
ANNUAL ACTIVITY REPORT

April 2010- March 2011



BIHAR

&

JHARKHAND



Integrated Development Foundation

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Organization Status

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| <ul style="list-style-type: none">Registered in 1993 (18th November), under the Societies Registration Act 1860, = No. 536Registered under FC(R) A = No. 031170122Registered under 80G and 12A = No. 1781-83 and 1784-86IDF PAN Number = No. AAATI1253K & TDS No. PTNI00415C |
| <ul style="list-style-type: none">1. IDF is accredited by Credibility Alliance as an organization adhering to the Desirable Norms for Good Governance AND2. Enlisted with Give India Foundation |

Organizational Focus

<ul style="list-style-type: none">Women's Empowerment /SHGLocal Self GovernanceDisaster Preparedness and ReliefWatershed and Livelihoods & IGA	<ul style="list-style-type: none">Population & AdolescentsChild Protection & CareWater, Sanitation & HygieneReproductive, Sexual & Community Health
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Mission Statement:

Ensure Better Quality of Life to the poorest and deprived section of the community as a whole and with special focus on Women and Children

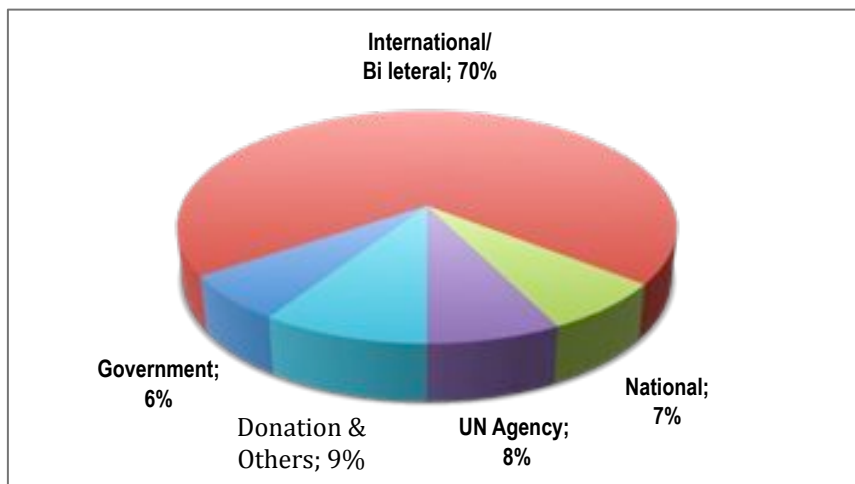
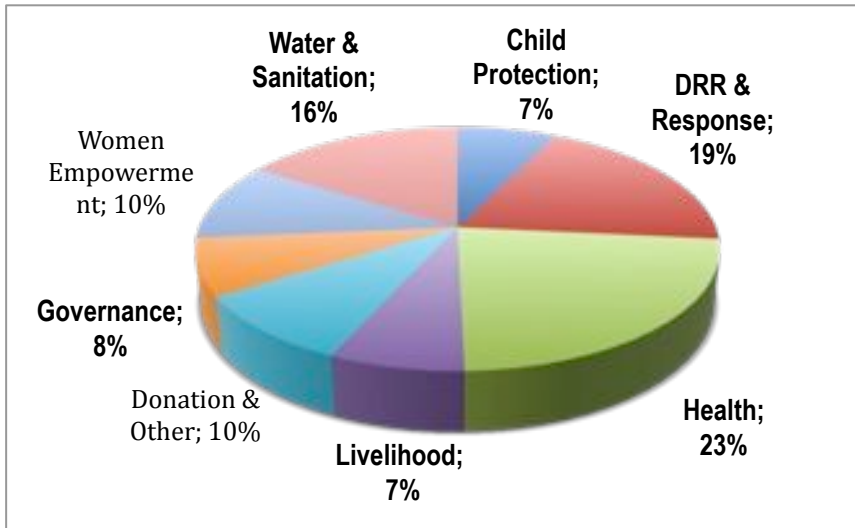
Objectives

- To improve the **quality of life of the rural poor** women and their families through increased access to health, nutrition, education, services and productive assets –together leading to informed **realization of entitlements** by them.
- To establish a cost-effective and accessible **alternative savings and credit system** for the working women in the rural areas that is owned by their respective communities.
- To **enhance rural poor women's capacities** for the actualization of the above objectives through collectively owned & managed institution building processes.
- To innovate **fresher strategies for programme execution** for achieving optimum results.
- To support and facilitate the government in its development endeavours. This includes providing training in need assessment, orientation in development perspectives, training to develop financial and management skills and evolving systems to supervise and monitor the programme on a regular basis.
- To build **strategic alliances with Govt.** agencies for directly implementing the Govt. programmes or to leverage resources from other donor agencies to supplement ongoing Govt. programmes by additional interventions needed either to enrich the programme or to plug gaps in the existing ones.
- To develop a resource centre catering to the needs of voluntary agencies, development workers, government / semi-government agencies, private companies and freelance professionals engaged in development activities. To produce relevant reading and training materials, organise seminars and workshops, and to undertake training assignments through this centre.
- To promote capacity building of voluntary agencies
 - Assistance to voluntary agencies in obtaining technical expertise and training inputs.
 - Working with voluntary organisations to undertake background studies related to specific development activities or the socio-economic and ecological background of project area of voluntary agencies
 - Monitoring and reviewing projects under implementation through field level interaction with voluntary organisations.

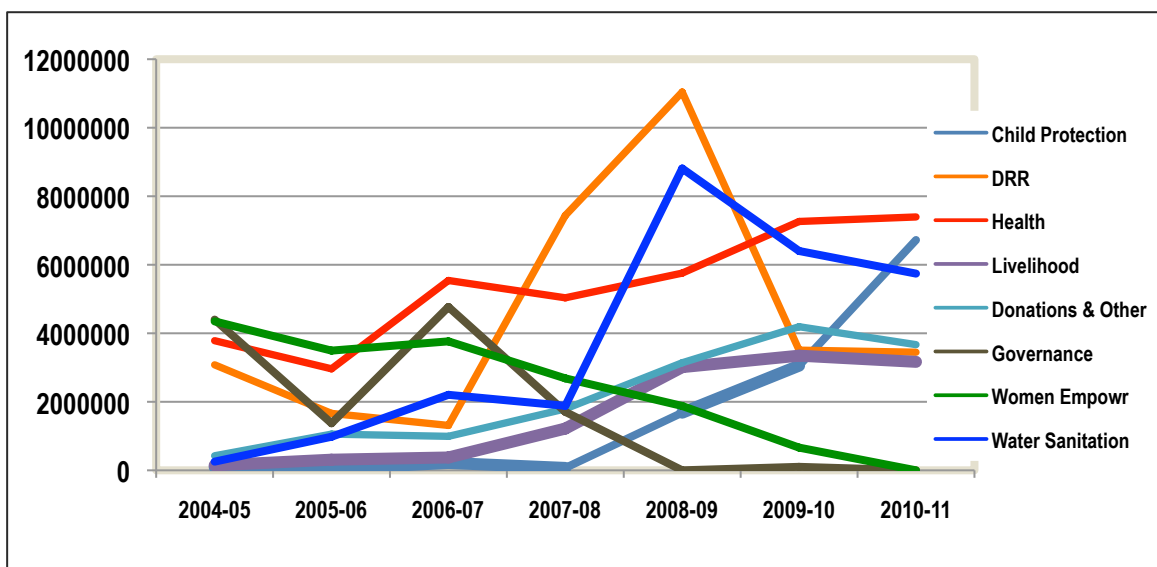
Donors (till date)

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, SDDT, LWR CAF India, DCA, Global Sanitation Fund.

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



IDF THEMATIC ISSUES & YEARLY FUND ALLOCATION



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Project	Community Leadership Programme to Strengthen NRHM
Funder/Support Agency	JTT-XISS
Starting date of the Project	July 2009
Coverage	Districts: 3 (Patna, Muzaffarpur, Vaishali) Blocks: 10 Panchayats: 100 Villages: 402
Human Resources	1 State Coordinator, 3 District Coordinator, 16 Block Coordinator

Background

With a population of around 83 million, Bihar fares very poorly on almost every demographic indicator compared to other states in the country. In April 2005, the Government of India (GOI), in a commitment to improving the public health indicators by 2012, has initiated a dynamic programme – the National Rural Health Mission (NRHM). NRHM strives 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. Existence of services and utilization of services requires a proper channel between different stakeholders which can link people to these services. There is also a need to build capacities of community and civil society organizations (CSOs). There are several areas where special attention and interventions are needed such as involving communities and local self-government, CSOs, and other stakeholders.

Scope

The Community Leadership Programme (CLP) aims to build the capacity of various stakeholders within to the community as well as service providers, such as ASHA, Anganwadi workers, Auxiliary Nurse Midwives (ANM), members of Panchayati Raj Institutions (PRIs), and youth members and community leaders at the district and grassroots levels, so that there is increased effectiveness of population and development of interventions especially with regard to RH. This is to be achieved through the **development and strengthening of leadership at the community and organizational levels as a strategy to improve FP/RH status** in line with the goals of the NRHM.

Project Goal and Purpose

Through developing leaders at community level and enhancing their leadership competencies and assisting them to empower their communities, the programme aims to tackle 3 NRHM goals in particular:

- Reduction in infant mortality rate and maternal mortality ratio
- Universal access to public health services such as women's health and child health
- Population stabilization, and gender and demographic balance

Objectives

The objective of the programme is to strengthen the relevant institutions in the community:

- The Panchayati Raj Institutions (PRIs) or Village Health Committees (VHC) - leadership, organizational development, and capacity.
- The Accredited Social Health Activist (ASHA) Programme- tasked with promoting access to improved health care at the household level.

The programme contributes towards **increasing coverage and quality of the following key health services**, particularly for women and children:

- Immunization services

- Ante-natal care
- Birth-preparedness
- Safe delivery and promoting institutional delivery under Janani Suraksha Yojana
- Growth monitoring of children under 5 years
- Health and nutrition education for pregnant and lactating mothers and family members

The above includes knowledge about malaria, TB, STI/RTI, and HIV/AIDS

Activities:

• Training of Community Leaders

Trainings on leadership attributes & technical knowledge on RCH were imparted to the community leaders (CLs.) Pedagogy included group exercise, role-play, open question answer session, and audio-visuals for developing complete understanding on the issue. For training on RCH, external experts were hired. Medical Officers In-Charge (MOIC) of PHC was also invited so that they could develop good relationships with the community leaders. To master micro planning, field level exercises were utilized to develop a complete understanding of the methodology. Altogether, 400 CLs have been trained under the programme.



• Quarterly Follow-Up & Orientation/Refresher Meeting:

Quarterly follow up meetings with CLs were organised at the panchayat level with participation of CLs from other adjoining panchayats to share ideas and common issues affecting CLs. Points of discussion included birth registration, child marriage, dowry, strengthening of VHSC, services through Anganwadi and others apart from health.



• Mid-term Evaluation Visit:

The evaluator had a detailed interaction with CLs about the programme and training components and the initiatives taken by the CLs so far. He expressed his satisfaction with the knowledge of the CLs regarding programme and training issues.



• MIS Workshop at XISS:

CLP team of Bihar participated in MIS workshop organized under the aegis of XISS, which focused on establishing a Baseline for the CLP project and budgetary reallocation.

• State Level Workshop for Establishing Intervention Baseline

A state level workshop was organized in order to establish an intervention baseline with the participation of the CLP Bihar team. During the workshop, sample villages for Household (HH) surveys were decided and methodologies for undertaking the exercise were agreed

upon. The devised format for survey and village profile was field tested and modified accordingly before use in the survey exercise. It was decided that Block level workshops will be organized in all 10 Intervention Blocks by which 400 CLs will be imparted training on HH surveys & coding of forms. It was mutually agreed that the HH survey will be undertaken in 207 sample villages across 3 districts.

- **Monthly Programme Performance Review Meeting**

Monthly meetings occur to regularly review performance of project activities. The meetings are an exchange of experience, knowledge, and views about the programme.

- **Networking and Maintaining Liaison**

Networking was considered a major component in the CLP. Since the beginning of the programme, liaisons were made with various stakeholders – block level health / ICDS officials, DHS, PRIs, SHGs, village level leaders and the community. Stakeholders from all sections were invited to block level workshops. Local, national, and international NGOs / media / District level health officials were also contacted and involved in the programme. Realizing the key role of media in sensitizing the stakeholders, the media was engaged. Also, officials of government and private reputed organizations were engaged as resource persons in the training.

- **Convergence/Collaboration**

- **Bihar Chetna Yatra:** Organising Health Camps at all HSCs across the state of Bihar was decided under Bihar Chetna Yatra. Block Coordinators and CLs extended support in making the camp a successful event by mobilizing the community.
- **Eye Camp with SAI LENS:** SAI LENS Eye Hospital Patna & IDF-CLP Patna team jointly organized an Eye Camp. 4 Panchayats were covered under the camp. All 16 CLs from 4 Blocks were instrumental in facilitating the mobilization and assistance in on site management. In the camp, 310 persons benefited from free eye check-ups, whereas 55 BPL beneficiaries were operated on eyes free of cost.
- **Celebration of World Water Day:** World Water Day was celebrated on 22nd March at Baithnathur in Narayanpur Buzurg Panchayat of Rajapakar block, Vaishali District in which more than 250 participants were present. Our CL actively participated in the programme with the message that conservation of water is necessary because the availability of safe drinking water is at risk.
- **Health Camp:** A Health Camp was organized in Rajapakar for the routine health check up of the most backward community. Medicine was supplied to these people and some cases were referred to the hospital for further treatment.
- **Involvement in the VHND at Bilandpur:** We were invited to take part in the village health and nutrition day held at Panchayat Bhawan of Bilandpur of Langurao Bilandpur panchayat of Rajapakar, Vaishali. All the doctors, ANM's, ASHA, CDPO, and AWW were involved to make it a success. The VHND included health checkups and counselling on diet and nutritional supplements.

