underlined issues Media and activist groups are also being tapped for advocating DRR in general and EWS in particular for mass appeal.



- c) A media workshop was held in Patna on 21st March 2016 attended by both print and electronic media persons / representatives, Government officials, community members, representatives of LWR, IDF and GDS from India and LWR, KVS and Sahmati representatives from Nepal side to highlight the core identified advocacy issues of Kosi and Narayani/Gandak river basins.
- d) A meeting with state Emergency Operational Center was also conducted to have a streamlining at district EOC. The same followed at district level for proper coordination with the department at Supoul. Similarly IDF also met the director of MET department at Patna

for having coordination and cooperation to run the project with government support. Both departments have expressed their willingness to support the cause at state and district levels.

- e) Meetings with Water Resource Department, SSB, Block officials and other stakeholders were taken on frequent basis in Basnatpur and Supoul HQs on flood, security and social security schemes.
- f) The community has mobilized resources and developed a road which minimized their distance by 2.5 km from market.

The project is on and scheduled till September 2016 and in the next 6 months the target is to focus on promotion of livelihood base on the recommendations of the study. Advocacy with media, policy makers and officials on DRR, Livelihood would continue. The community participation and involvements would be the strategy again for the community resilience and capacity building.

Project Title:	: Child Centered Community Development Program
Funder/Support Agency	: Plan India
Starting date of the Project	: January 2011
Coverage Population	: Chaibasa. 15 villages of 5 panchyats in Khutpani block
	Direct : 14,704 & 2762 through WASH Initiative in 5 Panchayats
HR Involve	: 1-PM, 3-PC, 1-Sponsorship Coordinator, 1 Accountant, 1 Admin and 12 field worker

A. Project Background

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 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.

B. Project Goal

This is the sixth year that IDF is working in Jharkhand with the Child centered community development program being undertaken which 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 aims 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.

C. Activities and outcomes

I. JNO Grant Project - Creating Learning Environment for Girl's Child through Model School Development

1. Program planning survey & activity finalization - The JNO project came with a set of activities. Meeting with SMC, teachers were conducted for finalization of needs/requirement. Survey in schools was done to assess availability of water & sanitation facility which was the theme of the project. The final outcome was shared to plan with few modifications from the original & later project details were briefed to District Superintendent of Education DSE, W. Singhbhum & her suggestions taken.



2. Orientation cum training programs - Training of 12 Teachers & 34 SMC on Child rights & Protection, Training of Teachers & SMC on Gender & Girl's child right to education was done at the district level. The training was done to sensitize & create a sense of responsibility amongst concerned people.

3. Input supports to schools - Distribution of water filter (2) units & sports items was done in 12 schools coming under the Kumharlota CRC. The input support was towards creating safe drinking water facility of children & promotes co curricular activities in school. The play items generally focused on the Girl child & are being used by children.



Association with co-curricular activities has generated interest in attending school. The sports item is covering around 1100 children in 12 schools.

4. Cluster level sports event focusing on girl child was organized in Kumharlota school play ground wherein over 200 girl child participated in the event. MLA representative & Zila Parishad member apart from JEPC representatives attended the event & handed over gifts to the winners. Prior to the mega event school level competition was held & final participants finalized. The input support given to schools (12) in form of sports materials were used in this event.

5. Developing 10 child friendly classrooms / Buniyad model - 1 single room in each school was identified with teachers & SMC. The room was gradually made child friendly through wall writings/drawings, wooden table, sitting mat/Durrie, pictorial chart papers etc. It has been observed that the facilities have generated interest amongst children towards coming to school. In addition teachers are finding it easy to make classroom teaching more enjoyable & playful.

6. Purchase of books, book shelf for library (10 Schools) -

Our survey emphasized the need of library & appropriate reading materials in school. An expert in the field of education was consulted & list of books required as per levels finalized. An agency EKLAVYA was approached for supply of books with reference from Plan Ranchi office. Separate racks for keeping books have been supplied to schools in advance.



7. Construction of Girl's toilet in 3 schools -

Construction requirement/need was identified during survey in schools. A technical person was hired for layout and estimate. The work was carried out by a vendor as per layout. Each unit has two toilets, two urinals & one change room. Water is available in the toilets through over head tank filled in by manually running a hand pump..



8. Platform & soak pit construction of existing hand pumps (12) units in 10 schools

Construction requirement was identified during survey in schools. A technical person was hired who after visit produced the drawing & estimate. The work (12 units) was carried out by a construction party in terms with the diagram. The work has resulted in stopping the water spillage in & around the handpump & keep the area clean & disease free.



9. Repair of hand pumps (04 Nos.)

Non functional hand pumps were inspected by hired mechanic, spare parts purchased from Chaibasa & repair work done. The matter was discussed with DWSM before initiation. Repair work was carried out in Matkobera, Patahatu, Bhoaya, Bandagutu villages & functional hand pumps are benefiting over 100 people in concerned localities.



10. Installation of hand pumps in Ulirajabasa & Uparlota School –

A separate hand pump was installed in two schools to support the Girl's toilet. Pipe line was connected from the hand pump to the overhead tank which is operated manually. In addition the hand pump is expected to provide safe drinking water to the school children & even to the community who come to collect water from the school due to easy accessibility.



II. Health

1. Health camps – Providing healthcare facility in the operational villages has been one of the core activities in IDF-Plan program. In context to this 14 health camps has been organized in program villages on a rotational basis covering 1300 patients. An MBBS doctor attends to the patients, medicines are provided free of cost. People generally come with cold & cough, fever, skin infections, body pain, fungal infection, malaria etc. Apart from it need based counseling sessions in camps are being done with adolescent girl's pregnant women.



2. Support to District Social Welfare Dept. – DSWD, W.Singhbhum organized District level nutrition week program in Chaibasa in the 1st week of Sep in 2015. IDF-Plan supported the event. The Program Manager & the Project Coordinator was nominated as jury members to judge the stalls made from concerned blocks on nutrition aspects. IDF highlighted the interventions that are being done in Khuntpani block where we are working.



3. Support to VHND program – VHND is a program sponsored by Government in which the pregnant mothers as well as children visit the AWC monthly in a village to get checked up by ANM.



Required immunization is provided to the expecting mothers as well as nutritional component is supplied to children below 3 years. Role of IDF-Plan is to make this program successful by creating awareness thereby increasing participation.

4. Orientation/training programs for various CBOs in health – This FY sensitization programs has been done for various stakeholders in health at the community level. The stakeholders being Mata samiti members, adolescent girls, Sahiya, peer educators & the topics covered are understanding on MCH, Life skill & SRH etc. Slowly health seeking behaviour has been noticed in our program area.

5. Orientation on community based malnutrition management + Exposure trip to MTC, Chaibasa – 40 ASHA & Mata Samti members participated in the orientation program which included sessions on their role in the prevention of malnutrition at community level & ways of improvement in nutrition status of children & mothers. Resource persons were MOIC, Khuntpani & MTC In -charge, Sadar. On the 2nd day participants visited Malnutrition Treatment Centre, Sadar & had a view on the functioning of MTC.

6. Annaprashan and Godbharai activity in Keyadchalam Panchayat – 70 female community members participated in the event which was organised with help of ASHA workers. Focus was on knowing & promoting good health & nutrition practices.

III. Protection

1. Reformation, strengthening of VCPC in 15 program villages

– Village Child Protection Committee which is already in existence in our 15 program related villages have been reframed looking into their role & responsibility. VCPC generally includes members from a wide spectrum of the society. It is felt that VCPC is the centre point of intervention for child protection related activities in field & only its strengthening can really hold the child protection domain.



2 Training to SMC, teachers, Bal sansads, peer leaders on CP issues

– This FY sensitization programs has been done for various stakeholders in protection at the community level. The stakeholders being VCPC, PRI members, SMC, peer educators & the topics covered are developing child protection net in the community, rights of children, stick & stone manual etc. In addition role



of district bodies & ICPS was discussed & linkage mechanisms told.

3. 60 peer leaders taking lead role in promoting child issues in villages

- Altogether 75 peer educators have been selected & trained by us. The role of peer educator is to act as an information provider & act as a link between us & the community. We provide them orientation



& upgrade their skills from time to time specifically on child protection issues & general health care & safe practices. We have presently 60 peer educators who are taking lead role in bringing about a change in the community on the protection & health front at least.

4. IEC materials on Juvenile rights provided to CWC & Police Dept. – We have managed to create a good rapport with the district officials in Depts like Police, CWC etc. This FY with request from Police dept we provided IEC materials on Juvenile rights for display & for further use by them in training programs at thana level.

5. Orientation on J.J. Act for police staffs – 140 police staffs oriented on CP issues, Child marriage, trafficking corporal punishment, related acts – POCSO, JJ ACT discussed. CWC & ICPS team along with IDF provided input support.

IV. VWSS/WASH

1. Village planning endorsement & fund mobilization – This FY we took up Ruidih panchayat to focus on WASH interventions. Village planning was done in each of its six villages covering a period of three days & the plan was cross checked through the Gram Sabha & was endorsed by key functionaries & submitted to DWSSM, Chaibasa. Fund mobilization (14.40 Lakhs) done, toilet construction is in process in all 6 villages.



2. Sensitization on use of toilet & avoiding open defecation – This FY apart from fund mobilization focus was on transferring the understanding on the use of toilet & the hazards of open defecation. Some trainings were organized for youths, VWSC/ Nigrani samiti members & methods spelt to check open defecation & audience urged on making their village ODF.



3. BCC & IEC activities organized for orientation & change – It has been felt through field experience that mere class room type orientation is not enough to see change in the community. Hence in this FY 15 video shows & 12 nukkad natak programs have been organized specifically in the villages covering Matkobera & Ruidih Panchayat. The content of the events focused on adopting better WASH practices, shortcomings of not doing so, use of toilets, why avoid open defecation?

4. Hand pumps (2) installed to increase access to safe drinking water – 2 hand pumps has been installed in this FY in our program area under WASH. The hand pumps installed are in village Unchuri & Horlor. Request has been received from several villages before the summer season towards requirement of hand pump. Our selection was based upon hardest to reach area followed by no of beneficiaries to be covered & the community that has maximum ownership.

5. Technical training of masons on toilet construction – The objective is to provide technical support as per SBM guidelines to masons so that they can take up toilet construction work in villages of Ruidih Panchayat. 18 masons trained technically for the same through a three day event. Mr. Srinivasan from Plan Delhi also visited the site where demonstration work was going on. He gave some useful tips also.

6. Exposure visit of team to IDF Seraikella program area – The objective was to sensitize and orient about water and sanitation, learn & adopt best practices. IDF Seraikella has ODF Panchayats, visit was done to gain understanding on how to develop the same & what are the challenges? A mixed group comprising 20 people visited from our end having various stakeholders like Mukhia, Jal Sahiya, VWSC members & our FLWs.