- **Participation in Weekly Meeting at PHC**

Block Coordinators also attended weekly meeting at the PHC level. On these days, MOIC and BHM discuss issues with all ANMs.

- **Visit by NEEDS Team:**

During their exposure to IDF-CLP, a team comprising of 5 members from NEEDS, Deoghar (Jharkhand) visited the project area of Vaishali & Patna districts. The purpose behind the visit was to expose the NEEDS team to the implementation methodologies, CLs initiatives, and the extent and types of linkages with the PHC in these project areas.



Output:

- 400 Community Leaders trained on leadership & technical aspects of RCH & NRHM
- 200 units of follow-up meetings with community leaders
- 190 units of meetings organized with community level institutions
- 8 Block level teams of CLs formed

Outcomes:

- The major stakeholders, such as: Health/ ICDS/ PRIs/ local NGOs/medias community are extending their support and collaborative efforts have begun due to the willingness of the key stakeholders in combating health problems.
- Community has developed sense of belongingness to the programme & a generation of awareness in the community has motivated outreach to health services
- CLs have started acting proactively to combat health issues & play the role of catalyst in realizing the entitlement of different government schemes.

Problems/ Challenges:

- Frequent change of health officials necessitated new liaison efforts
- Long panchayat Election Processes have delayed the process at the community level
- Untrained government health staff demotivates the community to utilize government health services
- Untimely delivery of health services at facilities
- Vested interest of the PRIs makes untied funds unutilized.
- Political activities & flushing of political leaders during the election
- Lack of orientation of PRI / VHC about the Panchayats and their role and responsibilities
- Natural disaster (flood)



Sri Shankar Roy in the training

Lessons Learned:

- Interface meeting with officials proved fruitful in soliciting better linkage
- Regular follow up of & support to CLs at the individual level are beneficial in harnessing the potential regarding their understanding of their role in the practical domain
- Good rapport with the PHC, ICDS, and PRI to ensure better service delivery
- Empowerment approach to motivate the community to take a lead

Case Studies:

Leader's Manoeuvre for Improvising Community Health

Sri Shankar Roy, a graduate, got acquainted with the CLP during a village orientation programme organized in his village by IDF, Patna. He was then selected as a CL and subsequently, he actively participated in the training.

On December 25, 2010, a community meeting was organized. In the meeting, Sri Shankar discussed the VHSC and its role, including the untied fund available with VHSC. This explanation by a CL made the community aware of the VHSC & its untied fund, which should be aimed at improving health services in the villages. The Mukhiya and the ANM are the persons primarily responsible for the VHSC.

Community people, led by Sri Shankar and 3 other CLs, approached the Mukhiya and explained their meeting. As a follow-up to the meeting held in the month of December, another meeting was organized on consent and will of the Mukhiya on January 4, 2011. The ANM was also present. In the course of the meeting, it was decided that planning for utilizing untied fund would be developed in the subsequent meeting (VHSC). Sri Shankar Roy, along with other CLs, can enable the community to require the regularization of VHSC. They also allow for the involvement of the community in decision-making processes.

Loma Witnesses Feat of a Leader

Loma Panchayat is situated 12 Kms north of Gaighat Block, the headquarters of Muzaffarpur district. This Panchayat is dominated by SCs and OBCs. It is also one of the worst flood-affected panchayats of Gaighat block and is virtually disconnected from the rest of the block during flood days. Keeping in view the backwardness of the area, as well as the need of development intervention, the panchayat was brought under the Community Leadership Programme. The selected leaders were imparted training as per the CLP module.

Mrs. Meera Kumari, an inhabitant of Jaya village in Loma Panchayat is one of the community leaders from this panchayat. As a CL, she tried to track the services at Loma Health Sub Centre and interacted with the



concerning ANM to discuss improving the functionality of the sub centre. She suggested that the ANM utilise the available untied fund. On the request of the ANM, she came forward to extend help in formalising a committee so that meetings could be commonplace. In the meetings, problems were confronted and solved. This sort of meeting is now regular with participation of community members involved in decision-making.

Project Title	Addressing Kala-Azar, Health and Sanitation Issues in North Bihar
Funder/Support Agency	CAF India
Starting date of the Project	15 th May 2010
Coverage	Districts: 3 (Samastipur, Muzaffarpur and Vaishali) Blocks: 6 (Waris Nagar, Kalyanpur, Musahri, Gayghat, Mahua, Jandaha) Panchayats: 13, Villages: 54 Population (Direct): 36,000 Population (Indirect): 36,000
Human Resource	1Project Coordinator, 3 Block Coordinator

Background

Kala-azar is transmitted via the bite of an infected female sand fly. This issue has reached endemic proportions in the state of Bihar. Many attempts have been made in the past to eliminate the disease, but they have failed. The *Ravidas*, *Paswan* and *Mushar communities* in Bihar are traditionally known to have suffered the most from Kala-azar, as they live close to sand flies. Ignorance, lack of awareness about the treatment, treatment being a long regimen and available only at the District Health Centres, are other reasons for the disease.

Scope of the Project

- Spreading awareness and disseminating complete information about symptoms of Kala-azar
- Capacity building of community to identify symptoms
- Facilitate early diagnosis and timely treatment through linkage with govt facilities

Goal

Reduce Kala-Azar cases by 80% in 54-targeted villages of three districts in North Bihar by 2012.

Objectives

To address Kala-azar & health and sanitation issues in North Bihar by creating Information and Education Communication (IEC) materials and ensuring its appropriate dissemination.

Activities:

- **Social and disease mapping:** Rapport building took place with 18 villages through social and disease mapping. 10 household FGD formats have been filled followed by an average of 3 community meetings in each of the 9 villages. PRI/ASHA/AWW/ANM/SHG/key community members were involved in the whole process.
- **Participatory planning:** 39 FGDs with communities in 18 villages were conducted with an average of 20 community members, with nearly 35% of them being women. PRI/ASHA/ AWW/ANM/SHG/key community members old (cured) Kala-azar patients and community people from all sections were present in the community meetings.



FGD at the village level

- **Health Camps:** Health Camps were organized for a cluster of villages by which people were made aware about Kala-azar. The date of the camp was communicated via mobile van fitted with public address system and posters. The doctor present in the camp did health check-ups and suspected cases were tested with RK 39 test. Those found positive during the test were linked with PHCs for treatment.
- **Nutrition Promotion:** Twice a month, in each of 18 villages, events were conducted for promoting nutrition education in the community. There was active involvement of PRI/ASHA/AWW/SHG/key community members in the meetings.
- **IEC activity:** 525 signboards were used to disseminate information on medicine use for Kala-azar patients. 500 of the 525 signboards were given to Govt. Health Department for use in all PHCs and district hospitals in Bihar on its formal request.
- **Formation of Water and Sanitation Committee:** Village level Water and Sanitation Committees were formed in 18 villages to facilitate village level planning and monitoring of sanitation and hygiene promotion.



Other Activities:

- Community Meetings
- PRIs, ANMs, Anganwadi workers Meetings
- Meeting with PHC officials
- School Campaigning
- Liaison with State and District Level Health Officials
- Identification of Kala-Azar patients
- Ensuring required provisions for the Kala-azar patients from PHCs
- Formation of a committee to fight Kala-azar through raised awareness
- Follow up and hand holding activities in old villages
- Home Visits



Hygiene Promotion Campaign in School

Output:

- Status Report of 18 villages through participatory exercise
- Participatory plan development for tackling Kala-azar in 18 villages
- 12 health camps conducted involving 3,800 community members
- 104 suspected cases underwent rk-39 test
- 12 positive cases referred to PHC and followed up with continuously
- 525 sign boards used for information dissemination
- 218 community level meetings organized on two thematic issues: health & hygiene and nutrition
- 18 Kala-azar Nigrani Samitis were formed at village level
- 18 Village Water and Sanitation Committees were formed

Outcomes:

- Increased Awareness of people on the disease and the existing facilities
- Good linkages with health department & proactive delivery of services
- Improved awareness among the patients about the use of medicine and its proper dosages
- Community ownership over the process of awareness, sensitisation, and linkages with govt. facilities via village level Institutions (Kala-azar Nigrani Samiti & Water and Sanitation Committees)
- Convergence with IDF's Community Leadership Programme established for synergy & fostering link with leadership initiative
- Close coordination with PRI and VHSC has been reinforced

Case Study:

Sangeeta eliminated the danger of Kala-azar with a joint effort of IDF & PHC



Sangeeta Kumari no longer has Kala-azar, the disease that gave her family relief from further financial expenses to cover the disease.

Sangeeta Kumari is 15 years old and is from a Mushahar family who lived in the village of Khusaiya under Warisnagar block of Samastipur district. Her father, the sole earning member of the family, meets his family's bread need by working as an agri-labourer in the locality. Treatment expenses exacerbated the financial condition of the family for Sangeeta in 2010. Sangeeta got a fever, and so, treatment was given by a local doctor (RMP). However, her fever did not pass and so her family took her to the Warisnager PHC, where the doctor suspected she had Kala-azar. Due to unavailability of the treatment kit, Sangeeta could not

take the RK 39 test at the PHC of Warisnagar. Consequently, the same local doctor continued treating her fever, which increased their expenses by Rs. 3500.00 and even after that, no positive change occurred. In the mean time, as IDF staff intervened in her village, her case eventually came into light. As IDF staff took initiative and took her to the PHC, the RK 39 test (kit was supplied by IDF) was done and medicine from the PHC was given and proper follow-up was initiated.

Sangeeta's case is considered to be exemplary evidence of support by Non-Govt. initiatives for the PHC and a confidence-building incidence for the community because of IDF and its programme. Sangeeta has been receiving regular medicine from the PHC along with counselling services. Her family is also in touch with IDF. The community people wonder, "Had the case of Sangeeta not been addressed by IDF, her condition would have been grim, leading her towards death." The ward member, ANM, AWW, and the community see IDF and its programme with a very high level of recognition.

Project Title:	Indian Villagers Learn Healthy Habits and Gain Better Care
Funder/Support Agency:	Geneva Global India
Starting date of the Project:	1 st January to 31 st December, 2010
Coverage:	District: Muzaffarpur Blocks: 3 (Minapur, Gaighat and Katra) Panchayats: 17 Villages: 47 Population (Direct): 15,000 (Indirect): 43,000
Human Resource	1 PC, 4 BC, 16 CLA

Background

Muzaffarpur is one of the oldest districts of Bihar. The overall health status of the district is not very encouraging. As of the 2001 India census, Muzaffarpur had a population of 3,746,714, of which males constituted 54% (1,951,466) and females 46% (1,795,248). The sex ratio is 1,000:928. Muzaffarpur has a literacy rate of 48%. However, female literacy is 35.8%. As per DLHS-RCH report in the district, only 5.3% of pregnant women got the full Ante-Natal Care and the percentage of institutional delivery is just 19.4%. The child immunization rate is only 36%. All of these statistics compel IDF, with the kind support of Geneva Global, to intervene in the above said blocks where flood is a regular phenomenon and therefore, all infrastructure and basic services are paralyzed for one to two months.

Scope of the Project

Poverty, lack of healthcare services, unsafe water supplies, and poor understanding of health behaviours, combine to spread diseases in Muzaffarpur district, as nearly two thirds of its residents live in poverty and in poor health conditions. IDF worked with community groups with a special focus on women and children on hygiene, nutrition, reproductive health, and strengthening of health care services. To educate the target groups on the health & hygiene issues, the following strategies were adopted:

- Mobilization and Sensitization
- Capacity Building
- Convergence of Services
- Advocacy

Goal

To improve the health & hygiene status of the community by promoting health measures

Objectives:

- To reduce Infant Mortality Rate (IMR)
- To reduce Maternal Mortality Rate (MMR)
- To ensure children's immunization
- To inform Newly Married Couples of Nutrition, Hygiene, RCH, RTI/STI/HIV/AIDS, and family planning issues
- To inform adolescent girls and women on Reproductive Health Issues, RTIs, immunization, nutrition, HIV/AIDS, and hygiene issues

Activities

• Meetings With SHGs:

Meetings were held with Self Help Groups (SHGs) at all 47 villages by the project's staff to sensitize them on the issues of health, nutrition, hygiene, natal care, family planning, precautionary and preventive measures of health care, etc As a result of the meetings,

community members have started taking care of themselves, their children, pregnant women in their families, and neighbours as well.

- **Meeting With Pregnant And Lactating Mothers:**

Monthly meetings were also held with pregnant and lactating mothers in all the working villages. During meetings they were educated about pregnancy tests, registration, natal care, breast feeding, proper child feeding & care, immunization, RTI, STI, spacing, family planning, etc.



Focus group meeting on natal care and other health issues

- **Meeting & Orientation With Newly Married Couples:**

Through monthly meetings, newly married couples of targeted villages received information on hygiene measures, RTIs, STIs, HIV/AIDS, proper use of family planning methods, etc. Most of them have started using the family planning methods for delaying.

- **Meeting & Orientation With Adolescents:**

Meetings were also held on a monthly basis, and orientations with adolescent girls took place to sensitize them on hygiene promotion, immunization, anaemia, RTI, HIV/AIDS, and other common diseases. They have started acting as a catalyst in the community and especially for the newly married women. Each one of the adolescent group's members has taken responsibility to ensure better health practices in five of their neighbouring households.



Orientation of Adolescent Girls

- **Meeting With Stakeholders:**

The success of any programme depends upon the active involvement and sincere effort of all stakeholders. For their sensitization, quarterly meetings were held in all three working blocks. These meetings were attended by PRI members, Quacks, ASHA, TBAs, AWWs, etc. In the meetings, issues discussed included:

- Project concepts and their roles & responsibility
- Government schemes and provisions related to health
- Strengthening of VHSCs
- Advocacy for better health services

PRI representatives showed their concern to advocate on health issues and also assured us that they would cooperate in ensuring health services for the community members.

- **Review Meetings:**

Review meetings of project staff were held on a monthly basis at the district office. These meetings proved effective in the proper execution of project activities and of reviewing the performance of field staff. This meeting is very helpful to equip the field staff with knowledge, guidance, and to answer their queries. Apart from monthly meetings at the district level, fortnightly meetings are also held at the block level by the Block Supervisors with the CLAs

- **Audio Visual Shows:**

Audio video shows were organized to sensitize rural communities on health issues. In these shows, the main focuses were: hygiene measures, breastfeeding, natal care, immunization, HIV/AIDS, etc. It received a positive impact, as the villagers received clarity on the health issues. These shows were held in the centre of the villages, so more people could attend.

- **Training For Project Staff:**

It is important to enhance the competency of the personnel on a regular basis. With enhanced skills, they are in a position to better combat adverse situations. Therefore, a three-day residential training programme was organized for the project staff at the district level. The main focus of the training programme was on project concept & philosophy, their role & responsibility, effective means of mobilizing different stakeholders, health measures, HIV/AIDS, reproductive health, establishing better coordination with the health line up departments, and methods of counselling and advocacy. Different health experts were the resource persons in the training.

- **Training For Health Workers (Swasthya Saheli):**

To ensure at least first aid to the communities during emergency, especially during floods, health volunteers (Swasthya Saheli) have been selected in each of the working villages of the three selected blocks. They were then trained on different health issues and first aid through a two-day residential trainings programme. 58 Swasthya Saheli were trained in two batches.



- **Training For Peer Educators:**

Peer educators were also identified in all the working villages to sensitize the community on health issues and to help them to access available health services. Before bearing the responsibility, they received training on health issues through a two-day training programme.

- **Training For Traditional Birth Attendants (TBAs):**

The government and NGOs have launched schemes to promote institutional delivery; however, poor people in remote areas are still dependent on TBAs, who, if untrained, can fail in ensuring safe delivery. Thus, 32 selected TBAs were trained on safe motherhood and natal care during a two-day training programme.



- **Training For Rural Medical Practitioner / Quacks:**

Rural Medical Practitioners (RMPs) / quacks are the lifeline for poor people living in rural areas, mainly in adverse situations, i.e. flooding. To enhance their skills and upgrade their knowledge, a two-day residential training programme was organized for 24 RMPs.

- **Orientation For The PRI Members:**

PRI members of targeted panchayats got oriented on health & hygiene, government schemes/ provisions. They also learned about the Village Health & Sanitation Committee- its function, role, and responsibility. Before organizing the programme, a planning meeting was held with the project staff and pre-information was given to the PRI members to ensure their full participation.

- **Orientation / Workshop With Block Level Health Functionaries:**

To bridge the gap between the service providers and the community, regular interactions were made with the block and district level health officials. Orientation programmes were organized with block level health functionaries in the three working blocks. These programmes helped in developing a better understanding of health service delivery and

ensuring coordination & cooperation with each other. After the programme, CLAs, AWWs, and respective ANMs are working together to ensure better health service delivery in terms of immunization, health check-ups, birth registration, etc.

- **Health Camps:**

Three health camps were organized in all three working blocks. In these health camps, free health check-ups were done for children and pregnant women. Free medicine was also given. The main purpose of the health camps was to show the rural communities that they could access health services from the health sub centres.



Health Camp

Output:

- Targeted groups have been identified and listed
- 22 personnel of the project received training on: project concept, health & hygiene issues, RCH, RTIs, STIs, HIV/AIDS, etc.
- 5,523 women gained awareness on natal care, immunization, nutrition, health, and hygiene issues
- 325 couples learned about hygiene measures, RTIs, STIs, spacing, and family planning
- 568 adolescent girls learned about healthy living, immunizations, nutrition, RTI, HIV/AIDS, etc.
- 235 PRI members have been sensitized on health issues and government schemes & provisions
- 24 RMPs/quacks were trained on health issues

Outcomes:

- Community has started taking initiatives for better health
- Community is taking advantage of health institutions to get services and other benefits
- Birth registration has also been taken into consideration by reluctant families
- 3,100 children got fully immunized with the initiative taken by their parents / guardians
- PRI members are assisting community members in receiving services and other benefits

Achievements:

- Institutional delivery has increased up to 40%
- Birth registration rate has increasing up to 70%
- Immunization rate has increased up to 90%
- Rural community became more responsive to WASH issues, and they are practicing it
- Adolescents are more aware and are addressing & taking initiative on health issues

Challenges:

- Frequent transfer of health personnel and their irregular visits in the field
- Untimely health services
- Unskilled health workers, i.e. nurse at grassroots level.
- Natural calamities i.e. flood.
- Political pandemonium

Case Studies:

<u>Stepping Up for Rights Realisation</u>	<u>A Step Towards Better Health</u>
<p>Name: Smt. Sindhu Devi Age: 35 Years Husband's Name: Shri Umesh Sah Village: Ghausnagar Panchayat: Boaridih Block: Gaighat District: Muzaffarpur</p> <p>Ghausnagar is one of the most remote and flood prone villages of Gaighat block. It is situated in the northwest, 15 Kms. from the block headquarters. Its distance from district headquarters is 30 Kms. This village is dominated by OBCs and followed by SCs. Smt. Sindhu Devi, a deprived community member, is a resident of this village and belongs to OBC category. She is a housewife and her husband is an agricultural labourer. In the month of February 2010, the CLA was conducting a meeting, through the Geneva Global supported health project, in her village on safe motherhood & natal care.</p> <p>Smt. Sindhu Devi attended that meeting. After the meeting, she met with the CLA and shared information about her expectancy. The concerning CLA suggested she get a pregnancy test and after confirmation, she should visit the concerning ICDS centre for pregnancy registration. The CLA also suggested that she get the ANC check up, immunization (T.T.), IFA, etc., as well as nutritional supplements. She followed the CLA's advice and went to the ICDS centre No. 43 for her pregnancy registration and other health services. The Anganwadi Worker of centre No. 43 informed her that her house falls in under the jurisdiction of ICDS centre No. 44, so her pregnancy should be enrolled at that concerning centre. After this advice, she asked the Anganwadi Worker to register her name in the pregnant women's list and demanded nutritional supplements. Hearing this, that AWW angrily told her that I have already enrolled as many names of pregnant women as I can in my register due to budget restrictions, and there is no space to enrol your name. After hearing this, Sindhu Devi asked her to write that information down on paper and informed the AWW that she will ask the higher authority about the real provisions. Hearing this, the AWW requested her not to visit the higher authority and assured her that she will get all available benefits at that centre. She enrolled her name and provided her with the necessary services. In the monthly meeting in March 2010, Sindhu Devi stated her feelings towards the CLA in these words: <i>"Didi agar aap log ham logon ko meeting me yee sab bat nahi batate to hum logon ko to kuchh bhi pata nahi chal pata aur koyee labh nahi mil pata. Yeh sab meeting main aane se hua. Hum sab meeting me jaroor aayenge. Hum sowasth priyojna ko kabhi nahi bhol payenge."</i></p>	<p>Name: Smt. Geeta Devi Age: 27 years Husband's Name: Shri Bhola Ram Village: Ali Neura Panchayat: Ali Neura Block: Minapur District: Muzaffarpur</p> <p>Smt. Geeta Devi, a woman of deprived (SC) community, is a resident of Ali Neura village, which falls in Minapur block, 12 Kms. away from the block headquarters. The population of this village is dominated by SCs, followed by OBCs. The members of the community, especially women, are bound to have ill health, as they get married during early childhood. After the organisation's intervention, this practice has decreased, but those were part of a child marriage are suffering from many health disorders. Mrs. Geeta Devi, who is hardly 27 years old, conceived six times during her 11 years of marriage. She became pregnant every other year. She was completely unaware of family planning before attending the meetings of this project. On 16th June, 2010, she attended the women's meeting and learned about family planning methods. In the meeting, she also came to know about the small family norms and benefits. After the meeting, she talked with the concerning CLA, Smt. Renu Verma, and showed her willingness for opting for a permanent method of family planning. She wanted the Copper- T, as she heard about it in the meeting. The next day, Geeta Devi went to the Minapur PHC with the concerning CLA and discussed the situation with the doctor and ANM. She then received the copper-T. Now she is quite happy, as she has no tension of pregnancy. She expressed her happiness in these words, <i>"Didi to meeting me hum hi longo ke bhalaee ke baat karte hain. Aaj ke pahle tak ham ko is sub ke bare me kuchh bhi ache se pata nahi tha. Ab her baithak me aa enge."</i></p>

Project Title:	Behavior Change Communication (BCC) Intervention to Provide Information to Women on Safe Abortion
Funder/Support Agency:	IPAS India
Starting date of the Project:	1 st December 2010
Coverage:	District: Patna, Blocks: 5 (Danapur, Maner, Bihta, Phulwari and Sampatchak) Panchayats: 53, Villages: 250 Population (Direct): 126,044 (Indirect): 663,402
Human Recourses	1PC, 9 Link Worker, 9 Supportive LW, 262 IPC Volunteer

Background

IDF has continuously been working with Ipas India in five blocks of Patna District. Although intervention is focused in the Danapur, Maner, Bihta, Phulwari and Sampatchak blocks of Patna District, the coverage of the target group in terms of IPC activities was acknowledged to be less than the desired level. Moreover, knowledge enhancement of the target group on safe abortion, its legal aspects and existing govt. services, also needed to be strengthened further. The findings of the evaluation study undertaken by IPAs also revealed the need for continuing the BCC interventions in the same operational areas. Keeping in view the aforementioned necessity, the second phase of the project was conceptualized & designed based on the felt need of the community of the concerned area.

Scope

The project focuses on behaviour change communication/interpersonal communication in the community to ensure the adoption of safe abortion care in the accredited facilities, in order to prevent morbidity and mortality of women with relation to abortion practices. It extends to 250 Villages of 5 blocks in Patna district.

Goal

Ensuring reproductive and sexual rights of women, including safe abortion care

Objectives

- To increase the use of appropriate technologies for safe abortion
- To empower women to advocate for changing social norms regarding abortion
- Increasing access to safe abortion by strengthening the Primary Health Care setting

Activities

- **Training of staff:**

Project staffs were trained on safe abortion and its technicality and legal aspects. The purpose of this training was to educate the team on the technical aspects of safe abortion and how to contextually execute the program in a diverse field scenario. The training plays instrumental in refreshing the acquired knowledge as well as providing additional inputs for smooth handling of the BCC intervention. During training imparted by IPAS personnel, there was a clear and common understanding of the developed training module.

- **Listing /updating of CHW's**

Community Health Workers (CHW) played a very crucial role in terms of gaining access in villages and organising IPC (target group) meetings across all intervention villages.

• 3. IPC Group Meetings:

IPC (Interpersonal Communication) meetings were organised with females within the age group of 15-45 years in 108 villages across the intervention blocks. Efforts were made to cover all women of the target group in one village. All meetings were organised as per the



Resource Person Discussing RCH Issues Through Flip Chart

convenience of the participants. Focus was given on the importance of safe abortion, process, and local access to service beside legality of safe abortion. Kalyani Flip Chart & games were used during the IPC meeting and attracted the attention of the target audience and proved to be a very interesting & lucid way of information dissemination & knowledge enhancement.

Output

- 19 staffs trained on MTP and communication strategies
- 296 Community Health Workers were involved in IPC meetings across the intervention villages
- 1,730 community meetings were organised with target group in 108 villages



Outcomes

- **Regular and consistent interaction** with the community helps them get around the finer barrier, allowing them to comfortably discuss difficult topics such as abortion and its related personal, familial, and social aspects.
- **Adolescent girls and newly married females came forward** to attend the community program without any hesitation, giving their consent to spread the messages at the village level
- **Women in the Community** became aware of the legality of abortion as a personal choice based on the provisions of the MTP Act

Achievements

- Good rapport building with key stakeholders at village level
- Efficient coordination with line department functionary at PHC and sub Centre level
- Better dissemination at the field level through supportive monitoring and mentoring of supportive link worker

Project Title:	Reproductive & Child Health Programme
Support Agency:	National Foundation for India
Starting date of the Project:	1st July, 2010
Coverage:	District- Palamu Block- Patan Panchayats- 10 Villages- 30 Population (Direct): 12,980 (Indirect): 26,765
Human Recourses:	1 PC, 2 Cluster Level Coordinator

Background

Integrated Development Foundation has initiated “NIRMMAN- Reproductive and Child Health Program” with the support of NFI in 37 villages of Patan block in Palamu district of Jharkhand from November 2007 to July 2010. From implementation over the last three years, it has been learned that some strategies have a greater impact on RCH issues and that practical experiences need to be reorganized and replicated in order to achieve desired outputs. Efforts were made to focus on household approaches, strengthening & knowledge building of the institutions on the RCH issues, and fostering connections with service providers at the village level as well as the block level.