D. OUTCOME / IMPACT

- SHGs (2) have initiated & are sustaining in food related business/catering at village level.
- Farmers club (3) are strong model clubs, they have linked themselves to livelihood generation activity.
- Village level plan on water & sanitation issues prepared by villagers in 14 villages in 2 Panchayats & submitted in DWSM.
- Fund mobilization (48.40 Lakhs) done, 405 toilets constructed majority are being used.
- 50% teachers from Govt. schools in our program area got trained in innovative classroom processes.
- Re enrollment of 105 children from program area during JEPC promoted school enrollment drive.
- 80% sponsored child received birth registration certificate through the UBR drive in W. Singhbhum.
- VCPC, CBOs, PRI members, Peer educators sensitized on Child protection & rights at village level.
- Coordination established at District, related Govt. personnel sensitized on protection issues.
- Model CRCs (4) developed at village to provide a platform to children to promote participation.
- Access to safe drinking water has been provided in hard to reach tolas in 6 villages through hand pumps.
- ANC support, wall paintings, play materials at AWC has created a positive impact on service delivery.
- Understanding on MCH, adolescent issues raised, enhanced responsive health seeking behavior seen.
- Community sensitized on several health issues through BCC/IEC activity & in house trainings.
- Focus on Girl's child established through need based construction work , trainings & class room decoration in 10 schools.

E. Key Challenges

Health - Supportive supervision from concerned departments missing concerning health delivery systems, role of staff etc placed at village level units is not encouraging.

Protection – Committees constituted at village level is yet to be linked with Block & District level.

VWSS - Traditional habit of open defecation is still prevalent in masses.

There is still a huge gap between community's knowhow to associate with various line departments regarding service delivery process.

Project Title:	:	Comprehensive Abortion Care
Funder/Support Agency	::	Ipas
Starting date of the Project	::	Dec 2014
Coverage Population	:	Aurangabad & Sitamarhi
HR Involve	:	2 Project Coordinator

A. Background of the project

Bihar is India's third largest state in terms of population. Bihar lags behind in many critical development indicators in the areas of Health and Sanitation. Central and Bihar Government has taken many initiative for betterment of Health in Bihar. Under NRHM, Health Dept. basic Health system is being better but due to lack of prope management, lack of fund, Manpower, lack of skilled manpower, Non awareness among community, lack of knowledge. Corruption in Government system; Health system of Bihar is on critical Benchmark. For betterment of Health system Govt has implemented many lucrative schemes and infrastructure of health system is going better day by day., There are several Non-government organizations that are helping government in approaching rural and deprived areas of Bihar through awareness campaigns towards having a healthier society. One of the leading NGOS among them, Integrated Development Foundation is committed for betterment of health system with the help of many corporate organization and state and Central government.

B. Geographical outreach

The project Implementation of Comprehensive Abortion Care (CAC) training and follow up activities had been implemented in two CAC training centers in Aurangabad and Sitamarhi District as pilot project, for which financial and Technical support provided by IPAS India and Bihar government.

C. Situation Analysis

Unsafe abortion is a significant yet preventable cause of maternal mortality in India approximately 8% of maternal death and Injuries, other major complications in fertility power of women. Lack of accessibility to safe abortion services by qualified providers, lack of awareness in community about MTP act 1973 and lack of infrastructure in hygienic setting is one of the important reasons for unsafe abortion. Medical termination of abortion is in focus area for NRHM but due to lack of health infrastructure, lack of awareness and lack of qualified service providers, Unsafe Abortion is a threat for Indian Health system. So in 2012 Govt. of India Prepared a guideline for safe Abortion titled "Comprehensive abortion care-Training and services Delivery Guidelines". The main objective of IPAS India is to increase access to safe abortion care by strengthening training system and service CAC services in primary health care settings, Action research on abortion issue from the prospect of Women, Communities and service providers, Policy and advocacy initiatives that increase women's access to safe abortion services facilitating introduction & promoting use of appropriate technologies for early safe abortion.

D. Project Activities Integrated Development Foundation has implemented the pilot intervention program into two districts Sitamarhi and Aurangabad, had the following activities:

1. Capacity Building Program: A training program for partner NGOs was organized for partner NGO staff to understand the objective of the project and to know the legal and technical aspect of Abortion & CAC which helped them further in proper implementation of the project in the planned way in fix tenure. Field visit was planned to assess the real picture of the Health Centre and guidelines to interact with the health intermediaries and health officials and to collect information. In second phase training took place in the month of Nov 2015 to gather information on the file experience and to make more staff more competent on the subject.



2. Second Generation Trainings:

i. SGT in Aurangabad District: In Aurangabad Dist., IDF started with among 5 providers, 2 providers has move from the Govt system and 3 providers was there. IDF staff started to contact with providers and master trainers for MTP issues and SGT. DHS Aurangabad was supportive and 2 SGT completed Before March 2016. In which 6 Doctors and 6 Nursing staff are certified. After the 2 SGT total 9 providers are in Aurangabad to facilitate.



ii SGT in Sitamarhi District: There was four master trainers in Sitamarhi to organize 2 SGT which got completed before March 2016 With support from IPAS Bihar team, Six provider and six nursing staff were certified during FY 2015-2016.

3. Orientation of community Intermediary:- The given target is to orient Community Intermediary was 875 after SGT; CHI members had started to communicate/orient as per provider accessibility. Almost every facility CHI members are communicated by IDF employee and approx. 600 CHI members are oriented on different facilities due to lack of Provider and delay.



4. Orientation of CBO/SHG There have been 4 orientation programs organized for Jeevika Employee till March 2016.

Name of the Project	: Empowering Community For Combating Trafficking In Selected Areas Of Muzaffarpur District
Starting Date	: 1 st April'2014
Supporting Agency	: The Freedom Fund /Geneva Global
Coverage	: 30 Villages of 10 Panchyats in Minapur & Mushahri (2) Blocks of Muzaffarpur District
Pop covered	: Direct- 2890 and Indirect- 7710
HR Involved	: Project Manager-01, Female Program Associate-01,BC -02, Field Worker-10, Instructors-06,Counselor-02

A. Project Background

Modern day slavery is in existence in our society in different forms. Every day women, men and children are trafficked to exhaust them in different form of slavery i.e. commercial sexual exploitation, child labour, bonded labour or forced labour, illegal work and trade. Muzaffarpur town connects north Bihar with the rest part of the state. It is the entry point not only for across the nation but also for international level i.e. Nepal. Low land holding pattern, dependency on agriculture that too on vagaries monsoon, feudal pattern on land holding, lack of industrial activities in these region force the people to migrate to other places in search of job. Recurring flood in the region also limits the livelihood opportunity and force poor people to migrate or send their children outside their vicinity in search of job. Sometimes forceful migration also takes place as the intermediaries or brokers provide money to the parents in advance and make false commitments for their bright future.

The overall context fairly indicates that Muzaffarpur is vulnerable for slavery and human trafficking. Poverty and lack of economic opportunity make women and children potential victims of traffickers. They are vulnerable to false promises of job opportunities in other places and sometimes other counties also. Human trafficking is not only limited to commercial sexual exploitation. It also includes persons who are trafficked into 'forced' marriages or into bonded labor markets, such as construction works, factories, sweat shops, agricultural plantations, or domestic service.

B. Scope and objective of the Project

The Community Based Organizations (CBOs), Govt. officials from administration/police, representatives of Panchayati Raj Institution (PRIs), media were sensitized and aware through liaison/meeting/workshop on the issue of anti slavery and trafficking which resulted into joint collaboration and support and helped in enacting legal provision of law against the different agents involved in human trafficking. The project also focused to formalize the ASTITVA and activate Anti Human Trafficking Cell/ Unit to reduce the human trafficking risks in panchayats, blocks & in the district.

To address the root cause, poverty, the project promoted alternative livelihood opportunity among migrant's families and empowered their women and children to combat slavery & human trafficking risks in an effective way in their vicinity.

C. Activities

1. Orientations of Project's Personnel:

Total two orientation programmes were organized for project's personnel and attended by 20 staff. The first orientation programme was to capacitate the project's personnel on modern day's slavery and human trafficking issues. So that they can combat and minimize the slavery & human trafficking risk effectively. The second orientation programme was on prevalence study and action research. The main objective of this orientation programme was to be aware them on existing forms of slavery in the surroundings and collective action for its combating.



One day orientation cum training programme was organized for the instructors at district level to develop their understanding on center management mechanism and joyful learning methods.

2. Training of 'SHG' representatives/ members:

Altogether three residential trainings, each one of two days, were organized at Muzaffarpur for seventy nine SHG representatives on group dynamics, group management and anti slavery & human trafficking issues. It acquainted the participants on the project deliverables, risks of modern day slavery, human trafficking, rights, related legal aspects of slavery & human trafficking, social atrocities and government schemes & provisions. Games, role play and audio visual aids were used to make trainings meaningful and interesting.



3. Total three trainings, each one of two days, were held for out migrants and debt bounded agriculture labour's family members at Muzaffarpur on vegetable cultivation.

The main purpose of organizing such trainings was to motivate them to opt it as an alternative options of livelihood which will contribute in uplifting their family's income level. Altogether 78 members of SHG were trained on 'vegetable cultivation, pest management, seed treatment, organic farming, nursery and raising seedlings.



4. Orientation Altogether four one day orientation programmes were organized for the representatives of Village Level Children's forum.

To make the orientation programmes

more meaningful and informative, power point presentation and role plays were used. Their understanding were developed on forum's management, it's functions, modern day's slavery, human trafficking, human rights, child rights, right to education etc. and play an active role in reducing child labour in their respective villages.

5. Orientation for village surveillance committee - 182 members/ representatives of village surveillance committees were oriented through six orientation programmes on the function of committee & its management, modern day slavery, human trafficking, human and child rights, right to education, safer migration.

6. A total four orientation programmes were organized for 104 PRI and influential persons at block level. They were oriented and aware on the issues of modern day slavery & human trafficking & minimizing its risks, ensure safer migration in their respective villages and legal aspects. To ensure safer migration and minimize the trafficking risks in their locality, stakeholders were asked to have listed of out migrants with their full details and ensure access of at risk families on government schemes & provisions.

7. Four orientation programmes were held to capacitate the **SHG members** on the issues of **modern day slavery & human trafficking**, rights and right to education etc. In these programmes, participants shared their experiences, views & opinions and all these made the programmes fruitful and effective.

8. Ninety adolescent girls were sensitized through two interface meetings on modern slavery, sex trafficking, child rights, right to education etc. and they were asked to sensitize other girls of the community, who are more vulnerable, on the issues and be helpful in minimizing the threat of slavery and human trafficking in their surroundings.



9. Four interface meetings were organized for 118 influential persons and members of PRI and they got sensitized on the issues of anti slavery & human trafficking issues, rights, right to education, govt. schemes & Provisions and address these issues more effectively.



10. Monthly meetings were held with the different Community Based Organizations (CBOs) i.e. Village Surveillance Committee, Village Level Children's Forum, Adolescent Groups etc. to mobilize and sensitized them on the seriousness of anti slaver & human trafficking issues. To review the programme progress and execute the activities properly altogether 12 monthly meetings and these were attended by the project's staff.