Due to the interventions over the last two years, the community has been able to understand the importance of health. However, developing proper understanding & affecting behavioural change requires continuous efforts. ARSH is important in living a healthy life, but it demands more focus in the community. This program will generate awareness about the importance and the different facets of the issue.

Goal

Improved Health status of RCH in 30 villages of Patan block in Palamu district by 2011

Objectives

- Percentage of pregnant and nursing mothers benefiting from improved maternal health knowledge and services to increase by at least 60% in the project villages by July 2011
- Improved maternal knowledge of early child health (between 0-2 years of age) and use of early child health services to increase by at least 70% in the project villages by July 2011
- Adolescent boys and girls with improved knowledge of reproductive health are empowered to exercise their reproductive rights- to increase by at least 60% by July 2011.
- Enhanced RSH status of the marginalized community
- Improving nutrition of adolescents
- Increase use of contraception (temporary method) for spacing by young couples

Target

Direct Target Groups

- Children 0-11 months
- Children 1-5 years
- Adolescent (10-14) unmarried girls & boys
- Adolescent (15 - 19) unmarried & married girls
- Adolescent (15 - 19) unmarried & married boys
- Married couples (19 – 24)
- Women ages 15 – 45
- Adolescent unmarried girls of the marginalized community, ages 15-24
- Adolescent unmarried boys of the marginalized community, ages 15-24
- Married couples with special focus on marginalized community, ages 15-24

- Women of the marginalized community, under 45 years old
- Couples with 0/1 & 1 or more children
- Pregnant Women

Indirect Target Groups

- Mass community (parents, in-laws, influential leaders)
- RSH service provider at village level, such as: RMPs and Traditional Birth Attendants
- Service providers, both formal & informal, such as: Sahiya, ANM, & Aanganwadi Sevika.
- SHGs, cluster, Women's Forum

Strategies

- **Cluster Based Household Approach for Micro Coverage**

A cluster based household approach was one of the key strategies in reaching the direct target group, the marginalized community. This approach divides the target community into small clusters, with 20 households per a cluster. This strategy helped us to cover each household, including target groups such as: pregnant mothers, newborn children, and young couples within the community. This approach also proved helpful in the follow-up of our progress.

- **Cluster Approach for Macro Coverage**

The cluster approach became an important strategy for macro coverage. This strategy became helpful in covering the specific target i.e. pregnant mothers, mothers with 2-year children, and young couples within the larger community of the intervention village. For macro coverage, 30 to 40 houses constituted a cluster.

- **Capacity Building**

Capacity building, delivered via trainings, was organized for different stakeholders at local levels- for project staff, service providers such as ANMs, AWWs, Sahiyas, and RMPs, to enhance their knowledge and upgrade their skills of disseminating information.

- **Strengthening of Existing Village Level Institutions Through Fostering Linkages**

For seeking better health services and to meet the demands, one of the most important strategies adopted for the sustenance of the programme was connecting with the government at both the community level, as well as the block level. This strategy helps the marginalized community to establish a relation with the government service provider so that they can more efficiently access their services.

- **Sustainability Strategy of RCH Centre & Process of Handing Over Centre to Community**

Three RCH centres are functioning in the villages of Barsaita Gajni Tola, Mahulia Bhuiya Tola, and Golhna Jhariba Tola. Regular meetings are being held in the community to ensure the proper functioning and sustainability of the RCH Centres in the future. Convergence meetings have been organized with the VHC, Sahiya, ANM, RMPs and SHGs to decide the modality of function of the RCH Centre. All the registers & documents related to the RCH Centre have been kept in the RCH centre, which is owned by the community. These RCH centres are nearly operating as an Aanganwadi centre.

Activities:

- **Meetings with Kishor and Kishori Clubs**

Monthly meetings were conducted with male & female adolescents clubs in all 30 villages to facilitate awareness generation & knowledge enhancement on different RCH issues:

- Nutrition & Balanced Diet
- Anaemia
- Health & Personal Hygiene
- Misconception & myths regarding adolescent issues

- Fertility & Pregnancy
- Reproductive System
- STIs/RTIs
- HIV/AIDS
- Contraception- Spacing & Permanent

A cluster-level coordinator facilitated the meetings. Peer educators undertake the responsibility to disseminate information on the issues. In all 30 villages, meetings were held on a regular basis.

- **Cluster/ Village level community meetings**

To make the effort sustainable, community meetings at the village level, as well as the cluster level, were organized and attended by a Village Health Committee member, AWW and Sahiya, and general community members. Altogether **250** meetings were conducted during the 2010-11 year, throughout the project area. The objectives of the meeting were to orient them on their critical roles in promoting the objectives of the project and its connection with the govt health programmes, including NRHM. Also discussed was the functioning of the Village Health Committee and its role in planning local level interventions to ensure a community's health.

- **Meeting with different stakeholders**

A number of meetings were organized with different stakeholders keeping in mind: the improved maternal & child health knowledge and services, enhanced reproductive and sexual health services for marginalized communities, and a better understanding among adolescents of RSH issues to enable them to assume & exercise their reproductive rights.

- **Meetings with Target Group**

Village meetings are an important tool for educating the community on the issues of: RSH, routine immunization, individual health & personal hygiene, nutritional supplements, the use of spacing methods of contraception with prevention of contracting sexually transmitted infections, and ante-natal, peri-natal, and post-natal care. Therefore, meetings targeting the focus groups were organized at both the village and cluster levels within the project area.

- **Facilitate smooth running of RCH Centre**

Efforts were made to ensure smooth functioning of the 3 RCH centres established in the area. Sahiya is providing services to the RCH Centre on a monthly basis and ANMs are providing a minimum of one hour's work to the RCH centre during the day she visits the village. RMPs are also utilizing these centres for examining patients and for treatment, care, and support services.

- **Handholding in Immunization:**

CLC & CHW extend support in making VHND success. Immunization is facilitated at the Anganwadi Centre of the project area. The field team extends information dissemination in order to support the mobilization of the community. Information Dissemination includes:

- Importance of Immunization
- Immunization Schedule
- Child care for 0-5 year olds
- Exclusive Breastfeeding
- Providing Knowledge about Jaccha Baccha Suraksha Card
- Counselling
- Vitamin 'A'

7. Monthly review and planning Meeting with Project Staff:

Monthly review meetings were organized with staff to understand the status of the progress of planned activities and to discuss follow up strategies.

Achievements:

- Behaviour changes of villagers regarding their involvement in the village education & awareness process
- Growing awareness on health issues, and RH issues in particular
- Increased concern with IMR and MMR, with gradual increase in institutional delivery and neonatal care
- Adolescents have become well acquainted with RH issues, expressing interest in the transfer of knowledge to others, and inculcation of sanitation habits & maintaining personal hygiene
- Increase in number of women/girls benefiting from the RH services
- Increase in number of women/adolescent girls taking IFA tablets & SN
- Increase in number of pregnant women going for regular health check-ups
- More infants and children are getting regular check-ups and continuous growth monitoring

Output:

- 250 cluster/community level meetings organized with VHSC members, AWW, Sahiyas
- 857 meetings held with different stakeholders for developing a better understanding of ARSH issues & enabling them to assume & exercise their reproductive rights
- 883 meetings were held with different target groups
- 12 planning cum review meetings were organized
- 200 children were fully immunized as per the schedule of immunization
- 59 pregnant women were guided with ante-natal and post-natal care

Outcomes:

- Pregnant women taking prescribed dosage of IFA and Multi Vitamins
- Pregnant women having regular health checkups.
- 85% of women having institution based deliveries.
- Identified pregnant women are receiving IFA Tablets from Government and Project RCH Centres
- Imparted pregnant women with awareness and knowledge of RTI STI/HIV Aids
- Lactating Mothers feeding colostrums

Project Title:	Sustainable Action of Community Health with Special Focus on Women Reproductive & Child Health Care- Phase II
Supporting Agency:	SIMAVI, The Netherlands
Coverage:	District: Patna Blocks: 2 (Maner & Bihta)
Human Recourses:	1 PC, 2 BC, 6 CLA

Objective 1

To facilitate, capacitate, and mobilize the target community on health issues, giving information about their right to healthcare

- **Develop a Cadre of Youth Volunteers:**

Youth volunteers organized meetings with their groups on a regular basis. Trained volunteers facilitated sessions on both common & new health issues. They have also discussed the new Govt health scheme & provisions. Altogether, **253** meetings were organized in two intervention blocks, which included the participation of **2,633** youth members. Topics taken up during the meetings include: voting rights and importance, role of youth volunteers in Bihar state Govt election, provision of health facility at Primary Health Centre (PHC,) nutrition, anaemia, menstruation and hygiene, and appropriate age for marriage. The following **outcomes** were experienced: Youth volunteers & their groups served as local resources on health issues; ensured backward class' & women's participation in Bihar Govt election and; during the entire national health program, in programs such as: filariala drive, polio drive, vitamin A drive immunization round and birth registration camp, youth volunteers played an active role.

- **Group Meeting with Newly Married Couples & Annual Newly Married Couples Meetings:**

Meetings with newly married couples were organized to impart awareness about safe hygiene, safe motherhood and immunization, spacing of births and contraception choices, as well as RTIs/STIs. In Bihta block, **67** meeting were held with **729** participants and in Maner block, **140** meetings were held with **2141** participants, all regarding: common social issues, reproductive issues, hygiene, and common and communicable diseases. From this, NMMs are well acquainted with all immunizations for up to 5 years; the importance of delaying the first birth and the spacing of subsequent children has been understood. The importance of contraceptive in delaying and spacing has also been accepted. All myths and misconceptions have been explained and are no longer supported. Now they can recognize which symptoms arise if one has an STI, and finally the importance of hygiene has been understood. Moreover, annual meetings were arranged at the cluster level.

- **Meeting with SHG Members:**

Making SHGs aware of health issues is one of the core strategies of the intervention. During the SHG meetings, various topics are discussed, relating to: reproductive health, water & sanitation, community health, and recent health scheme issues. In Bihta block, **1,542** SHG members and in Maner block, **2,605** SHG members participated in group meetings on the issues mentioned above. The following **outcomes**



were experienced: SHGs are acting as a catalyst in organizing NMC Meetings, TBAs Meetings, ANM Meetings, and youth volunteer meetings. They are further extending support in mobilizing mothers and children to get immunized at the MCH clinic. They are giving such

support with the help of Govt ANM, ASHA, and Aganwadi worker. Finally, SHGs are encouraging villagers to participate in a creative manner in state Govt election.

- **Traditional Birth Attendant (TBA) Meeting:**

The IDF Simavi Project organized TBA meetings in different villages of our intervention area. The ANM & CLA were addressed throughout the meeting. All meetings imparted knowledge regarding primary health care, the five kinds of cleaning during delivery, recognition of complications during pregnancy, the reproduction process, and family planning and contraception. In Bihta block, **58** meetings were held with **533** participants and in Maner block, **108** meetings were held with **1,105** participants on common issues related to reproductive health, hygiene, and common and communicable diseases. From the meetings, the following **outcomes** were experienced: they practiced the five cleanliness components; they have the ability to find signs of danger in pregnant women and newborn children; they understand the importance of hygiene practices for newborns; they understand the importance of immunizations for newborns and; they have the ability to counsel mothers on contraception.

- **Theme Camps cum Cluster Level Meetings:**

Theme camps are a regular event in which all the groups in a particular cluster are invited to assemble at a predestined village, with a theme for that particular camp. A total of **38** theme camps were held in Maner and Bihta blocks. The **objectives** of these camps include: Information sharing amongst and between stakeholders; sharing information on community health issues; convergence of livelihood activities with RH and; to build future leaders for and ensure sustainability of the project. **Issues discussed included:** Water /Sanitation /Hygiene; Importance of breastfeeding; appropriate age of marriage; diarrhoea; importance of contraception and; importance of voting rights. **The outcomes of the camps include:** Participants made a collective decision regarding common village issues, such as candidates of MLA election; the camps served as an opportunity for women to interact and share their views with other women from various groups, on topics such as RH and livelihood activities; the camps served as an opportunity to assess the retention rate of information among SHG women; through the camps, they have a collective say on their right to health and information and; the camps aided in facilitating and capacitating SHGs on RH issues as a whole.

- **Audio-Video Show:**

A showing of a video is also a very effective medium to spread information among the community, especially the illiterate or functional illiterate. Seven units of Audio Video shows were organized at the cluster level with the objective of raising awareness on: safe drinking water, HIV/AIDS, RTI, and the importance of equal healthcare for boys and girls.

- **Wall Writing:**

Wall writing is an informal channel and traditional method of education. During the reporting period, **17** wall writings were completed at the different project intervention areas.

- **Street Play/Nukkad Natak:**

Street plays (Nukkad Natak,) a traditional method of education; involve presenting a short play, based on potential real-life situations. During the reporting quarter, we have organized **21** performances in different villages of our intervention area. Main theme of workshop: hygiene promotion, appropriate age of marriage, use of contraceptives, and spacing of children.

- **World Nutrition Day at Block Level:**

Solidarity events were celebrated at the block level in the project area to focus and strengthen our initiatives. **World Nutrition Day** was celebrated at the block level to show solidarity on the issue. Its **objectives** included: raising awareness among the community on



the nutrition issue; raising awareness among the PRIs members, stakeholders, and other influential group; bringing understanding within the community about what constitutes complete nutrition and; creating awareness among health service providers, either government or private.

World Nutrition Day was celebrated on **04 September 2010** in Mahinwama, Maner. The same celebration was organized at Bihta Block on **07 September 2010** in Kanauhali, Bihta. More than 250 participants including 80-100 members of different SHGs participated. At the event, it was said that India has a nutrition problem and that this problem could be controlled if the awareness gap within the society and family no longer exists. It was also mentioned that women are at a higher risk because they are more vulnerable to such problems.

The **outcomes** of the day included: messages related to nutrition were spread among the community; women met with one another and gained exposure to the issue and; project youth volunteers, many of whom were young girls and non-SHG members, and staff of other projects, said that through this type of program, their capacity building has been enhanced.

- **Training on HIV/AIDS:**

A three-day residential training program, conducted by 2 resource persons with a great deal of experience, was organized from 2nd to 4th August, 2010 on HIV/AIDS, at the State Institute of Health and Family Welfare, in Sheikhpura, Patna. Twenty-two women of a SHG of Maner & Bihta block of Patna district participated. Participatory methods, including group exercises, discussion, and role-play, were utilized. The **objectives** of this training included: creating a local-level resource person on the HIV/AIDS issue; facilitating and capacitating regarding HIV/AIDS; and discussing, without any hesitation, the issue of HIV/AIDS among the group.



Objective 2

To ensure safe child delivery practices & to regularize routine immunization among children in the area through government agency (reducing MMR & IMR):

- **Registration of Pregnancy**

Immunization of children and women is of great importance. Immunizations protect against several dangerous diseases. A child who is not immunized is more likely to become undernourished, disabled, and to die. Sub-centres and Aganwadi centres are the foundation of block level health delivery system. So, IDF-Simavi staff organized mother and child clinics for every Wednesday so that health facilities will be provided to the stakeholders in the village.

Objectives:

- To increase ANC, TT among women
- Complete immunization for child up to 5 years
- To promote preventive and curative health delivery systems at the village level

In Bihta block & Maner block, **1080 & 1421** children, respectively, were immunized with different doses and gained protection from various diseases such as: TB, whooping cough, and measles. In Bihta block and Maner block, **194 & 427** pregnant women, respectively, were immunized against tetanus so that she and her unborn child will be protected.

Qualitative output:

- Women from SHGs are well informed about different types of immunization for children and women / of diseases that women and children can get if they are not immunized.
- Women are aware of the importance of registering at the sub-centre for ANC and TT injections.
- Parents and family members are aware of immunizations that can protect their children from various diseases.
- SHGs are extending support in mobilizing mothers and children to get immunized at the MCH clinic, with the support of Govt ANM, ASHA and Aganwadi worker.

- **Birth Registration:**

A birth registration is an important document, as it possesses legal status and has the date of birth, which is useful for a child's school admission and as a proof of nationality. It is also useful in attaining other documents, such as voter ID cards, passports, etc. Birth registration is mandatory for all children. Birth registration forms are available in the block. After completing the form, one can get her/his child registered with a certificate of birth registration. In Bihta block, **60** births have been registered and in Maner, **105** births have been registered.

Objective 3

Promoting health & hygiene issues among the targeted community to prevent common diseases

- **School Hygiene Camps:**

Reporting half year, we have organized **30** batch school hygiene camps in different schools of our intervention area. The school children were awarded on the following issues: importance of water, personal hygiene, ORS and its importance, and proper use of bleaching powder.

These camps were organized in all seven clusters in our intervention area, to highlight health and hygiene issues. The main focus of conducting these camps was to increase awareness among the community about unhygienic living behaviour, which directly affects health. Many thematic posters were displayed during the camp so that the community could understand and adjust its behaviour accordingly.

Objective 4

To improve the status of health in the community by promoting preventive, curative, and rehabilitative measures through the formation of effective health delivery systems at their doorsteps

- **Health Kits**

The health kits of all the 75 SHGs (from both blocks) are running smoothly. Village health workers maintain the medicine records and ensure that the proper stock of medicine is available within the health kit. In Bihta block, **1,310** people and in Maner block, **2,432** people have utilized the provided facilities for common infection and diseases through health kits via SHGs. The following were seen as **impacts** of the health kits: women SHGs are well acquainted with which types of medication they have in their box, for which diseases the medications are helpful, and how the medications should be utilized to cure infection or disease.

- **Workshop with the Government Health Officials (28 & 29 October, 2010)**

The **objectives** of the workshop included: convergence of services, advocacy, and convergence of aims for routine immunization, vaccination camps, health camps, health awareness camps, and regularizing health services at the PHC, APHC & ANM levels; having a greater and long term effect- the project would focus on advocating for sustainability and the continuity of the intervention at the community level, and that related services be made available at government level and; ensuring community participation at a larger scale and advocacy at all levels, with all stakeholders in the programme addressing the issues

During this reporting period we have organized two meetings. The BDO, CDPO, PHC in charge, doctor, ANM and PRI members were all present. Our team is receiving full support from the all block officials and PRI members.

The **outcomes** of the meeting include: government health officials i.e. doctors, ANMs, ASHA, etc. have started participating in our activities, including village / cluster meetings, theme camps, and solidarity events. Through this participation, effective communication can be seen on village/panchayat issues and effective coordination and networking with the government officials has been established.

- **Sustainability Plan**

As per our proposed strategy, we have formed two independent committees- 1. Health committee and 2. Sanitation committee. They operate independently and they have monitored all the activity & submitted written reports to federation. Both committee members have presented quarterly reports within federation meetings.

Project Title	:	Child Center Community Development Program
Funder/Support Agency	:	Plan India
Starting date of the Project	:	January 2011
Coverage	:	District West Singhbhum, Block 1(Khutpani)
Panchayats-	:	
	:	5 (Bhoya, Kayadchalam, Matkubera, Ruidih, Ulirajabasa)_Villages - 15
Population	:	(Direct)-Khutpani-8268 (Indirect)-Khutpani-8268
Human Recourses	:	1 PM, 3 PC, 6 FLW

Background

West Singhbhum is one of the oldest districts of Jharkhand. There are two accounts relating to the origin of the name of the district. Firstly the name "Singhbhum" or the lands of "Singhs" has been derived from the patronymic of the Singh Rajas of Porahat. Secondly the name is an altered form of "Singhbonga" the principal deity of the tribal's; it is situated about 150 kilometers away from Ranchi, the capital of the State of Jharkhand.

People's Life

Population of the area is predominantly inhabited by Ho tribe. Among the different other Castes, the Machua, Gope, Lohar are also present in the area that belongs to backward caste. Agriculture is the main source of income of the people. But most of the people are marginal farmers. Due to low income and lack of employment throughout the year, people tend to migrate to urban & nearby areas in search of livelihood as daily wage labourer, especially the male members of the family. Most of the houses are made up of thatched or local mud tiled (*Khapra*) roofs with mud walls and floor plastered with cow dung. Women do the household chores and girls support their mothers in looking after younger siblings, cooking, collection of fire woods and other daily household chores. The main food habit of the area is rice, Dalia (semi solid food made up of wheat), roti (flat bread made from wheat) 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 for male family members to 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 main language of the state; but people speak local tribal dialect *Ho* & *Santhali*. The main festivals is celebrated by the people is like **Maghe**- This festival is observed to bring prosperity to the community. **Baa** -. This festival is celebrated to mark the splendor of the nature, **Heero**-No one sows any seed before the celebration of this festival, **Jomnamah**- When the first crop is ready for harvesting in the month of Aug-Sep this festival is celebrated. The first harvested crop is cashed in every house on this occasion.



The operational area has the majority of tribal community, which is about 70% of the total community. Among the tribes **Ho** tribes are in majority, also other tribal communities like **santhali** and **Mahli** are also there. Besides tribal communities, other communities from backward class like **Mahto, Gope, Tanti, Machua, Lohar and Sao** are also the resident of that particular locality.

Goal

To address the root causes of child poverty, three level of mutually interrelated intervention are required namely a) ensure child are protected from abuse and exploitation; b) ensure children have access basic services, (e.g. Nutrition, Education, Health, Sanitation & House hold economic security) c) Ensure Children's voices are heard and they are participating in decision affecting their lives.

– **Child Right Program Goal:**

“Children grow up and develop in safe and enabling environments that ensure their right to protection is respected and realized, and that they can grow and develop free from abuse, discrimination and exclusion.”

– **Education Program Goal:**

“Enable all girls and boys in the Plan communities to complete 8 years of education”

– **Community Governance Program Goal:**

“Children, families and communities in India can exercise their right to participate actively in value based community governance and take on the responsibilities that come with this.”

– **Water Environment and Sanitation Program Goal:**

“Children, families and communities realize their right to a healthy environment, where they have geographical and economic access to quality integrated water & sanitation services that they are free from social exclusion and gender discrimination.”

Issues

The project emphasis was on the vital components to achieve the goal of the program which are in terms of the projects such as project on-:

1. Child Participation
2. Child Protection
3. Early Childhood Care and Development
4. Household Economic Security
5. Health
6. Education
7. Water Environment and Sanitation.

Project-1: Child Participation:

Activities:

• **Formation of Children Group and having regular monthly meeting-:** The main objectives are to give a platform to the children where children can speak and learn new things from their friends. They can discuss about their problem faced by the children and document and it can be present in the PRI. With this objective IDF-Plan India had formed 60 Children's club in 15 targeted communities. Children's club members every month they are coming together. Having their group discussion on various topic such as-:

- Importance of Childhood education and Primary Education
- Discuss with Drop out children on Value education
- Pressurising and encouraging Parent's of drop out children to sent school.
- Follow up to ensure drop out children going to school
- Made discussion on RTE
- Discussion made during regular group meeting on Child Protection Issues and Child Rights
- Regularising the monthly meeting.
- Discussion made during meeting on child base issues and skill development
- Orientation of Children group members on life skill education
- Organising child led monitoring of essential services

- Sharing of findings of the monitoring at the Panchayat level during Gram Sabha meeting by children representatives
- Initiation of federating children clubs at the village level through innovative issue based activities from time to time.

Result

- Total 60 children's club formed in 15 targeted areas.
- Approximately 1000 children had taken membership in the children's club.
- Every month children's club members are regularizing the monthly meeting.
- 25% children were sensitized on the importance of their participation in Gram Sabha, own decision for better future.
- Children's club members are taking active part in the children's club's group activities.

- **Formation of adolescent group (Separate male/ female) and having regular monthly meeting-:** To bring the unity among all the teenager of the community, there are separate (for Male and Female) Adolescent group was formed. The main objective is to form the adolescent group is to, make the sensitized on child rights, child protection issues at the community level and make sensitized on their career. During the field visit of the staff of IDF-Plan India, most of the boys and girls are found drop out from the school, so we had planned and tried to give them a way to make their future bright by the vocational training or career guidance counseling. On this reporting year 75 candidates got the apparel design "Smart Operator" course. Among them 35 candidates are from 1st batch and 15 candidate receiving training from Don Bosco, Ranchi, 25 is 2nd batch. From the 1st batch 10 candidates got the placement from ADTC training center. Rest 25 batch, they are still receiving the training.

Result-:

- 75 candidates got the vocational training on appeal design and motor mechanic.
- 10 candidates got the placement from ADTC training center.
- 25+15 candidate still receiving the vocational training.

- **Developed Child Friendly Resource**

Center: - Every village has a child resource center. The community has donated their personal home/platform/ Aganwadi center to make the child friendly resource center. Total 15 child resource center was identified. The CBOs representatives, children's club members and child protection committee representatives are taken responsibilities to maintain the child resource center. Every month children's club members are coming together for meeting and having discussion. They have also play material for their entertainment. Comic books and magazine to read. The register is maintained by the community volunteer and field level worker.



Result-:

- 15 Child Resource Center identified.
- Total 60 children's club members are the beneficiaries of this child resource center.
- Play material and magazine distributed to the child resource center from IDF-Plan

- **Orientation of Children groups members on child rights and child protection issues-:** Orientation meeting was organized on child rights and child protection issues for children's club members at community level. In a community all children's club members were participated. Approximately 70 children's club members oriented on the given topic. The main topic of discussion was-:

- Type of child violation at community level.

- Role and responsibilities of the children's club members to fight against child violations.
- Concept on child rights and child protection issues.
- Platform to raise the voice.

Result:-

- (i) Approximately 70 representatives of 60 children's club members were oriented on child rights and child protection issues.
- (ii) Children's club members sensitized on child rights and child protection issues.

• **Sensitization meeting with PRI members on importance of Child Participation:-**

To orient on child rights and child protection issues given to the PRI members. The orientation program was organized in Panchayat Bhawan. All the PRI members such as, Sarpanch, Nayab Sarpanch, Panchayat executive officer, ward member, Dakua, Mukhia and other traditional leaders were attended the program. The main topic of discussion was:-

- Brief discussion of objectives of IDF-Plan India.
- Objectives sharing of training program.
- Who is child? Why child participation?
- Child violation issues at Panchayat level.
- Child marriage and child labor
- Child health and nutrition.

Result:-

- (i) High appreciation to the CCCD, Program by the Panchayati members.
- (ii) Panchayat members assured their support to IDF-Plan India team to implement the CCCD, Program in the targeted area.
- (iii) PRI members got clear understanding on child rights and child protection issues.
- (iv) Also made clear understanding on child marriage and child labor.
- (v) Understand on important of children's health and nutrition for their physical and mental growth.