11. Workshops at district and block level to address human trafficking:

Slavery and human trafficking is such an issue which cannot be addressed in isolation, so joint effort is needed to combat it. In this connection concerned officials can play a vital role. Keeping this in mind, altogether three workshops, one at district level and two at block level, were organized to sensitize and mobilize the officials of district and block level along with other stakeholders on modern slavery & trafficking issues. The findings of prevalence study were shared and understanding was developed to address the issues collectively.



12. Health Camp: Altogether 242 vulnerable community members were counseled on the issues of anti slavery & trafficking, migration etc. apart from it, they also got medical support/ care. In the counseling camps posters, Philip charts and visual aids were used to sensitize the community members.



13. Community Mobilization and sensitization through IEC - A total ten wall paintings were done at targeted panchayats focusing the issues of slavery, human trafficking and education.



14. Nukkad Nataks were organized at 10 different spots to sensitize and mobilize the rural masses of targeted blocks on the issues of modern day slaver & human trafficking.



15. Altogether four solidarity events were organized in form of International Labour Day, World Drug's Abuse and Trafficking Prohibition Day, Children's Day and World Human Right's Day. Different stakeholders i.e. SHG's members, adolescent girls of adolescent centers, children of NFE centers etc participated in these programmes. Stakeholders shared their views at the occasions and experts also spoke on the issues stressing to put the children at schools and ensure dignified life for all.

16. Education: There are 180 children at four Bal Jag Jagi Kendras, set up as two in a block, which are functioning smoothly. Here apart from literacy classes, awareness is built on issues of

child labour, child rights, right to education etc. Two Kishori Kendras, one at each block, has 90 adolescent girls which attended the educational classes along with skills trainings in income generation activities - flower making, decoration items, stitching, life skill education and general awareness on current affairs.

17. Lac Bangle and Stitching Centres:

It is experienced that the adolescent girls of at risk families are more vulnerable as most of them are out of school and working in the clutch of landlords/ slaveholders. So, there is a high chance of their exploitation by every means. Therefore parents of these adolescent girls along with them were motivated to put these girls in Kishori Kendra. From reporting quarter these girls were trained on lac bangle making at Mushahri and stitching at Minapur block apart from functional literacy classes. 35 girls at each centers are taking trainings on the said trades. At Mushahri 7 members of SHG are also taking training of lac bangle making along with adolescent girls. At Mushahri near about 15 girls are near to be fully trained and rest are partially in lac bangle making where as at Minapur 12 girls knew the cutting and stitching of Peticot & blouse and rest are in process. It will take 3-4 months for make them fully trained.



At Mushahri 7 members of SHG are also taking training of lac bangle making along with adolescent girls. At Mushahri near about 15 girls are near to be fully trained and rest are partially in lac bangle making where as at Minapur 12 girls knew the cutting and stitching of Peticot & blouse and rest are in process. It will take 3-4 months for make them fully trained.

18. Legal Aid Centre: During the project's execution it was experienced that at risk families are totally unaware and have no information and knowledge about slavery & trafficking issues. Because of that they face lot of problems. So it becomes important to assist them during need and emergency. Therefore Legal AID centers were established at both the targeted blocks i.e. Minapur and Mushahri of Muzaffarpur district.

D. Project Output

Seventy Nine representatives of SHGs attended the training programme on group management, anti slavery & trafficking issues, rights etc. There were seventy eight SHG members in the training programme on vegetable cultivation. The orientation on anti slavery & trafficking issues, its consequences, safe migration, proper advocacy etc., covered 208 PRI members and Social Leaders. 592 women of out migrant and debt bounded agriculture labour's families were organized in the form of SHGs and aware on the issues of anti slavery & human trafficking, human rights, child rights, safer migration etc. One hundred and eighty children joined the Non Formal Education center while 90 adolescent girls joined the adolescent center.

E. Project Outcomes

Twenty four women from brick kiln/ debt bonded agricultural labour's families, who are SHG members, initiated vegetable cultivation as an income generation activity after attending training programme on IGA. The regular attendees of the literacy centers are 145 children of brick kiln labour and debt bounded agriculture labour's families. There are 85 adolescent girls attending the classes at adolescent centers. PRI members registered the migrants at all 30 working villages.

F. Project Achievements

One of the VSC members presented the missing girl child before CWC, Muzaffarpur. Altogether thirty five adolescent girls initiated lac bangle making and stitching as an income generation activity. Twenty four SHG members are practicing Veg. cultivation as an IGA. One of the VSC at Mushahri block stopped the fake marriage and culprit is in jail. 205 children of Dalit & Mahadalit families joined the formal school from the NFE center and continuing the schooling. 30 members of CBOs from Mahadalit, Dalit & EBCs fighting the panchayat election of 2016 with the consent of their CBOs.

G. Challenges

The major challenges were to stop re-trafficking of freed children, the limited sensitization of officials at the field/ block level and the apathy of officials as they were busy with their primary responsibilities. There were also the threats to the field workers from the owners of brick kilns backed by a strong network of traffickers.

CASE STUDY:

TITLE: Initiative of VSC member to present missing girl child to CWC

Name of Missing Girl: Sakchhi Kumari

Father's Name: Mr. Vijay Kumar

Address: Unknown

Name of VSC Member: Mr. Mahesh Rai

Village: Bhataulia

Panchayat: Gopalpur Taraura

Block: Mushahri

Distt.: Muzaffarpur



On 5th December'15 Sakchhi Kumari, a missing girl, came to village Bhataulia in the evening. She was standing near a hand pump and weeping continuously by the road side. Same time Mr. Mahesh Rai, one of the Village Surveillance Committee (VSC) members of Bhataulia village was crossing that spot. Seeing a strange girl he stopped and asked to her about herself but she was unable to respond as she was in trauma. Mr. Rai brought the girl to his house and provided her comfort zone along with his family members. Then girl started talking with him and his family members. She also told them that her name is Sakchhi but she was unable to say about her home address. At night Mr. Rai and his family took all the care of her. At night Mahesh ji contacted IDF personnel and discussed all about Sakchhi. On 6th December'15 we visited Bhataulia and brought Sakchhi along with Mahesh Rai to Muzaffarpur and presented / handed over her before CWC, Muzaffarpur. CWC, Muzaffarpur handed over the girl to Balika Grih, Muzaffarpur and instructed them to counsel her. When the legal/ natural guardian will found she will be handed over to them. At last Mahesh Rai seemed very happy and expressed his views by saying, "***Gram Nigrani Samiti me jurna safal hua keu ki baithak me jane se manav taskari and dasta per samajh bana tab aaj ja kar ek bachhi ke jeevan ko surakshit kar paye nato ka jane us bachhi ka keya hota.***"

TITLE: Step towards Collective Action

NAME: Bipin Kumar

AGE: 15 Years

FATHER'S NAME: Shri Genaur Mahto

MOTHER'S NAME: Smt. Nirmala Devi

Village: Madhubani

Panchayat: Mahdaiyan

Block: Minapur

Distt.: Muzaffarpur

Madhubani is one of the remote and under developed village of Mahdaiyan Panchayat of Minapur block. This village is situated at the distance of 7 Kms. in the North West from the block head quarter. The population of this village is dominated by EBCs and followed by SCs. Apart from it there are Mahadalits also. Their conditions are more pathetic. Genaur Mahto is the resident of the said village and belongs to SC community. There are six members in his family and he is the single earning member. So, the condition of his family is not good. So, he sent his eldest son Bipin Kumar to Delhi with a person of his neighbouring village to work in construction work. So Bipin became a child labour and started working at the construction site.

Before joining the group Bipin's family members were not aware on slavery and trafficking issues. In the meeting and orientation programme his mother became aware at some extent. One day she talked with her son and asked about his condition. Bipin started weeping and told her mother that his condition is not good. The owner is misbehaving with him. After work he use to lock him in a room and from three to four month not paying any wages, that's why he is unable to send money at home. One day he tried to flew away but failed and caught by the owner and bitten badly. After hearing all these, Nirmala Devi talked all about it with the members of Village Surveillance Committee. The VSC held meeting and gave the responsibility to one of its member to bring Bipin from Delhi. In Delhi, the constructor resisted sending Bipin but VSC member warned him and finally came his home. He is counseled. The VSC members are in a plan to file FIR.

Project Title	: Girls First (Emotional Resilience)
Funder/Support Agency	: Corstone
Starting date of the Project	: June 2015
Coverage	: 5 Districts (Samastipur, Darbhanga, Madhubani, Vaishali & Motihari)
Population	: 9000 children
HR Involved	: 3 PO, 6 TA, 1 M & E, 3 RA

A. Background

Girls' First resilience¹ based training program aims to improve the mental and physical health, prevent early marriage and early pregnancy and advocate for their educational and health rights. Girls will receive extensive training in topics such as character strengths, interpersonal communication, problem-solving, nutrition, reproductive health, and gender-based violence—all taught in facilitated peer support groups led by trained KGBV teachers.

Girls' First - KGBV is a resilience - based training program to empower marginalized adolescent girls attending Kasturba Gandhi Balika Vidyalaya (KGBV) residential schools in Bihar, India, with knowledge, skills and support to unleash their potential and thrive. The program aims to measurably impact three interdependent factors in girls' wellbeing:

- ☛ **Emotional health,**
- ☛ **Physical health, and**
- ☛ **Education.**

The **Kasturba Gandhi Balika Vidyalaya (KGBV)** scheme was launched by the Government of India in August, 2004 for setting up residential schools at upper primary level for girls belonging predominantly to the SC, ST, OBC and minorities in difficult areas. *The objective of KGBV is to ensure access and quality education to girls from disadvantaged groups by setting up residential schools at upper primary level.*

Research in high-income countries (HICs) shows that improving *resilience*, or the ability to bounce back and grow from challenge or crisis, consistently predicts positive mental, physical, and educational outcomes for youth facing significant risks. While resilience programs that empower marginalized adolescent girls with such assets and skills have great promise, few programs in India or other developing countries have focused on improving resilience as a key lever for impacting wellbeing and fostering development in girls.

The Girls First- KGBV project has been implemented by IDF & Corstone in collaboration with Bihar Education project Council (BEPC). The project was intended to start from May 2015 which was not started on time due to unexpected delay in signing MoU from government (BEPC) end. The MoU between Corstone and BEPC was finally signed on 07 October 2015.

The team has visited all the BEPC offices in project districts to discuss about the Girls First project and also gathered important information regarding KGBVs. The Girls First –KGBV project

¹ The ability to function competently under stress, to recover from setback, trauma, or adversity and to make positive choices that strengthen future decision-making and increase flexibility in stressful situations

is targeting five districts which include Darbhanga, Madhubani, Samastipur, Vaishali and East Champaran (Motihari) and covering 103 KGBVs.