Project -2: Child Protection

Activities

• **Orientation to CBOs of the community on child rights and child protection issues:-** To bring sensitize to all the CBOs of the community such as children's club, SHG members, Farmers Club, Adolescent group (male and female) and child protection committee on child rights and child protection issues. All the CBOs representatives were participated in the orientation program. The main topic of discussion of the program was as follows:-

- Brief discussion of objectives of IDF-Plan India.
- Objectives sharing of training program.
- Role and responsibilities of the CBOs against child violations.
- Consequences of child marriage, child labor.
- Child rights like education, health, food, play, speck etc.

Result:-

- (i) Representatives from all the CBOs of a community got oriented on child rights and child protection issues.
- (ii) Participants got clear understanding on the above discussed topic.
- (iii) CBOs representatives assured their cooperation to the IDF-Plan India staff for implementing the program.
- (iv) Participants made sensitized on the importance of education in building the child future bright.
- (v) They made aware on consequences of child marriage and child labor.

• **Orientation of teacher & SMC members of every school on Child Rights issues-**

To sensitized through the orientation program to the School Management Committee (SMC) on child rights and child protection issues. It was a one day program for each school. All the

SMC members and all school teacher of a school took part in the orientation program. The main topic of discussed in the meeting was as follows:-

- To procedure of address of child rights issues.
- Prioritizing the problem of school children.
- Objectives of formation of School Management Committee (SMC)
- Role and responsibility of the SMC members.
- Parent's role to check the children's attendance in school.
- Identify the child violations of child rights and abuses.
- Process to check the drop out at community level.



Result:-

- (i) Teacher and SMC were sensitized on violations of child rights.
- (ii) Teacher and SMC have assured their cooperation with IDF-Plan India.
- (iii) Made clear understanding on objectives of formation of SMC
- (iv) Made clear understanding on role and responsibilities of the SMC members.
- (v) Parents were assured that, they will check the attendance of the school going children.
- (vi) SMC members have accepted the responsibility to encourage the student to come to the school.

• **Orientation of PRI members of Child Protection issues:-** To orient on child rights and child protection issues given to the PRI members. The orientation program was organized in Panchayt Bhawan. All the PRI members such as, Sarpanch, Nayab Sarpanch, Panchayat executive officer, word member, Dakua, Mukhia and other traditional leaders were attended the program. The main topic of discussion was:-

- Brief discussion of objectives of IDF-Plan India.
- Objectives sharing of training program.
- Who is child? Why child participation?
- Child violation issues at Panchayat level.
- Child marriage and child labor
- Child health and nutrition.



Result:-

- (i) High appreciation to the CCCD, Program by the Panchayat members.
- (ii) Panchayat members assured their support to IDF-Plan India team to implement the CCCD, Program in the targeted area.
- (iii) PRI members got clear understanding on child rights and child protection issues.
- (iv) Also made clear understanding on child marriage and child labor.



- (v) Understand on important of children's health and nutrition for their physical and mental growth.

• **Formation of Child Protection Committee (CPC) and regularizing the monthly meeting in every village:-** The main objectives are to make an environment where children can get a platform where they can speak and learn and express their feeling freely. The environment where they can move there and they can move without fear. They can discuss about their problem faced by the children and document and it should be solved by the CPC members or it can be present in the PRI. With this objective IDF-Plan India had formed 15 Child Protection Committee in 15 targeted communities. These Child Protection Committee members every month they are coming together. Having their group discussion on various topic such as:-

- Importance of Childhood education and Primary Education
- Discuss with Drop out children on Value education
- Pressurising Parent's of drop out children to sent school.
- Follow up to ensure drop out children going to school
- Made discussion on RTE
- Discussion made during regular group meeting on Child Protection Issues and Child Rights
- Regularising the monthly meeting.
- Discussion made during meeting on child base issues and skill development
- Orientation of Children group members on life skill education
- Organising child led monitoring of essential services
- Sharing of findings of the monitoring at the Panchayat level during Gram Sabha meeting by children representatives
- Initiation of federating children clubs at the village level through innovative issue based activities from time to time.

Result:-

- (i) Total 15 Child Protection Committee formed in 15 targeted areas.
- (ii) Approximately 250 members had taken membership in the CPC, all the CBOs representatives are selected for the CPC.
- (iii) Every month CPC members are regularizing the monthly meeting.
- (iv) 25% CPC members sensitized on the importance of their participation in Gram Sabha, own decision for better future.

• **Celebration of Bal Divas, Annual Sports & Cultural event for children in every village under the direct supervision of CPC at the Block level under the direct supervision of BCPC:-** The main objective is to celebrate Bal divas and organizing annual sports and cultural event was to encourage and motivate children by sports and game for physical and mental growth. To explore the hidden quality of children organizing different activities and sports. To enhance the positive competitive spirit among the children of the same age group and to impart the objective of IDF-Plan India to all the villager of 15 villages. Approximately 5000 children took part in the event. Different sports items conducted as per the age group.



Result:-

- (i) Generated feelings of unity among the deferent villages.
- (ii) To generated Positive attitude on completion among the peer groups.
- (iii) To address the importance of cultural and sports activities for the children as important as education.

Project -3: Early Childhood Care and Development

Activities

• **Training of AWC worker, Sahiyya, CVs and program staffs on home based care and preschool education at the cluster level-:** To give the technical support in terms of training to the Aganwadi worker, Sahiyya, community volunteer and other staff of the CCCD, Program a training program was organized on home based care and value/ importance of preschool education. The topic for discussion was as follows-:

- Pregnancy guide
- Breast feeding
- Guideline/chart for baby food
- Baby personal health care (like teething, diapering, bathing and personal hygiene etc)
- Vaccination and immunizations
- Baby massage
- Play materials/ toys
- Importance of pre-school education

Result-:

- (i) Total 40 AWC workers, Sahiyya and other staff of IDF-Plan India received training on home based care and importance of preschool education.
- (ii) Participants got clear understanding on above given topic.
- (iii) Participant appreciated the program and suggested to organize such kind of the program.

• **Start Growth monitoring of registered children at the AWC-:** A training program organized for the IDF-Plan India staff to orient the staff on purpose of growth monitoring. Especially the community volunteer, field level worker and cluster super visor were trained. They have also given a module/format to do the practical. The technical person came to train the staff on growth monitoring. The main topic of discussion was-:

- What is growth monitoring?
- Growth chart documentation
- Indicators.
- Practical demonstration.

Result:

- (i) IDF-Plan India staff got clear understanding on growth monitoring, documentation, set to indicators.
- (ii) Staff of IDF-Plan India already started to maintain the growth monitoring register with the cooperation with AWC worker.

• **Orientation of Mata Samiti members and two members of each SHG at the village level on the essential component of Home based care-:** A training program organized for the representatives of Mata Samiti and SHG group to orient and sensitize on purpose of growth monitoring. Especially to the leaders of the group. They have also given a module/format to do the practical. The technical person came to train the staff on growth monitoring. The main topic of discussion was-:

- Concept of growth monitoring?
- Growth chart documentation
- Indicators.
- Practical demonstration.

Result-:

- (i) Participants were got clear understanding on growth monitoring, documentation, set to indicators.
- (ii) Representatives of Mata Samiti and SHG leaders were already started to monitor the growth monitoring register with the cooperation with AWC worker.

- (iii) Representatives of Mata Samiti and SHG leaders were supporting to the AWC worker to ensure that all child are taking part of the growth chart process.
- **Procurement of preschool education kits for the AWCs and supply it to the centres-** To make the learning playful, entertainment and interesting and to teach the children, preschool education kits distributed to all the AWC. The AWC worker maintained the learning material. There are good comments coming from the AWC worker. The learning materials are very helpful for the AWC worker, to make understand the children.

Project -3: Household Economic Security

Activities

- **SHG group formation, revitalization and regularizing the monthly group meeting-** To make sustainable access to financial service, stronger livelihood support system, enhancement of strong collective bargaining power, self reliance and sense of dignity and improve standard of living with dignity and empowerment of the women group IDF-Plan India revitalized the 50 existing Self Help Group and 13 new SHG formed. To regularizing the group and bring the unity among the group, they are coming together twice in a month. There are few points which they made discussion during the meeting such as-:
 - Importance of childhood education and primary education.
 - Process to involve in discussion with the parents of drop out children on value of education.
 - Follow up to ensure that drop out children are going to school. Made discussion on RTE.
 - Discussion and share the measure health problem of the community to PRI.
 - Discussion made on health, nutrition and immunization to sensitize the other women.
 - Discussion made on child marriage, child labor and other child hazardous issues.
 - Discussion made on breast feeding, sexual reproductive health, importance of VHND and HIV/Aids.
 - Promoting on kitchen garden, SHG concept, norms, role and responsibilities, record maintenance, internal loaning, group saving and Income Generating Activities)
 - Discussion made on child rights and child protection issues at community level.

Result-:

- (i) Total 50 SHG revitalized and 13 SHG formed.
 - (ii) 50 SHG group had opened the bank account and 13 SHG have on the process.
 - (iii) Regularizing the practice for group saving.
 - (iv) SHG group members trying to motivate the parents of drop out children to send their children to school.
- **Capacity Development of group members about the book keeping methods and other documents maintenance and distribution of printed registers for book-** After the formation/revitalization all groups are having regular meeting to regularize the group. But one of important part of the group was missing during the group meeting. So IDF-Plan India staff found the documentation part need to be orient to the SHG members. So village level capacity building training on book keeping organized. There were three participants were present namely president, secretary and treasurer. Major topic covered on this training program is as follows-:
 - Cash book (weekly saving, Trail balance).
 - Internal loaning, Bank loan reimbursement.
 - Minutes register, meeting register, visit register etc.

Result-:

- (i) Total 189 and 22 staff got training on SHG book keeping.
- (ii) Every SHG group have maintained the records.

- **Skill Development of 30 youth –male (2 from each targeted village) and 30 youth -female (2 from each targeted village) on different marketable trades-:** To help the less educated youths (male and female) and make them self dependant. There are total 54 youths got the training on “Smart operating Design” it’s all about operating the swing machine.

Result-:

- (i) Total 54 youths got the training.
- (ii) 10 students got the placement at Hyderabad by training ATDC.

- **Farmer’s club formation and regularizing the monthly meeting-:** Agriculture is the backbone of the Indian economic as nearly 60% of population depends on agriculture. The intension behind to form the Farmer’s club at grass root level is to build their capacity on technical agriculture with eco friendly. Also motivate them to go for vermin compost, SRI plantation method and linking with the Government schemes. They have regular meeting in the group at monthly basis. The meeting was facilitated by the community volunteer and field level worker. The main topic held during the monthly regular meeting-:

- Made discussion on role and responsibility of the Farmer’s club members.
- Facilitated to develop the norm and rules for the Farmer’s club.
- Regularized monthly meeting and maintain the records.
- Made discussion on grain bank and healthy eco environment agriculture.
- Motivate for promoting kitchen garden, soil treatment and benefits of it.
- Discussion made to link with Government schemes and call center.
- Discussion made on child rights and child protection issues at the community level.

Result-:

- (i) 60 Farmer’s club formed in 15 villages. In a club 15 to 20 members are selected.
- (ii) Farmer’s club members coming together every month and updating their document.
- (iii) Developed capacity building of Farmer’s club members on SRI, Organic farming and leadership.
- (iv) Made concept clear on grain bank.

- **Support to farmers of Farmers club in terms of seeds and fertilisers inputs and also in terms capacity building on improved farming practices like SRI & Organic Farming at the village level-:** To motivate the Farmer’s club members for organic farming and kitchen garden, vegetable seeds were distributed to all the club members. There are also training programs on SRI and organic farming was conducted. There are three members were took participated in the training program. The main topic of discussion made-

- SRI process, method and benefit
- Types of compost like grub composing, Bokashi compost, Humanised and vermin compost.
- Soil treatment and seeds treatment.

Result-:

- (i) Total 180 Farmer’s club member’s skill developed on SRI and composed.
- (ii) Sensitized on SRI and organic farming.
- (iii) Made clear understanding on benefits of soil treatment, seeds treatment and its process.

Project - 4: Health

Activities

- **Activation and strengthening of VHCs-:** The objective behind forming the VHC of the Government of health department is to create awareness at village level about available health service and health entitlement, to develop a village health plan best on the assessment of the situation and priorities of the community, to maintain a village health register and health information board and calendar, to analyse key issues and pertaining of

the village level health and nutrition activities and provide feedback to relevant functionary and officials and to present the annual health report from village to Gram sabha. To make this all objective in the community and to reactivate the VHC, every month IDF-Plan India staffs are taking initiative to organize monthly meeting.

• **Training of ASHA (Sahiyya) workers on health and nutrition technical issues:-**

To orient the ASHA (Sahiyya) worker on health technical issue a training program was organized. There are total 129 members took part on this training program. The main topic of discussion was:-

- Brief discussion on IDF-Plan India.
- Training objectives sharing.
- Health related issue for the pregnant women and children of the community.
- Home base care for infant child and pregnant women.
- Adolescent health care
- Health effect of child marriage.
- Role and responsibility of the VHC and other health sector worker at village level.
- Different Government schemes on health related issue. (Like NRHM, JSY etc.)

Result:-

- (i) Total 129 members participated in the orientation program form three cluster.
- (ii) Brief knowledge received on training objectives.
- (iii) People got brief knowledge on major health related issue on pregnant women and children of the community.
- (iv) VHC committee members were assured their participation to IDF-Plan India staff.
- (v) People got aware on home base care for infant child and pregnant women.
- (vi) People got aware on adolescent health care and health effect on child marriage.
- (vii) People got aware on role and responsibility of the VHC members and other health sectors worker at community level.
- (viii) People got aware on different Government schemes.