B. How it Works

Girls' First provides a resilience curriculum to foster assets girls need to unlock their potential, put dreams into action, and achieve their goals. The curriculum increases internal assets (e.g., self-esteem, coping skills, and conflict-resolution skills) and external assets (e.g., positive bonds with peers and family). The resilience curriculum is followed by an adolescent health curriculum, which provides training in physical health and wellness topics like common physical health problems, sexual and reproductive health, and nutrition and gender equity.²

C. Methodology

The Girls First curriculum is provided in facilitated peer-support groups, combining didactic learning with peer-led discussion and group problem-solving. As per the proposed plans two teachers from KGBV would be trained by the CorStone's Master Trainers and these trained teachers would further work as Program Facilitators. These teachers would undergo 7 days initial trainings in facilitation and curriculum topics followed



by 7 day refresher training and mentoring. These Program Facilitators would further conduct trainings for a batch of 20 girls to cover 20 sessions of Resilience and 20 sessions of Adolescent health in the academic year. Girls' First, has build curriculum on the resilience and adolescent health. Each curriculum has prepared for grade 6 to grade 8. The program is designed in such a way that each grade follows the previous ones. The curriculum of the grade 7 is based on the skills learnt in the grade 6 and in the same way curriculum of the grade 8 is build on the skills learnt in the grade 7. Thus the program has been designed in such a way that the girls would participate for a period of 2 years.

D. Accomplishments

The first phase of the project was to be launched in the month of June 2015 to May 2016, but due some external factors, there was delay in the program. The reason being the MOU with The Bihar Education Project Council (BEPC) was signed in the month of Oct'15. The other reason being the, change in the districts from the original plan.

The four months delay also impacted the project execution and most of the activities as planned were not been able to complete on the given time frame. There were some impacts on the number of session which was not covered in the given specified period.

E. Activities

1. Recruitment of project staffs: The recruitment process was completed during the reporting period. Total 3 Program officers (Training), 6 Training associates, 1 Monitoring & Evaluation

² Priority issues for Bihar's girls, identified in interviews and program reviews conducted by CorStone in 2012

officer and 3 Research associates were recruited. The one program officer is responsible for 2 districts except for Motihari there is one Program officer because of the number of KGBVs are more in Motihari than other districts. The training associates are based in districts headquarter and they are responsible for the assigned district (In Motihari there are 2 training associates), similarly the training associates are also based in district headquarter and responsible for 2 districts. The key project staffs were trained on Emotional resilience with special focus on concept and session practice by senior team member and Country Manager.

2. Training of KGBV teachers: The training of KGBV teachers was completed in all five project districts including Darbhanga, Madhubani, Samastipur, Motihari and Vaishali. Total 103KGBVs were covered in five project districts and 190 teachers were trained out of 206. The project aims to train two teachers from each KGBVs and which was conducted in two different batches (batch 1st for class 8 and batch 2nd for class 6& 7). The training was facilitated by well trained team of trainers consistsof Training team leader, Programofficers and Training associates. The duration ofresidentialtraining program was 4 days and themajor topics covered are; character strength, goal and planning, awareness and management of emotion,communication, conflict resolution and problem solving etc.



The govt/BEPC officials from state and district level were present during the teacher's training in Vaishali district. Following are some important comments made by govt officials while they were addressing the KGBV teachers during the training.

Address by Dr. Archana Verma, State Program Officer (KGBV, BEPC): During the address the SPO said thanks to the Corstone and IDF for initiating such type of interventions in KGBVs and targeting the adolescent girls from the marginalized sections of the society. She encouraged teachers to make sure that what you have learned through this training program needs to be implemented in KGBVs during your regular session with girls.

Address by Mr. Ajay Kumar Singh, District Program Officer (Vaishali): He said, thanks to the Corstone and IDF for their effort and organizing training on Emotional Resilience. By addressing the teachers he indicated that the role of teacher is very important throughout the implementation process of Girls First project. He also encouraged teachers by saying that the changes could be seen in girls after conducting some session. I must appreciate the teachers who are staying in KGBVs without family and still they are performing their responsibility

Reflection of some KGBV teachers attended the training program.

“Before coming for training I was just blank and hesitating to come. Now I realized that it was good decision to come and I have learned so many new things.”

“We all are staying here as a family and never faced any problem here. I have learned new things here which I have heard before but never used in my life. Thanks to IDF and Corstone for organizing such type of training program.”

“One teacher from Darbhanga district was quite sick on first day of the training despite her sickness she came to attend training on second day after taking some medicines and she informed the group that I was quite sick and my family member suggested me to leave the training and come back home. But I am still determined and this subject is quite interesting to me and this is an opportunity for me to learn new things so I decided not to go home I will continue training.”

3. Session start up in KGBV: After the completion of teachers training of KGBV teachers in project districts, the teachers have started conducting sessions for girls in their schools. The training material was provided to all KGBV schools for session start up. Based on the observation by training team, initially the teachers were not very confident in facilitating session, as this is very new concept for them. The Corstone training team is on the ground and visiting each KGBVs to monitor and helping the teachers to facilitate the session start up. The training team observed that the



teachers are more involved and comfortable after conducting first session. In Vaishali district, out of 16 schools, 12 schools have started sessions, similarly in other districts sessions are being conducted under close monitoring by training team and teachers are getting familiar with different facilitation skills.

An observation by training associate: *In KGBV Mahua of Vaisali district girls were participating actively during session 3rd (class VIII group) where the teacher was facilitating the session on character strength and they were very curious to know about 24 character strengths. During the session teacher was also using technique of reflective statement and holding her group nicely.*

The overall finding of session start up is; some teachers are doing very well while conducting session with girls and on the other hand some are still hesitating. Most of the girls in KGBV are very fond of the Girls First program which is something very new experience and exciting for them.

4. Target Group - We estimated that there would be 90 girls per KGBV based on official records. However, it turned out that there were only 78 regular girls present per KGBV on average. Thus we were only able to reach 8,080 girls out of 9,000 despite exceeding the number of schools targeted.



5. Initial and follow-up trainings for Training officers and Teachers - We

conducted initial resilience training with 191 teachers during 18 regional trainings of 4 days each. We then conducted 10 regional follow-up resilience trainings.

6. Resilience groups for KGBV girls with monitoring and oversight conducted by TOs-

Based on delays and the school calendar, the resilience and health curricula were shortened to 15 resilience sessions and 8-10 health sessions (8 for 8th standard; 10 for 6th and 7th standards). We have completed an average of 10 resilience sessions thus far and expect to complete all 15 resilience sessions in all schools prior to the end of the school year.

7. Health groups for KGBV girls with monitoring and oversight conducted by TOs -

As the delayed start has rendered it impossible to conduct all sessions, we have decided to prioritize completion of all resilience sessions prior to beginning the health sessions. Girls will complete the full resilience curriculum and then move on to conduct as many health sessions as possible in the remaining time. It should also be noted that the districts vary in progress (ex: Madhubani KGBVs have completed an average of 7 sessions), while others are doing much better (ex: Motihari KGBVs have completed an average of 10 sessions). Generally, these differences are due to distance (remote areas that are difficult to visit/mentor), schools that started later or have fewer teachers.

8. Quantitative impact assessments -

We selected a random sample of 25 schools and conducted baseline assessments at all 25 schools. We have also conducted mid line assessments in these schools. It should be noted that one of the selected schools that conducted baseline ended up not having any teachers to be trained on the curriculum. Therefore, this school will not be included in the midline or End-line. For class VIII we have completed end line only since we could not conduct the health sessions.

9. Process research -

Although we began by using the method of participatory action research in order to assess, understand and adjust our processes, we soon realized that we should use more targeted data collection tools that had quantitative as well as qualitative methods.

10. Assessments: For instance, we have found:

- a) Average age: 11.9 years
- b) Father's occupation: 45% laborer, 22% farmer, 36% other
- c) Mother's occupation: 63% housewife, 13% farmer, 25% other
- d) Average father's education: 6th grade
- e) Average mother's education: 3rd grade
- f) % girls with the following assets at their homes or owned by their families:
 - i. Electricity: 54%
 - ii. Toilet: 23%
 - iii. TV: 21%
 - iv. Mobile phone: 93%
- g) 22% of girls are worried that their families would run out of food.
- h) 26% of girls are worried that their families would lose their homes

Attitudes:

- a) 28% would rather have a son than a daughter when they have children
- b) 39% believe that only men should work outside the home
- c) 36% believe that there are times when a woman deserves to be beaten
- d) 35% believe that if a girl's parents want her to get married before age 18, she should just go along with it

From a preliminary analysis, the situation is much poorer in KGBV than the situation of a girls' parents in regular government schools. For example, In our earlier studies in regular government schools we found educational status as follows;

Fathers have completed 9th Grade and Mothers have completed 7th Grade as compared to the parents of the KGBV schools where fathers have completed 6th grade and mothers have completed 3rd grade. Additionally, 58% of girls in regular government schools have a toilet at home and 57% have a TV (compared to 23% and 21% for girls in KGBVs, respectively).

F. Project Impact

1. How does Girls First impact girls' emotional, social, physical, and educational wellbeing -

Although, we do not have indications of how/how much Girls First impacts girls' wellbeing through our quantitative/qualitative impact data collection, we do have data gleaned through the action research component of the program. What follows is a summary of what we know about the impact of the program thus far:

- i. At a number of schools, teachers and principals have reported that student's dropouts have reduced. This is reported to be because girls now understand the value of continuing their education and advocate to their parents to let them continue in school. A number of girls are now advocating for their sisters to enroll at the KGBVs as well.
- ii. Many of the teachers have reported that they enjoyed the resilience training and it has created positive impact in their life also and resulting in behavioral change.
- iii. Overall, teachers report that students are really enjoying the sessions and are quite engaged. There are a number of schools where teachers are not very motivated and this may be due to the fact that age appropriate learning's has not been found. The girls are low in academic level. We anticipate that the programs may be less impactful. This is reflected from the fact that, some girls have had trouble in internalizing the concepts. We are planning to use this information, combined with the quantitative and qualitative data to improve the curriculum and the teacher supports/trainings for next year.



2. How well can Girls First be delivered in KGBVs, given current resources and logistical constraints, and what is needed to improve the quality of program delivery in the KGBV setting -

As noted above in the final bullet point, although there are a number of successes so

far that indicate that Girls First *can* be conducted well in KGBVs, there are also a number of major challenges that have arisen that have at times hindered this success. Some conclusions that we can draw from preliminary analyses of data from the action research component of the program.

- i. Overall, the program has been delivered at an adequate level in the current KGBVs, with a number of successes. Despite many challenges and difficulties, there are many schools and case studies where the program has done remarkably well. Based on the experiences, things can be capitalized for the upcoming years.
- ii. Most girls at KGBVs have academic level; at times, far below their grade level. This is particularly true for girls entering Class VI, as this is the first grade level in KGBVs. Many of these girls have never attended school before or have only attended for a short tenure and are dropped out. Thus the levels of literacy and understanding of concepts are at best unpredictable, and at worst nearly non-existent. In order to improve the quality of the program in this case, it would be important to slightly revise the curriculum, simplifying concepts and ensuring that activities and exercises do not require children to be literate.

- iii. Some teachers have engaged differently with the curriculum than we expected, owing to the different structure of their time with children vs. the structure of teachers' time with students in the regular government school system. For example, in KGBVs the time that teachers have with students is more flexible and less limited. They are more able to teach what they feel is most necessary without the burden of class periods or other rigid syllabi. Thus, teachers at times have conducted sessions more than once



or more frequently than advised if they feel that girls want to have group more frequently or have not quite understood the previous session. In order to capitalize on this desire for more sessions and engagement, it will be important to add a set of optional exercises to the curriculum to be used if teachers and students have extra time and interest, or to use to reinforce topics if teachers feel that students have not understood.

- iv. There are some KGBVs where no teachers are available to conduct the program, despite official records to the contrary. In these cases conducting the program is not possible without hiring external teachers or facilitators. Although there is a minimum number of teachers that are required to be at each KGBV, we have found a number of schools where there were no teachers present (only the Principal/Warden, who is generally not in a position to conduct Girls First given her other responsibilities), or where teachers were transferred elsewhere during the program, leaving no teachers at the KGBV. In these cases, unfortunately the program simply cannot be conducted without hiring external teachers/facilitators.

In summary, the challenges that we have faced in KGBVs are relatively widespread. We would estimate that 35-40% of teachers are at a lower level than we expected; 60-65% of students are at lower level than we expected; 5-7 % KGBVs have no teacher available; and 20-25% of schools have fewer than the required number of teachers.

G. Challenges

As we conduct the program in KGBVs in even more remote districts in the next phase of the project, we will likely face a higher prevalence of each of these challenges. For this reason, the changes that we enumerate below will be standardized/ implemented across the board, such that schools with any combination of these challenges should be able to implement the program. Note that the changes that will be made will not impact accessibility for schools with few to no challenges.

H. Major challenges:

- The project was started late due to unexpected delay in signing MoU from govt end. This delay has an impact on project time line and created additional pressure to cover many activities in very tight time line.
- In some schools teachers are not enough and it was difficult to train two teachers from those schools.
- The one KGBV is located in one block and to conduct session in KGBV the team has to visit one block to another to cover one school. So there is lot of travel within the district.
- There were some issues which we came across while conducting consent process and baseline assessment in KGBVs. One of the major constraints was the geographical stretch of the given 25 assessment blocks which were logistically difficult for us to reach across all the five districts.
- During baseline assessment many of the KGBVs the Std. 6 girls were not able to properly understand the questionnaire due to ability to understand many of the Hindi words mentioned in the questionnaire. So, PFs had to give a lot of examples to make them understand what the questions mean. Some wardens indicated that many of the girls who have even not taken school education before are given admission into the KGBVs and those girls mostly face the issue of not understanding the even the 6th std. school curriculum.
- Many girls registered in these KGBVs were not present there at the time of assessment. They had gone to their homes for holiday or some personal reasons. This is one of the reasons that the team was not able to cover all the registered girls under these 25 KGBVs for baseline assessment. The team could only cover the girls who were present in the KGBV at the time of consent and assessment process. It was found that the details regarding the registered students in each std 6th, 7th and 8th was quite different than what we earlier received from KGBV officials in the particular districts; especially the number of students in class 6th has drastically increased compared to the earlier data.

I. Other Learning

1. Teacher support and mentorship activities - such as residential teacher trainings, session supervision visits, and refresher trainings - are critical for the success of the program, particularly when conducted on a large scale where teacher capacities may vary widely.

2. Training Officers (Master Trainer) must have standard processes to follow that allow them to troubleshoot the major problems that will come up at a school.
3. As we move towards remote areas, more intensive training is necessary for staff that will support teachers. Additionally, as we scale up, finding Training Officers at an appropriate level of knowledge and capacities who are able to travel or be based in remote districts becomes an extremely difficult and challenging. Thus in order to scale up the program, we will need to hire the best available personnel but remain aware that they will require more intensive training and handholding, particularly as we reach out to more and more remote areas. Similarly, monitoring procedures will need to be simplified, streamlined, and accessible to Monitoring Officers or other monitoring staff with lower capacity levels. For the next year, we are planning to implement a more extensive staff training program in order to be able to work with available human resources. Lastly, we will need to set realistic performance expectations and program outcomes for the most remote areas, which due to the above challenges will likely impede intervention impact.
4. Continued and more intensive engagements with District Gender Coordinators (DGCs, who are responsible for KGBVs in each district) is a key to the success of the program as we scale up. In the past year, there have been a number of DGCs who have highly supported the Girls First program and have supported us in overcoming logistical problems. As we scale up, we will aim to create DGC champions in each district that we enter.

J. Conclusion:

The Girls First program has been implemented successfully in the KGBV schools of 5 districts and had a positive impact on the girls and their teachers inspite of the challenges faced. The girls found the program relevant to their lives and the most teachers were interested in conducting the program. The DGC's and state officers of KGBV have been very supportive with the implementation of the program

Project Title	:	Addressing Kala-Azar, Health and Sanitation issues in North Bihar
Funder/Support Agency	:	CAF India
Starting date of the Project	:	15th May 2010
Coverage	:	District- 2 (Muzaffarpur and Vaishali) Block-3, Panchayats-07, Villages -12
Population	:	Direct: 24000, Indirect 24000
HR Involved	:	Project Manager - 1 Field Staff – 3 Block Coordinator – 1

A. Project background

The Ravidas, Paswan and Mushar communities of Bihar are traditionally the worst sufferers from Kala-azar as their habitations lie close to sandfly habitats as cow dung and faecal matter. It is a huddling of humans and animals that has turned them vulnerable.

There is a general lack of awareness on the long drawn treatment regimen and with medication remaining available only at distant District Health Centers aggravate the problem.

Scope of the Project:

The project was to spread awareness on Kala Azar in 12 villages of 07, panchayats in Three blocks of, Muzaffarpur and Vaishali districts. covering a population of 24,000 directly and 24,000 indirectly. The project manager, three field staff and one block coordinator used information and education communication 'IEC' strategies to educate the community on the symptoms of the disease to raise community ability to identify symptoms, access early diagnosis and avail of timely treatment in three districts of North Bihar. The project goal was to reduce the incidence Kala-azar cases by 80% in fifty four target villages of three districts in north Bihar by 2015.

B. Activity and output

1. Twelve focused group discussions were held with two hundred and eighty two people (35% of them female) from nine villages for social disease mapping. Most of the participants being members of the panchayati raj institutions (the institutions of local self governance) as ASHAs anganwadi workers AWW/'s, the auxiliary nurse and midwife 'ANM', members of self help groups 'SHG', social leaders and beneficiaries. The outcome could be seen as an improved rapport with the community coming of the disease mapping and the social village mapping leading to an increased understanding as 'knowledge, attitude and practice' and 'health seeking behaviour' in cases of Kala-Azar within the community. The community was then made aware of government entitlements and services as treatment facilities available to those affected by kala-azar and the need for a nutritious diet for those affected. On an average 25 community members attended each of the twelve focused group discussions held with nine village communities and 35% of these were women who were part of the machinery for national self governance. The elected members of panchayati raj institutions along with their frontline workers as the ASHA the anganwadi worker AWW, auxiliary nurse and midwife 'ANM' self help groups 'SHG', key community members joined the recovered Kala-azar patients and a patchwork of people from all sections of the community present at the community meetings. It was seen that malpractices impacted health service delivery and nutrition awareness was limited with little emphasis laid on common illness and sanitation; The FGDs made it clear that the community had little or no awareness on Kala-azar, the usual practice with a case of kala

azar was to go to the public health center PHC which provided neither regular medicine nor services; The treatment of kala azar is expensive and can turn a burden to the family;

2. A mobile van was used to build community awareness through audio messages, and posters - A community screening for kala azar through health camps, 528 people examined at 27 two day long health camps organized with the support of a Doctor, ANM & lab technicians in 12 villages. The RK-39 kit helped was used to verify 122 suspect cases of kala azar who were then referred to the primary health centre for reconfirmation and treatment. The two day health camp was used to raise awareness in the community on prevention and treatment measures for Kala azar. The first day of the camp had audio and poster promotions on Kala azar and the health camp. The doctor, ANM and lab technician were involved in the camps and the doctor made people aware of Kala-azar and had them undergo a health checkup. Thirty nine suspect cases were given the RK-39 test. The camps helped build relations with the line departments of the government in panchayati raj institutions that led to an assurance of support for program implementation, as ideas were exchanged.

3. Referral Services: A key component of the project was the referral services through which 16 suspected cases were identified and referred to the primary health centre after the RK-39 test. The cases referred to Mushahari PHC in Muzaffarpur and Jandaha PHC in Vaishali are being tracked with follow up visits being done. We have ensured that kala azar patients get proper and complete treatment. The PHC has recognized the efforts under the project in tracking down kala-azar cases. Four Kala-azar patients have been undergoing treatment in the PHCs (4 in Mushahari PHC, Muzaffarpur,). Tracking and follow up of new and existing Kala - Azar cases is continuing. Four cases of Kala Azar have been traced tracked and followed up by field level project staff. A patient suffering from Kala-azar needs special attention and nutritional food supplement to recover from their illness. Through community meetings and home visits, awareness is being raised on the nutritional component. The patient is advised to increase the intake of food rich in fibre and iron.

4. Community Meeting - There was active involvement of of the PRI/ ASHA/ AWW/ SHG/ Social Leaders in the 48 community meetings conducted across 12 villages and 924 children from 12 schools were oriented on the nutritional components.



5. Organizing Street Plays: Street Plays has been organized in 12 village . After conducting 12 units of street play, approx 3600 people are aware about the Kala-azar with the knowledge of facilities provided by the government, what are the symptoms of kala-azar. People are sensitized about the curable technique of Kala-azar.

6. Kala-Azar Entitlement Information Board - Information Board on Kala-azar has been installed in 12 village. Messages like how to detect the disease, treatment facilities provided by government, precautions need to taken care, are written on both side of the board. (Size-"5*4"). Awareness raised on services and facility



provided by the Government and access of these services has been also increased, once it get diagnosed with Kala-Azar.

7. Hand-Overing of 12 Old Operational villages - 60 meetings (minimum 4 meeting in 12 villages) with Kala-azar Nigrani Samiti was held. Status sharing of Kala-azar with Nigrani Samiti The Kala-azar Nigrani Samiti share status with PHC. In this quarter through ASHA and ANM 6 suspected cases has been refered to the PHC for further treatment.

8. Quarantine methods- Fogging was conducted in 12 intervened villages. Cleaning of drainage and use of bleaching powder solution. Support to the government on the DDT round. There would be a reduction in the cases of kalaazar in comparison to the non intervened villages. Hygenic environment and control of mosquito attack. Control on mosquito breeding.