• **Orientation of VHC members and ASHA (Sahiyas) on community mobilisation aspects such as developing village health plans along with village health fund:-** One day orientation program was organized to help to develop the health plan. The facilitator shared the metrology and process to prepare the village health plan.

• **Communication activities (Nukkad Natak, puppet show and other communication activities on important events such as NNW, WAD, etc in covering the issues of child marriage, JSY scheme, ICDS facility & Breast Feeding, SRH, HIV/AIDS:-** To sensitized the mass in the micro level few slogan developed on health issue and it was painted in the community.

• **Facilitate community led VHNDs at the village level:-** There is a monthly village Health and Nutrition Day (VHND) observed by the Government in the community. The main objectives are to observe the day is to give the immunization to all the pregnant women, children, malnutrition children and adolescent girls. After the immunization and nutrition food distribution, there were a meeting organized to sensitize on disease and its prevention.

Result:-

- (i) Staff of IDF-Plan India (CV, FLW) ensures that, beneficiaries are coming to the VHND centre.
- (ii) Beneficiaries are sensitized on consequences of disease and its effects.
- (iii) Good rapport among AWC worker, Sahiya, ANM and other related with IDF-Plan staff's.
- (iv) AWC worker, Sahiya, ANM ensure their support in organizing the program in the target area.

• **Organising Health and nutrition camps at village levels:-** To give the need based care to all the villagers as health camp was organized in all the communities. There are medicines for the patient brought. There are two major issues patient were found and they

were referred to Tata Jamshedpur hospital. The patients were given free treatment and medicine.

Project -5: Education

Activities

- **Stay-in-School Campaign at the village level twice a year-:** Stay in school campaign rally organized in 15 villages. The main intent behind for stay-in-school campaign is to spread the message of value education, to make aware the people on education and bring back to the drop out student in the school. In a rally approximately 150 school going student, youths were participated.

Result-:

- (i) The mass people sensitized on value of education.
- (ii) Approximately in a village 150 participant took participate
- (iii) Some parents were counselled to send their children back to school.

- **Capacity building of Children Club on the RTE-:** A capacity building training on RTE was organized in all the villages. The children club members were the main participants. The main topic of discussion made was-:

- Benefits of right to education
- Free and compulsory education.
- The value of education in life
- Career counselling.
- Personality development

Result:

- (i) Children's club members got aware on their education rights.
- (ii) Sensitized on free and compulsory education
- (iii) They made aware on value of education.
- (iv) Got tips to build their career and personality development.

- **Wall painting in every school about the important provision of RTE in local language-**To sensitize the mass in the micro level few slogans developed on Education, RTE, issue and it was painted in the community.

- **Orientation of SMC representative about their roles & responsibility under RTE-:** To sensitized through the orientation program to the School Management Committee (SMC) on right to education. It was a one day program for each school. All the SMC members and all school teacher of a school took part in the orientation program. The main topic of discussed in the meeting was as follows-:

- Role and responsibilities of the SMC
- Concept and Objectives of RTE
- Right to education act.
- To procedure of address of child rights issues.
- Prioritizing the problem of school children.
- Objectives of formation of School Management Committee (SMC)
- Role and responsibility of the SMC members.
- Parent's role to check the children's attendance in school.
- Identify the child violations of child rights and abuses.
- Process to check the drop out at community level.

Result-:

- (i) Teacher and SMC were sensitized on violations of child rights.
- (ii) Teacher and SMC have assured their cooperation with IDF-Plan India.
- (iii) Made clear understanding on objectives of formation of SMC
- (iv) Made clear understanding on role and responsibilities of the SMC members.
- (v) Parents were assured that, they will check the attendance of the school going children.

- (vi) SMC members have accepted the responsibility to encourage the student to come to the school.

Project –5: Water Environment and Sanitation

Activities

• **Orientation of JASC representatives on water and sanitation issues and services, water security plans at cluster level:-** One day an orientation training program was organized for Jal Abam Swachta Committee. The representatives of the group members were present in the orientation training program. The main intention to have the orientation training program is to sensitize the JSAC to motivate the community people to improve the every community health and hygiene through practices. Approximately 120 members participated in the training program. The main topic of discussion in the meeting was:-

- Role and responsibilities of the JASC members
- Importance of water, health and hygiene
- Water bone disease, air bone disease
- Process for water preservation
- Government schemes

Result:-

- (i) JASC members got clear understanding on role and responsibilities of the JASC.
 - (ii) Understand on importance of water, health and hygiene
 - (iii) Understand on cause of water and air bone diseases.
 - (iv) Made clear understanding on process of water conservation.
 - (v) Got knowledge on different government schemes.
- **Mass Communication activities on water and sanitation best practices, important events such as World Water day, etc at the village/panchayat level such wall paintings, nukkad natak etc:-** To sensitize the mass in the micro level few slogans developed on water environment and sanitations issue and it was painted in the community.

Achievements and Challenges

- 50% group regularized and having their regular meeting.
- Awareness generated among community on child rights and child protection issues.
- Youths were got the skill on smart operating to enhance their livelihood support.
- To enhance livelihood opportunities a wide-ranging intervention of land development which includes capacity development in improved farming focusing on vegetables cultivation?
- As sustainability was a prerequisite of all the efforts toward greater production, the success of these improvements is expected to continue. SHGs gave women the opportunity to borrow money to engage in agricultural businesses for the first time, but also allowed them to increase their capacity to take an active political role in their communities.
- Both men and women became aware of their political as well as economic rights, and some became community leaders.
- Having witnessed the effectiveness of the innovations the project introduced, community members also began to take the initiative themselves to plan future endeavors.
- A further benefit of the villagers' improved economic status and opportunities was a significant reduction in migration for work

Project Title:	Community action for Water & Environmental Sanitation Initiatives
Funder/Support Agency:	Water Aid India
Starting Date:	April 2008-March 2011
Coverage:	District: Patna, Block: Maner. Panchayats: 3 Villages: 15 Populations (Direct): 21,000
Human Recourses	1 PC, 2 BC, 6 CLA

Background

Incidence of diarrhoea & other water borne diseases have been rampant due to the poor water, sanitation, and hygiene situation in rural areas of Maner block in Patna district. Sanitation has not been taken up as a priority issue by the PRIs. The community is not aware of the repercussion of inaccessibility to water & sanitation. This is why the community as a whole has neither organised around the issue, nor come forward to raise voice for availability of the services at the local level. Village Water and Sanitation Committees (VWSC) have no grounds and their formation has been reduced to just a formality. Keeping in view the urgency of intervention in the area, IDF, with the support of Water Aid, began to implement the project, focusing primarily on musers, the Dalit community, women, and children.

Scope of the Project

The project extends to the excluded families of the 15 villages of three panchayats of the Maner block, with the purpose of addressing the need of water, sanitation and hygiene facilities for the rural community. The availability of safe water and the availability of sanitation facilities are priorities. Through provisioning, utilising effective channels, and capacity building, mass awareness and behavioural change can be created. Leverage with government and other relevant agencies in the intervention area is also one of the concern areas of the project.

Goal

Reduction in diarrhoea by 80% in the project intervention area

Objectives

- To educate and mobilize the community on health and hygiene in the new areas and propagate rights to water & sanitation
- To increase the usages of sanitary latrines and safe drinking water
- To create and capacitate a peoples' organization for the entire management of the programme that can network with government, panchayat, federation, and NGOs
- To reduce the incidence of diarrhoea and other water and sanitation linked diseases
- Create replicable model on WASH issues and advocate for effective implementation of TSC in the intervention panchayats
- To develop capacity of the staff regarding more technical and educational aspects

Activities:

• **Mechanic Training:**

Three days training was given to impart knowledge and skills regarding different types of hand pumps. Approximately two people from each of the 15 villages were called upon to participate in the training. The basic idea was to develop a cadre of these people within villages so they would be helpful in providing their services when the hand pumps break. As an old partner of Water Aid, IDF has developed all types of essential repairing tools and

equipment which were helpful during the training, so that the resource person could conduct a practical demonstration.

- **Clean House Competition:**

The clean house competition was organized to enforce and to inspire the Female Hygiene Chain (FHC) members of their behavioural changes on Watsan issues. Prior to the competition, the Village Hygiene Promoter observed the households. A formal meeting was organized where 80 to 90 members participated and 24 of those members were given one bed sheet as a prize for better hygiene care at the household level.



- **School Hygiene Promotion Activity:**

All the existing schools are well acquainted about the project intervention on the Watsan issue. School hygiene competitions and campaigns are being conducted among the children to motivate, as well as inspire them, about better hygiene practices. Through these competitions they were also asked to take a lead role in utilizing these practices with their families.

- **Training to Female Hygiene Chain Members:**

The project team provides training for the FHC members so that they can inculcate such knowledge to their neighbours and the community.

- **Nukkad- Natak:**

The Nukkad-Natak performances (15 total) are organized in villages. The performances focus on lack of sanitation and hygiene and open defecation. A huge crowd of 100 to 200 people from the community were present for the show. Upon completing the show, the team members explained the objective behind the show and, to make the session more interactive, questions were presented from both sides.

- **Construction of Household Toilets:**

The construction of low cost toilets is a priority and so far, 40 toilets have been installed.



- **Hand Pump Restoration/Repair:**

Major and minor repair of the hand pumps has been carried out. As of now, 50 hand pumps have been repaired and restored in the project intervention area.

- **Creation of hand pumps (HP) platform:**

Most hand pumps in the villages were found without platforms because most HPs installed by Govt. did not include HP platforms, which is one of the major causes of water contamination. Altogether, 28 HP platforms have been created.



- **Installation of New Hand pumps:**

Six HPs have been installed in project villages. The site selection process was done through the involvement of the existing VWSC of the village.

- **Conversion to Sanitary Wells:**

Under the project provision, it was planned, with the community's consent, to revive drinking water resources by constructing sanitary wells. Thus far, 6 sanitary wells have been constructed.

- **Creation of Compost-Pit (Nadep Model):**

Compost pits were created to ensure the safe disposal of household waste. So far, 28 Nadep Model Compost- Pits have been constructed in the intervention villages.

- **Force & Lift hand pumps:** As a useful source of drinking water at the school level, force and lift hand pumps have been installed in the four schools of the project intervention villages.

- **Wall-Writing:**

Wall paintings are an effective medium for the communication of messages regarding water sanitation and hygiene. Wall paintings are



made in the local dialect, using thematic pictures. Twenty-five wall paintings have been completed in the project intervention villages.

Outcomes:

- Communication of what the safe water sources are
- Preparation of HMD/ORS/SSS
- Potential danger of open defecation and how it can cause hook worm infestations
- Proper and safe method of hand washing after defecation
- Why and how to keep cooked food free from infections, which cause ill health, including diarrhea and other stomach related problems
- How waste and stagnant water can cause many life threatening diseases
- Enhanced level of information on durable, low cost toilets
- Number of open defecations reduced in the surrounding area
- People have started keeping food covered and above ground
- People have started using soap/surf for hand washing after defecation
- For those families who have installed low cost toilets, they prefer to use the toilets
- Community has come forward to construct soak pits/garbage pits for the disposal of solid and liquid waste
- Community has come forward for the construction of the HP platforms

Achievements:

- Raising awareness of the menstrual hygiene management issue among adolescents
- Trained cadre of HP mechanics that are ready to provide their services

- The village Watsan Committee, FHC members, SHGs/Federation members, are in a position to realise the water, sanitation, and hygiene needs and can utilise service providers, such as government and other agencies
- Raising awareness on water quality issues and safe practices of handling drinking water
- Complete open defecation still exists, but the status has improved
- Decrease in the percentage of diarrheal cases
- Menstrual hygiene issues have become a concern among adolescent girls

Challenges:

- Leveraging with TSC (**Total Sanitation Campaign**) is being obstructed due to the sluggish approach of government (Dept. of PHED)
- Sanitation is a secondary issue for the community, as their livelihood is the priority
- Congested habitation pattern

Case Study:

Name: Kaushalya Devi
W/O: Ramakant Manjhi
Village: Tilhari

Under **Singhara** Grampanchayat village **Tilhari** Srimati Kaushalya Devi wife of Ramakant Manjhi belongs to Mushar community always suffer a health problems due to unhygienic living condition. The surrounding was also very dirt which badly effect to her family as well the community. Apart from regular monthly expenses due to severe Jaundice problems at a time Rs.25000 went down in a treatment. The project has opened her eyes and help to take an advantage of the ongoing water, sanitation and hygiene program. She seriously started observing the WASH activity and develops hygiene concern in her family and also installed toilet for safe sanitation. At present her family status is found smooth and so far no health problem is there.



Project Title:	Emergency Preparedness in Bihar
Funding Support:	Water Aid India (AusAid)
Project Started	1 st March 2009
Coverage:	Districts: 5 (Darbhanga, Madhubani, Muzzafarpur, Samastipur, and Sitamarhi) Blocks : 5 Villages: 61
Human Recourses	1 PC, 4 BC, 200 Volunteer

Background

Emergency preparedness is a very important aspect in Bihar. We work with communities in the remote and un-reachable areas of flood-prone districts of north Bihar. Consumption of unsafe water and unsafe sanitation practices aggravate the vulnerability of the people during floods and are the main causes of morbidity. However, safe water and sanitation have not been the issues of priority among the rural communities. After the devastating flood in 2007, Water Aid, in consultation with the Minister for Disaster Management, Govt of Bihar, and its partner IDF, agreed upon a 3-year programme (2008-11) concerning emergency preparedness, which focused on Water, Sanitation and Hygiene (WASH) for flood-prone areas of the state.