C. Project Outcomes

- i.** There is an increased community awareness on nutrition linking health to green vegetable, diversified foods, etc. in cases of Kala-azar covering nearly with nearly 486 community people has attended the meeting. A positive change in food intake behaviour has been reported in the community and among Kala-azar patients in particular.
- ii.** Stakeholders as PRI members the ASHA, AWW, SHG members and key community members informed on nutrition are now educating Kala Azar beneficiaries and 653 children from 18 Schools were oriented on issues related to nutrition. The community also got involved in spraying bleaching powder and the fogging to control the sandfly menace.
- iii.** As part of the IEC double sided information boards on Kala-azar were installed in 18 villages and 6 primary health centres. They focused precautions to be adopted for prevention and the symptoms to ensure early detection with details of assigned treatment facilities
- iv.** There were 12 street plays conducted in as many villages involving 1800 people it proved the best tool to raise the awareness on the Kala-azar.
- v.** One hundred and forty nine community discussions were held in 12 villages on the preparation of healthy and nutritious food with panchayati raj members ASHAs, AWWs, SHGs, social leaders, community members, etc., as key participants. Meetings were also held in 39 schools and solutions to village health problems also came off these discussions. Another outcome was the formation of an institutional structure for planning and implementing the WASH in 18 Villages
- vi.** Regular discussions are now held as formal meetings of water and sanitation committees. There were 12community members in 18 villages oriented on health and hygiene with 1,008 children of 18 Schools sensitized on health & hygiene issues. 864 children from 18 schools have been sensitized on health and hygiene issues

Name of the Project	: PAHEL: Towards Empowering Women
Supporting Agency	: CEDPA India
Coverage	: 38 Panchyats of 2-Blocks (Minapur & Gaighat) in Muzaffarpur
Pop covered	: Direct: 288 Elected Women Representatives (EWRs)
Indirect	:1,25,000 (Approx)
HR Involved	: Project Coordinator-01, Field worker-06, Data Operator- 01

A. Background:

Bihar, for various factors, remains vulnerable on social developmental indicators in comparison to other states across the country. The efforts for improving indicators particularly related to health, population and development had been full of challenges. A number of factors played role in the low status of health in Bihar and poor health infrastructure & service delivery system is one of them.

To improve the health status in India including Bihar, a dynamic programme called – National Rural Health Mission (NRHM) was launched in 2005. In NRHM, thrust was given to provide effective health care to the rural population, especially the disadvantaged groups including women and children, by improving access to health services, enabling community ownership and demand for services, strengthening public health systems for efficient service delivery, enhancing equity and accountability and promoting decentralization.

For utilizing the scope of enabling community ownership, there was a felt need of building capacities of community and local self-government. Center for Catalyzing Change previously CEDPA India with the support of The David and Lucile Packard Foundation through PAHEL project seeks to improve the reproductive health outcomes of women and children in Bihar by enhancing the leadership skills and competencies of Elected Panchayati Raj women representatives (EWR) of different tiers by joining hands with NGOs. At Muzaffarpur district Integrated Development Foundation (IDF) got an opportunity to implement PAHEL project in Minapur and Gaighat blocks with the kind support of CEDPA India.

B. Project focus:

The National Rural Health Mission has been launched in 2005 with the focus of ensuring better health facilities & services, so that health indicators can be improved. Though changes have been noticed but there are some gaps at community and service provider level.

Therefore, it is important to address these gaps and focus on the leadership potential. The proposed project aims at capacity building of the leaders / Elected Women Representatives (EWRs) of different tiers of Panchayati Raj Institution for the effective implementation of family planning and reproductive health services.

The Pahel project covered 38 panchayats in the administrative blocks of Minapur and Gaighat, in Muzaffarpur district. The project directly reached 288 elected women representatives and indirectly around 1,25,000.

C. Goal

To strengthen the voice, participation, leadership and influence of Elected Women Representatives (EWRs) in decision making in panchayats to bring about social change in areas that affect women particularly reproductive health/family planning (FP/RH) and girls education.

D. Objective

The objectives of the project are:

1. Strengthening leadership quality of Elected Women Representatives (EWRs) to improve Panchayats Accountability in Health and Education.
2. To ensure health services / facilities for women and children with the facilitation of capacitated EWRs.

E. Activities

1. Cluster Meeting / Mahila Sabah - The Elected Women Representatives (EWRs) of targeted panchayats in both working blocks i.e. Minapur & Gaighat held Mahila Sabhas at cluster level on quarterly basis. Altogether 18 such meetings were held. In those meetings they shared all about changes within themselves, their families and community/ society. Apart from it, they were oriented on PRI systems, importance of Gram Sabha, regularizing Monthly meeting of Executive Committee by Mukhiyas, Education Committee, proper use of untied fund, NRHM, Facility on AWC, HSC & PHC importance of Girl's education, health services, government programmes/schemes and provisions etc. To make the programmes effective, different types of IEC were used. Apart from Mahila Sabha, EWRs of targeted panchayats held their meetings at panchayat level on monthly basis which made them more responsive and raised their confidence level. This monthly meeting provided them a platform to share their learning & experiences during taking initiatives, findings of VHND, ICDS centers, health facilities, school related issues etc. among themselves and also helped in taking common decision to counter the health and education related problems along with other social issues. Health worker and other facility workers also participated in it as a result common understanding developed and corrective measures were taken to fulfill the gaps.



2. Pictorial Checklist filling & IVR calling - Filling Checklist is an important activity of this project. The basic objective of filling Health & Education checklist is to have information on health facilities on VHSND Site, Health Sub centers and Primary health centres and related schemes and programs. Whereas education checklists were filled to have information on education facilities, system and related schemes and programs. In the 3rd Phase pictorial checklist was introduced to feel confident by the EWRs especially those who are illiterate. Checklist got filled as per pre decided strategies and compiled data was shared with C3. The EWRs made the IVR call and shared the gaps related to health facilities.

3. Block Level Workshop: After analyzing the data its findings were shared with the concerning officials at both the blocks along with other stakeholders. These sharing meetings made possible to develop cooperation and cooperation among stakeholders and to bridge gaps in existing service delivery and improve its quality.



F. Project Output and Outcome: 7 staff were oriented under the project to execute and monitor it properly. The EWRs of 38 panchayats were oriented on pictorial checklist filling and IVR (iShakti) calling. 232 health checklists and 114 education checklists were filled and findings were shared through IVR. EWRs of 38 panchayats are using IVR as an information pack.

G. Project Achievements:

EWRs of 15 panchayats regularized the bi-monthly meeting at their panchayats where as Gram Sabhas were regularized at 38 panchayat by their initiatives. After sharing workshop at block level all Health Sub Centers became functional and health services got improved at Gaighat block. The EWRs ensured the proper utilization of untied funds in almost all panchayats.



H. Project Challenges:

Over the period the faced challenge was that schools were not having data in a proper way and it was difficult to get proper information.

I. CASE STUDY

INITIATIVE BY A WARD MEMBER

Loma is one of the flood affected panchayat of Gaighat block. It is situated in North at the distance of 12kms from block head quarter. Its population is dominated by SCs and followed by OBCs. Apart from these communities General Caste also residing here. The condition of basic services is not up to the par at this panchayat. Mr. Manoj Kumar Sahni is the Mukhiya of this Panchayat.

Mrs. Meera Kumari is residing at village Jaya in the said panchayat. She is matriculate and Ward Member of Ward No. 12. Before inception of PAHEL project she was least aware about untied fund, VHSND, Government Schemes & provisions etc. After getting training, she become aware about the health system, three tier system of PRI, gender, NRHM, Leadership, Government's schemes & provisions etc.

After that Mrs. Meera Kumari started taking initiatives to mobilize the community as well as other PRI members on different issues i.e. health & hygiene, immunization, education, right age of marriage, to avail the benefits of government schemes & provisions etc. Now she is so conscious that always attends meetings called by the panchayat or other departments and convinces others for the same. She is the Adheyakcha of Government Middle School, Jaya. At school there was development fund which was unutilized. She took the initiatives and called the meeting of Village Education Committee. In that meeting decision was taken for construction of new building as there was problem of rooms for students. Finally school building was constructed and she monitored it. Apart from it a handpump was also installed at the Mahadalit tola in Jaya. She helped the community members in getting Old Age pension, Indra Awas Yojana, Birth & Death Certificate etc. When she was asked how she feels in doing these works. She replied, "***Janta sab isee leye to hum ko ward member banaya hai. Hum ko unka kam karke khushi milta hai. Koi gareeb ka kam ho jata hai to issee badh kar aur achha bat keya hoga.***"

**Receipt and Payment
FY 2015-2016**

Receipts	Total Amount	Payments	Total Amount
To Opening Balance		By Training/Capacity Building	5739711.27
Cash in hand	29530.74	By Orientation	885050.00
Cash at Bank		By Disaster Risk Reduction/Mitigation	2796716.00
State Bank Of India Patna-IDF Main A/c	866865.34	By Need/Base Line Assessment/ Increase Food and Income	342570.00
	5559815.26	By Direct Action in Community/ Mobilization/ Cluster Level Cord	5520255.00
State Bank Of India Patna-CLP	9628.00	By Water Sanitation and Hygiene (WASH)	1476246.00
State Bank Of India Muzaffarpur-FCRA	8025.00	By Emergency Food Security and Vulnerable Livelihoods	76920.00
State Bank Of India Muzaffarpur-CLP	512.00	By Advocacy and Networking	94108.00
State Bank of India-Muzaffarpur	1597.18	By Awareness Building	3365398.00
State Bank Of India Hazipur -FCRA	212374.50	By Stakeholder Meeting	0.00
State Bank Of India Samastipur -FCRA	13818.50	By Solidarity Events	419576.00
State Bank Of India Chaibasa-FCRA	300647.00	By Promote open defecation free (ODF) communities	688262.00
State Bank Of India CKP	4598.00	By Project Monitoring, Evaluation & Learning, Review Meeting	754236.00
State Bank Of India Ranchi	367693.40	By Workshop/Seminar	214980.00
State Bank Of India Rajkharwan	136878.00	By Support awareness and demand creation interventions	1134141.00
Union Bank Of India	4595.00	By IEC/ Material Printing	532484.00
Bank of Borada,Patna	98824.50	By Capital Input/Revolving fund/	0.00
Palamu Kshtriya Gramin Bank	3120.00	By Livelihood Promotion Initiatives	1570402.00
To Plan International (INDIA)	11336000.00	By Promote adoption of improved hygiene behaviour	511034.00
To Lutheran World Relief	9021601.00	By Implementation Support, Operational and Admin Cost	2965053.46
To Lutheran World Relief-DMEL Workshop	102202.00	By Program Support	2151088.30
To Oxfam India	1875000.00	By PERSONNEL / Honorarium and Remuneration	2980670.00
To Population Foundation Of India	1013327.00	By Salaries and Benefit	9965963.53
To CEDPA	210618.00	By Assets (Anexure-2)	257090.00
To Geneva Global	4745708.00	By Bank Charges	11043.50
To IPAS Development Foundation (IDF)	342354.00	By Payable	375239.00
To Corstone	2420393.00	By IDF FCRA	52470.45
To UNICEF ,Patna	6562066.00	By TDS	462649.00
To CAF India	1506263.00	By IDF-Head Office (Main Account)	0.00
To Global Sanitation Fund-M/S NRM C Pvt Ltd	4626486.00	By Staff Welfare /FRINGE BENEFITS (PF)/Deties and taxes	246795.62
To Corstone India Foundation	80735.00	By Corstone-Girls First	189425.24
To Caritas India	48779.00	By MHH UNICEF	223568.00
To Plan Vaishali -Old Project	9887.00	By GSF Project	51185.00
To Membership Fee	9000.00	By GG Project	1340.00
To Photocopying	65946.00	By Bihar Public Expenditure Tracking Survey PFI	22600.00
To IDF Overhead - LWR Project	10000.00	By IDF Muzaffarpur	1343.00
To IPAS	40986.27	By Oxfam India-New Delhi Balance Amount Retd	4490.00
To Miscellaneous Receipts	64339.25	By Loan & Advance	246060.00
To Geneva Global Project	189425.24	By Closing Balance	7206112.81
To Pahal Project	1343.00	Cash in hand	18921.95
To SBI- Old Account Closed	8908.00	State bank	858933.34
To IDF- Main account (Head Office)	218336.00	State Bank of India-Patna (CLP)	9733.00
TO BSDM	23700.00	State Bank of India-Muzaffarpur (CLP)	533.00
To IDF-FCRA	78211.00	State Bank of India-IDF FCRA Account	5297244.05
To IDF Muzaffarpur and IDF Hazipur (TL)	13830.00	State Bank of India-Hazipur FCRA Account	63738.50
To Donation	13973.00	State Bank of India-Samastipur FCRA Account	14376.50
To TDS Receive From Income Tax Depart	351840.00	State Bank of India-Chaibasa FCRA Account	510204.00
To Interest Recvd Against TDS Amt from IT	21110.00	State Bank of India-Muzaffarpur FCRA Account	17170.57
To Sundry Deposits	514352.00	State Bank of India-CKP	4782.00
To Interest From Main Account	90221.00	State Bank of India-Ranchi	381823.40
To Interest From FCRA	204899.00	State Bank of India-Rajkharwan	356.00
To Interest From Project Office	94792.00	ICICI Bank	20000.00
To Retd -Loan and Advance	140614.00	Union Bank of India- Silli Ranchi	4776.00
		Palamu Kshtriya Gramin Bank	3243.00
		Bank Of Borada	277.50
Total Rs	53675767.18	Total Rs.	53675767.18

Date: 26th July 2016
Place: Patna

-sd-
Manoj Kr. Verma
Director, IDF

-sd-
Niraj Kr. Sinha
Treasurer, IDF

-Sd
V. Jha
Chartered Accountant, V.Jha & co.

**Income and Expenditure
FY 2015-2016**

EXPENDITURE	Amount Rs	I N C O M E	Amount Rs
To Training/Capacity Building	5871383.77	By Plan India	11336000.00
To Orientation	885050.00	By Lutheran World Relief	9123803.00
To Disaster Risk Reduction/ Mitigation	2796716.00	By Corstone	2420393.00
To Need /Base Line Assessment /Increase Food & Income	342570.00	By Oxfam India	1875000.00
To Direct Action With Community/Community Mobilization	5988043.00	By Population Foundation Of India	1013327.00
To Water and sanitation	1476246.00	By CEDPA	210618.00
To Emergency Food Security and Vulnerable Livelihoods	76920.00	By Geneva Global	4745708.00
To Advocacy and Networking	94108.00	By IPAS Development Foundation (IDF)	342354.00
To Awareness Building	3417423.00	BY UNICEF,Patna	6562066.00
To Stakeholder Meeting	0.00	By CAF India	1506263.00
To Solidarity Events	419576.00	By Global Sanitation Fund-M/S NRM C Pvt Ltd	4626486.00
To Promote open defecation free (ODF) communities	688262.00	By Corstone India Foundation	80735.00
To Review Meeting	779552.50	BY IDF- Plan Vaishali	9887.00
To Workshop	275217.00	By Karitas India	48779.00
To Support community awareness and demand creation	1134141.00	BY BSDM	23700.00
To IEC/ Material Printing	532484.00	By Donation	0.00
To Capital Input/Revolving fund	0.00	By Membership Fee	9000.00
To Livelihood Promotion Initiatives	1570402.00	By Photocopying	65946.00
To Promote adoption of improved hygiene behaviour	511034.00	BY Misc. Receipts/Contribution/Income	73247.25
To Implementation Support,Operational and Admn Cost	3072283.29	By IDF Overhead - LWR Project	10000.00
To Exposure Visit	139491.00	By Donation	13973.00
To Program Support	2270961.30	By Interest Received Against TDS Amt from IT Dept	21110.00
To PERSONNEL / Honorarium and Remuneration	3010953.00	By Interest	389912.00
To Salaries and Benefit	10148651.14	By Consultancy Charges	0.00
To Bank Charges	11043.50	By Balance Being Excess of Expenditure Over Income	1568040.87
To Oxfam India	4490.00	ie Deficit C/O to Balance Sheet	
To Staff Welfare	252485.62		
To Payable :-			
To Depreciation :			
Computer and Inverter set	64518.00		
Motorcycle	95889.00		
Printer	12122.00		
Bicycle	6483.00		
Furniture and Fixture	32558.00		
Generators	19794.00		
Telephone	143.00		
Water Filter	2485.00		
Camera	19266.00		
Photocopying Machine	20383.00		
Fax Machine	339.00		
Fogging Machine	12330.00		
Refrigator	322.00		
Air Conditioners	3098.00		
Invetor	693.00		
Handycam	1129.00		
PA System	551.00		
LCD	13908.00		
Cooler	369.00		
Fan	109.00		
White Board With stand	372.00		
Total Rs.	46076348.12	Total Rs	46076348.12

Date: 26th July 2016

Place: Patna

-sd-

Manoj Kr. Verma
Director, IDF

-sd-

Niraj Kr. Sinha
Treasurer, IDF

-Sd

V. Jha
Proprietor
Chartered Accountant, V.Jha & co.

Balance Sheet
FY 2015-16

Prvious Amount 2014-2015	LIABILITIES	Total Rs.	Prvious Amount 2014-2015	ASSETS	Total Rs.
8324438.52	Surplus B/F From Income & Expenditure A/c	8324438.52	40944.00	Computer ,UPS and Inverter set	40944.00
	Add: Surplus during the year	1834808.12		Add:-During the Year	66450.00
	Less: Defit During the year	2667022.99	7405.00	Less : Depreciation 60%	64518.00
	Less: Defit Previously the year	0.00		Printer	7405.00
		7492223.65		Add:-During the Year	12800.00
5000.00	Auditor Remuneration	5000.00	412772.00	Less : Depreciation 60%	12122.00
	Community Revolving Fund			Motorcycle	412772.00
234117.00	Palamu	234117.00		Add:-During the Year	66690.00
413787.00	Garhwa	413787.00	32414.00	Less : Depreciation 20%	95889.00
178048.14	Youth First -Corestone(TL)	178048.14		Bicycle	32414.00
	IPAS Project	40986.27		Add:-During the Year	0.00
125843.14	IDF FCRA Account	355715.38	321081.00	Less : Depreciation 20%	6483.00
11099.50	IDF main Account	218357.50		Furniture and Fixture	321081.00
11183.00	IIE-IIHMR	11183.00		Add:-During the Year	4500.00
23949.00	LDOE	23949.00	131953.00	Less : Depreciation 10%	32558.00
15558.00	MTF Compaingn	15558.00		Generator	131953.00
45577.26	IDF Vaishali/Plan Chaibasa/LGBB/IDF Muzaf	58064.26		Add:-During the Year	0.00
9198.00	Water Aid-EPB	9198.00	1429.00	Less : Depreciation 15%	19794.00
21394.73	IPAS Project	21394.73		Telephone Set	1429.00
324015.50	IDF-Non FCRA Account-Main	324015.50		Less : Depreciation 10%	143.00
	Payable at :-			Air Conditioners	41300.00
9460.00	Office Rent	9735.00	24842.00	Less : Depreciation 15%	3098.00
140816.50	Travel/Mobilit/ Logistic and coordination & TravelCost	213389.50		Water Filter	24842.00
556318.50	Honorarium/Salary/ Fringe Benefit	586374.50	127307.00	Less : Depreciation 10%	2485.00
40421.00	Cluster Level Coordination/Community Mobilizer	40421.00		Camera	127307.00
6000.00	Workshop -Women reservation Bill	6000.00		Add:-During the Year	65350.00
900.00	Awarness Building-Mahalaxmi Sweets/Conduct awareness drives at community level	900.00	135883.00	Less : Depreciation 10%	19266.00
2095.00	To Emerency Kit -Rakesh Mohan against payment to Gaurav ranjan	2095.00		Photocopying Machine	135883.00
	Coordination and supervision to review & support Promotion of behavioral and adoption practices	454788.00		Add:-During the Year	0.00
	Tab Based FFL IPC video shows	13000.00	2259.00	Less : Depreciation 15%	20383.00
	Monthly Review and analysis of data for MIS	15000.00		Fax Machine	2259.00
10000.00	CB for Sanitation Entitlement	7500.00	82198.00	Less : Depreciation 15%	339.00
23600.00	Diarrhea Study	10000.00		Fogging Machine	82198.00
40018.25	Impact Doc. Consultation/Phase Out	23600.00	2145.00	Less : Depreciation 15%	12330.00
	Meetings Expences for FGDs	40018.25		Refrigator	2145.00
20100.00	Audit remuneration & Audit Exp.	2400.00	4621.00	Less : Depreciation 15%	322.00
	Computer Repair & Maintainance, Data Entry	42950.00		Invertor	4621.00
57970.00	ANC /Health Camp	22300.00	7525.00	Less : Depreciation 15%	693.00
549.00	Orientation to IPC	21754.00		HandyCam	7525.00
		549.00	954.00	Less : Depreciation 15%	1129.00
525537.50	Sundry deposits	1039889.50	2202.00	Telephone Securities	954.00
116791.00	Administration/Office Exp/NGO/Indirect Cost	118111.83		P.A. System	2202.00
9800.00	Solidarity Events	9800.00	139077.00	Less : Depreciation 25%	551.00
8193.00	Telecommunication	18835.00		LCD	139077.00
1238.00	Payable at partner (Muzaffarpur)	1238.00	3690.00	Less : Depreciation 10%	13908.00
	Copying Printing & Stationery	0.00		Cooler	3690.00
4800.00	Info Boucher for PRIs	4800.00	1092.00	Less : Depreciation 10%	369.00
9800.00	Consolidation Report	9800.00		Fan	1092.00
3595.00	Zonal Meeting with Network Partner	3595.00	3715.00	Less : Depreciation 10%	109.00
	Health Checklist data Collection	4500.00		White Board With Stand	3715.00
	Organising mahila Sabha Meeting of EWRs	13970.00		Less : Depreciation 10%	372.00
	Block Level Meeting of EWRs with Health Dept	828.00	271939.400	Loan and Advances	
3.00	Training of EWRs /Kalazar NS/ School Disaster	3.00	5795.00	IDF FCRA	314522.85
	Workshop-Document the Learning, Impact	3012.00		Pahal Project	4452.00
119159.26	Duties & Taxes	185566.87	21491.73	Corestone -Girls First	189425.24
44102.00	Documentation /Stationery/Photocopying, etc	66282.00		Dan Church Aid	21491.73
	Office Rent ,maintenance, Electricity Gen	28647.00	17034.00	Oxfam Project	0.00
21000.00	Nukkard Natak	21000.00		GSF	68219.00
21550.00	Follow up and Hand Holding Activities	3000.00	1867.00	Bihar Public Expenditure Tracking Survey -PFI	22600.00
				Plan CCCD (Loan from GG Project)	1867.00

26558.00	Health and Hygiene Promotion and sanitation		5330.00	Plan CCCD-Project Chaibasa		5330.00
28452.00	Nutrition Information			CAF Project		155088.00
5500.00	Referral Service to be encouraged		155088.00	NFI Project		37300.00
500.00	Participatory Planning		37300.00	Simavi		10000.00
	Contingencies	2043.00	10000.00	Care snehal		990.00
	Academic Research Prevalence	7600.00	990.00	JTDS		168927.00
	Training to School Teacher and SMC on Gender and Girls Child Right for Education	120337.50	168927.00	GG		1340.00
	Quarantine Method	4020.00		Unicef		249006.00
4123.00	Social & Disease mapping	18000.00	25438.00	CLP		26385.00
	IEC Activity	10000.00	26385.00	Receivable from JTDS		104834.00
9859.00	Bihar Diwas- institutional support to DEOC and the Department of Hydrology and Meteorology		104834.00	Tds Receivable from IT Department		1588408.00
2449.00	Training Of LWR Partners In Bihar On Disaster Needs Assessment And Preparedness Planning	2449.00	1477599.00	2015-2016	462649.00	
50703.00	Facilitation of Data/Data Entry Operator	34703.00		2014-2015	432466.00	
20349.00	Orientation / sensitization of PRI and VCPC Mem	349.00		2013-2014	351840.00	
3552.00	Panchayat Level Events			2012-2013	353428.00	
	Monthly Review Meeting	618.50		2011-2012	73650.00	
66.00	District Level Workshop/Sensitization Workshop	57291.00		2010-2011	102034.00	
465.00	Media Workshop			2009-10	48816.00	
	Refresher training for on DMEL for LWR Partner	4200.00		2008-09	67408.00	
10898.50	Training to FLW's/Block	10898.50		2007-08	80614.00	
24539.50	To Other Sources as Temporary Loan	24539.50		2006-07	14794.00	
320.00	Bad Debts	320.00		2005-06	14289.00	
				2003-04	26745.00	
				2002-03	73849.00	
				2001-02	31600.00	
				Total	2134182.00	
				Received from Income tax	545774.00	
				Deficit C/F		
				Add Deficit During the year		
				Less Surplus C.Year		
				Less Surplus P.Year		735826.00
				Closing Balance:-		
			291889.00	Loan and Advances		397335.00
				(Annexure - 3)		
			28952.99	Cash in Hand		18718.99
			866865.34	SBI-IDF Main A/c		858933.34
			5559815.26	SBI-IDF FCRA Account		5296869.26
			9628.00	SBI-Patna (CLP)		9733.00
			512.00	SBI Muzaffarpur (CLP)		533.00
			4598.00	State Bank of India-CKP		4782.00
			367693.40	State Bank of India-Ranchi		381823.40
			136878.00	SBI Rajkharsawan		356.00
			4595.00	Union Bank Of India		4776.00
			13818.50	SBI Samastipur FCRA		14376.50
			3120.00	Palamu Kshtriya Gramin Bank		3243.00
			98824.50	Bank Of Borada		277.50
				ICICI Bank		20000.00
			212374.50	SBI Hajipur FCRA A/C		63738.50
			300647.00	SBI Chaibasa FCRA A/C		510204.00
			1597.18	SBI Muzaffarpur		
			8025.00	SBI Muzaffarpur FCRA A/C		17170.57
11725359.80	Total Rs	12744618.88	11725359.80	Total Rs		12744618.88

Date: 26th July 2016

Place: Patna

-sd-

Manoj Kr. Verma
Director, IDF

-sd-

Niraj Kr. Sinha
Treasurer, IDF

-Sd

V. Jha
Proprietor
Chartered Accountant, V.Jha & co.

Foreign Visit By the GB Members

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 2015-16 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 <i>(from 7 different projects)</i>	Director	Rs. 722322/-	Honorarium against the time commitments under different respective Projects ONLY
2. Niraj Kr. Sinha <i>(from 7 different projects)</i>	Treasurer	Rs. 478500/-	Honorarium against the time commitments under different respective Projects ONLY
3. Babul Prasad <i>(from 2 projects)</i>	Chairman	Rs. 414000/-	Honorarium against the time commitments under different respective Projects ONLY

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

Salary composition to IDF staff	Minimum Qualification	Total	Female	Male
Rs. 3000/- to Rs. 5,000/-	Minimum Intermediate	32	09	41
Rs. 5,000/- to Rs.10,000/-	Graduates	27	86	113
Rs. 10,000/- to Rs. 25,000/-	PGRD Professionals-XISS, MSW,	25	4	29
Rs.25,000/- to Rs. 50,000/-	MBA, MA in Rural development, etc....	7	1	8
Rs. more than. 50,000/-	Expertise on Community Process and mobilization. Master trainers	1	0	1
TOTAL		92	100	192

Highest and Lowest Honorarium paid and Expenses in Travel

Highest paid Full Time regular staff:	Rs. 371000/- per year
Lowest paid Full Time regular staff:	Rs. 72000/- per year

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

Name	Designation	Sex	Address	Occupation	Education
1. Mr. Babul Prasad	Chairman	Male	S/O Late KC Prasad Sita Sadan, Laxmipur Laheriasarai, Darbhanga	Social and Mgt. Services	MBA
2. Mr. Manoj Kumar Verma	Director	Male	S/O Sri DK Verma D-54 Ashok Vihar, Ranchi	Social and Devl Professional	Rural Management
3. Mr. Mahendra Pd. Sinha	Dy. Director	Male	S/O Lt. RP Sinha Kidwai Puri, Patna -18.	Social worker	MA
4. Niraj Kr. Sinha	Treasurer	Male	S/O Sri Adya Prasad Near Chotiline, Dibadih Ranchi – 834012	Accountancy	ICWA (Inter)
5. Mini Kurup	Exe. Member	Female	Mannadiel House PO Kozhuvallur District Alleppy, Kerala	Social and Devl. Worker	Rural Management
6. Ms. Vineeta Dhan	Exe. Member	Female	House No. 375 GF Surya Nagar, Ph-II, Sector-91 Faridabad -121013	RD Professional	Rural Management
7. Ms. Kiran Sinha	Exe. Member	Female	C/o Late GP Sinha (Adv) Madhukunj, North Tarkeshwar Path ChirayanTad, Patna.	Social worker/Teacher	Graduate in Sociology

Previous Projects completed

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

Supporting Agencies	<u>CONSULATE GENERAL OF JAPAN</u>	women Representative and functionaries of PRI
Duration	1 Year	Supporting Agencies <u>UNDP</u>
Area	1 Block in Patna district	Duration 4 Years
13. Project	Integrated Women Development Program	Area 5 Block of Palamu District
Supporting Agencies	<u>THE HUNGER PROJECT</u>	24. Project
Duration	1 Year	Village Micro Planning initiatives
Area	1 Block in Muzaffarpur district	Supporting Agency <u>FORCES (NOVIB)</u>
14. Project	Integrated Nutrition and Health Programme	Duration 1 Years
Supporting Agencies	<u>CARE</u>	Area 1 Block of Patna District
Duration	1 Year	25. Project
Area	2 Blocks in Patna district	Village Micro Planning initiatives
15. Project	Operation Research on A Community Based Approach to Improve Utilisation of Health Care Services in Favour of Women Reproductive Health	Supporting Agency <u>UNICEF</u>
Supporting Agencies	<u>UNICEF</u>	Duration 1 Years
Duration	4 Year	Area 1 Block of Patna District
Area	1 Block in Patna district	26. Project
16. Project	Stree Shashaktikaran, A Dalit women targeted Project	DEEP
Supporting Agencies	<u>ACTION AID</u>	Supporting Agency <u>WDC, Gov. of Bihar</u>
Duration	1 Year	Duration 4 Years
Area	1 Block of Madhubani District	Area 2 Blocks of Patna District
17. Project	Gram Swaraj Abhiyan	27. Project
Supporting Agencies	<u>ACTION AID</u>	MNSY
Duration	1.5 Years	Supporting Agency <u>WDC, Gov. of Bihar</u>
Area	2 Blocks of Garhwa in Jharkhand	Duration 1 Years
18. Project	SWASHAKTI	Area 2 Blocks of Patna District
Supporting Agencies	Jharkhand Women Development Societies	28. Project
Duration	3 Years	Adolescent Reproductive Health
Area	1 Block of Ranchi District	Supporting Agency <u>NFI</u>
19. Project	Child Care and Immunization	Duration 7 Years
Supporting Agency	<u>FORCES (NOVIB)</u>	Area 4 Blocks of Palamu District
Duration	1.5 Years	29. Project
Area	1 Block of Patna District	Sustainable action of Community and Reproductive Health
20. Project	Prachar Project	Duration 7 Years
Supporting Agencies	<u>PATHFINDER INTERNATIONAL</u>	Supporting Agency <u>Simavi, The Netherlands</u>
Duration	5 Year	Area 2 blocks in Patna District
Area	2 Block in Patna district	30. Project
21. Project	BCC on Safe Abortion	IRAC – for RH Network
Supporting Agency	<u>IPAS</u>	IIE
Duration	3 Yrs	Supporting Agency
Area	4 blocks of Patna district	Duration 2 Years
22. Project	Water Sanitation Hygiene Project	Area Bihar State. – State Network Of RH fellows.
Supported Agency	<u>WATER AID</u>	31. Project
Duration	8 Years	Indian Villagers learn healthy habits & gain better care community Health
Area	1 block of Patna District	Supporting Agency Geneva Global
		Duration 3 Years
		Area 2 blocks of Muzaffarpur Dist
		32. Project
		Community Leadership Project
		Supporting Agency <u>Tata Trust- XISS</u>
		Duration 3 Yea
		Area 100 panchyats of 3 districts
		33. Project
		School Safety Project
		Supported by <u>UNICEF</u>
		Duration 1 year
		Area Patna