Scope

The emergency preparedness programme focuses on availability of flood proof WASH services to communities and assists these communities in dealing with natural and man-made disasters which result in human and economic losses. The intervention started as a result of invitation from the Ministry of Disaster Preparedness, Government of Bihar, in May 2008, to demonstrate, through the involvement of local communities, preparedness measures of potable drinking water and sanitation in hard to reach, flood-prone villages of Madhubani, Darbhanga, Samastipur, Muzaffarpur and Sitamarhi districts. Currently, 61 villages are covered under the project.

Key Components

- Community consultation and general assessment of the flood situation with problems relating to water and sanitation, being faced by the community during floods.
- Identification and selection of the site by the community with consent of the Panchayat
- Identification, orientation, and training of village volunteers
- Construction of all-season toilets and installation of all-season hand pump
- Community monitoring during construction / installation
- Handover of the created assets to the community
- Development and utilization of the IEC materials related to preparedness and do's/don't before, during, and after floods
- Provision of water tank, water filter, and emergency kit in the villages
- Regular community meetings for awareness generation, preparedness and sustainability
- Networking among the other NGOs and CBOs working in the targeted districts and capacity building on the sustainable WASH services in flood prone areas



- Learning from and sharing with other stakeholders, including government departments

Objectives

- Set up models of flood preparedness in 25 villages, for emulation by govt and other agencies
- Develop IEC materials for the govt to promote awareness about emergency preparedness measures on a mass scale
- Train senior govt staff in disaster preparedness measures
- Support Government of Bihar in developing and implementing a comprehensive emergency preparedness plan to effectively support water supply, sanitation, and hygiene requirements in the flood prone areas of Bihar
- Construction of toilets and sanitary blocks & installation of hand pumps
- Hygiene promotion activities in villages, slums, and schools, using IEC materials
- Establishment and training of CBOs
- Training of NGOs on rights based approaches and citizen action
- Development of Emergency Preparedness Plans
- Capacity building of service providers, govt., WASH institutions & others



Outcomes

- 4 seater sanitation units set up in 61 villages which are maintained by the community
- Developed and promoted IEC materials during network NGO trainings
- Integrated Water & Sanitation approach & development of a suitable system to minimize the impact of floods, was included in the Second Draft Water Policy of Govt. of Bihar
- Construction of 5 units of emergency responsiveness sanitary blocks
- 56 units of community toilets have been upgraded
- 10 units of hand pumps have been installed
- 5 maintenance group trainings have been organised
- 50 hygiene education camps have been organised on WASH issues during emergency
- Distribution of 20 emergency kits and 3 Do's and Don'ts Posters (before, during, and after flood)
- Capacitated 30 local NGOs on community based emergency preparedness
- 7 partner NGOs have been trained on rights based approaches and citizen action



- CBDP approach paper & blue book developed and disseminated
- Development of emergency village preparedness plans for 60 villages
- 4 interface meetings were organised in 4 districts and were attended by govt officials, PRI representatives, functionaries of village health & sanitation committees, opinion leaders, EPB volunteers, and general community members

Impact

The intervention has facilitated improved access to water and sanitation during the event of a flood. This has reduced the incidence of diarrhoea and other water borne diseases during floods. Village level task force, Village level Disaster Management Committees, and Village Health and Sanitation Committees understand how to tackle the emergency situation during the flood. The village level volunteer, a trained local resource, maintains a link with the local authorities and keeps the villagers abreast with the latest flood warning.

Lessons learned

- Delivery of the services in terms of numbers was much easier compared to increased community awareness for utilization and its importance for reducing vulnerability. Realization of the problems and collective efforts for finding solutions and owning the solutions by the community was the real challenge. It was overcome by repeated efforts and regular interaction with the community.
- It was experienced during the onset of project implementation that basic sanitation does not appear to be a priority for the rural community. In such a scenario, transformation of such issues from an individual level to a community priority was a challenge. During community meetings, collective realization of the critical problems faced during floods was recognized. These meetings became an entry point for village level interventions and gradually, people started giving priority to sanitation.

Crosscutting Issues Taken Into Account

- Improved Gender Equality
- Disability Inclusiveness
- Environmental Sustainability
- Child Protection
- Anti-Corruption
- Mainstreaming of the Marginalized

Long Term Benefits and Sustainability

The project will have far reaching consequences with regard to the emergency preparedness in the state. This is worth replicating and govt officials have accepted its viability in provision of WASH in flood prone areas. It will certainly diminish the chances of health hazards in the flood prone areas if emulated throughout. Community level resources & mechanisms that have evolved under the project will be responsible for local management of the disaster. The Untied Fund of VHSC may be utilized to meet the expenses of sanitation drives, spraying of chemicals, & refilling of emergency kits which have been handed over to the community. Environmental sanitation & curbing the incidence of enteric diseases will be possible in the long term.

PROJECT-10

Project Title	Promoting Disaster Risk Reduction and Climate Change Adaptation Measures in Flood Affected Villages of Muzaffarpur district of North Bihar
Funder/Support Agency	OXFAM INDIA
Starting Date of Project	1 st April, 2010
Coverage	District: 01, Blocks:04 (Gaighat, Meenapur, Katra, Aurai), Panchayats: 18 Villages: 40, Population: (Direct): 13,350 (Indirect): 58,230
Human Recourses	1 PC, 4 BC, 9 CLA

Background

Regarding the flood in 2004, **Muzaffarpur** district was one of the worst affected districts of Bihar. IDF took responsibility for 2,400 families throughout 35 villages in three blocks- Gaighat, Katra and Meenapur. IDF initiated the job by providing food to the victims. IDF then set up health camps, veterinary camps, and shelter for the homeless, blanket distribution, safe drinking water, utensils and vessels for water storage, etc. This experience provided first-hand learning for future preparedness so that the community is prepared to minimize the problems collectively.



Visiting Team from OXFAM INDIA with Community Members at Methnapur Village in Minapur Block

IDF, thereafter, with support from OHK, carried out the programme with a focus on **Disaster Risk Reduction (DRR), livelihood promotion, and climate change adaptation for target community in the 40 villages**. In the first year of operation the community expressed their interest in disaster preparedness measures. Priority was given to: the grain banks to meet emergency situations, the dykes, rising of houses, and rising of hand pumps. The livelihood and economic activities were the main concerns in the second year. The community mobilization processes was strengthened.

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Scope of the Project

IDF has been working on DRR issues in four blocks of Muzaffarpur district. The beneficiaries are mostly belonging to socially and economically poor communities, with a special focus on women headed families, the landless, the elderly, and families with physical disabilities. The project was implemented with the direct involvement of the following stakeholders: the vulnerable communities, panchayati raj representatives, government front line workers, civil society organizations, and socially active bodies. Immunization, pre and post natal care of pregnant women, health and hygiene issues were pertinent with ASHA and ANMs while infrastructure development, MNREGA, and social security issues were linked with the PRIs and block officials.



Bridge constructed at Ramnagar village from Panchayat fund by active involvement of VLC

Goal

Increase resilience of vulnerable women, men and children through promoting appropriate DRR and adaptation measures, while addressing policy implementation gaps.

Objectives:

- To enhance the coping capacities of a community and its institutions
- To withstand disaster risks due to climate related hazards through improved community level preparedness and adaptive measures. (Emergency Response Capacity Building)
- To enable vulnerable communities, especially the women and children living in flood prone areas, to identify and manage public health risks
- To increase food and cash security through promotion of context-specific (taking consideration the changing climate) agricultural packages with existing Farmer's Clubs
- To build the organizational preparedness capacity of IDF and its network partners with improved knowledge and skills for effective humanitarian response during disasters

Activities

• Village Level CCP Review and Planning Camps

40 CCP review and planning camps were organized with the objective to create a plan for flood preparedness and create a response mechanism that minimizes the risk of disaster. 941 community members from 40 villages were actively involved in the following process:

- Situational analysis of the village
- Problem identification and prioritization
- Formulation of action plan
- Role and Responsibility with time line

• Orientation of SHGs on Operational Skills

Capacity building programmes for SHGs, in the form of one-day trainings, were organized in 36 units at all four working blocks. 887 group representatives participated in total. The training focused on capacitating participants on the issue of group management and book keeping. Positive

change has come from such trainings: SHGs meet regularly, increase in attendance, better & timely repayment, lesser conflict, increased situation handling capacity, and proper maintenance of records & account books.

• Interface/ Convergence Meetings

Interface/convergence meetings were held with the objective to build strong linkages between community institutions and government departments to address DRR issues collectively in a more organized way. The agenda of meetings was as follows:

- IDF's experience on DRR initiatives
- Sharing of Community Contingency Plans
- Strategic planning for collective efforts to minimize disaster risk

The interface meeting helped in developing better coordination with govt line departments to address the felt need of the community in relation to DRR. The meetings have led to an increase in accessibility of the required services which were earlier lacking due to unawareness.

• Mock Drills on Emergency Preparedness and Life Saving Skills

18 units of mock drill exercises were held, in which 319 Participants, from 40 Villages, participated and learned life saving skills. Orientations were planned at the village level to communicate the lessons of the mock drill exercise. In each orientation, 20 members were targeted. Three orientations were conducted in each of the villages.



Villagers Preparing a Resource Map in the Dahia Village at the Gaighat Block during a CCP Camp

- **Capacity Building of 100 Volunteers on Emergency Response**

Training on emergency response was carried out in all the four intervention blocks, where 100 volunteers were imparted training in 4 batches. The entire training was demonstrative and participatory. Practical exercises on bone fracture, artificial respiration, handling of water related emergencies, and making of life jackets and temporary stretchers, were undertaken. Volunteers were identified at the village level in consultation with the village level committee for which the criteria of selection was: youth (18-35 yrs) permanently residing in the village, and possession of additional knowledge & skills in relation to health, search & rescue, etc.

- **Promotion of WASH Model Village**

The concept of WASH villages were visualised with the objective of making a model within the village that incorporated healthy hygiene practices. This proves challenging in our working areas, as flooding is a regular occurrence. Efforts were made to capacitate the VHSC and monthly meetings with the committee were held at all three model villages. Open defecation and waste disposable management were discussed. To ensure sustainability, efforts were made to develop skills via WASH camps at the village level, which were organized by members of the VHSC.

- **Training to Swasthya Saheli**

18 units of training were imparted to Swasthya Saheli on the various issues of WASH. In the training, 352 members were capacitated on: the five steps of hand washing, personal hygiene, environmental hygiene, safe water chain management, and first aid in emergency.



Girls learning first aid for fracture cases in Hassna village in Gaighat Block

- **Orientation to School Children**

To promote public health messages among the community on WASH, 30 units of orientation with school children were held at different sites, in which 878 school children and 24 teachers participated.

The event was done in two phases. In the first phase, school children were orientated on public health messages. In the second phase, essays and quizzes on the above said messages were organized, and successful students were rewarded.

- **Raising of Hand Pump**

IDF is involved in raising and repairing work of HPs on a regular basis, and almost 300 hand pumps have been revived so far. This year, 4 HPs were raised, as per OXFAM Model. In the process, focus was given to those HPs which came under the WASH model village. It was ensured that the site could be accessed by a maximum number of families.

- **Promotion of Vermin Compost**

250 farmers received assistance to initiate vermin composts. Altogether, three units of a one day training/orientation were organized on the issue of vermin compost preparation, at three different places where 134 members of the Farmers Club were capacitated on the importance of organic manure, the requirement for preparing vermin compost, and the method of application of vermin compost in the field. In the second half, participants were capacitated on the methods of preparation of vermin compost through demonstration. After the training, all the farmers who participated in the training were provided with 1 KG of worms to start the unit.



Farmer producing vermin compost manure in the village of Bacuchi in Katra Block

Through community meetings, the above-mentioned activity increased awareness generation to the larger masses on SRI/SWI & vermin compost.

- **Develop/Upgrade OLDP with Partner Organisations**

A one-day workshop was organized with the network partners to develop and upgrade OLDP for their respective organisation, with the objective of developing a better understanding on the response plan in emergencies. During the workshop, representatives from seven organizations participated and became acquainted with the techniques to develop OLDP.

Scenario Setting: In this session, participants were told to set a hypothetical scenario of a disaster situation and setting a numerical figure of damage, keeping flooding in mind.

Response plan: In this session, a response plan was discussed. Focus was given to setting different levels of hierarchy within the response plan.

- **District Level Meeting**

A daylong district level meeting was organised on 29th March, 2011. Participants included NGO/PRI representatives, media persons, and community members. The meeting's objective was to contextually analyze the approaches to disaster & concepts of DRR, to develop an understanding among CSOs, to strengthen the network on DRR issues, to assess advocacy work on DRR issues, to finalize an action plan for advocacy on DRR issues, and to create a consensus on DRR issues & its approach.

- **Social Audit**

Social audit on MNREGA was conducted in four villages of IDF's working area, with the objective of understanding the effectiveness of implementation of MNREGA from the poor villagers' perspective. The following are the major findings of the study:

- The job card holder was totally unaware of the benefits under MNREGA Program
- The interference of a middleman is prominent and is misdirecting the program
- The basic facility provisions under the scheme i.e. medical care, safe drinking water facilities, and nurseries for babies, are missing at the work place
- Regular occurrence of: bribery, issuing fake job cards, and incorrect entries in muster roll
- Delayed and less payment to labourers

Project Output:

- Life saving skills are known by communities of 40 villages
- 100 trained volunteers are ready to respond at the local level and are ready to serve the needy during emergency
- All 6 LSS are equipped to support community access to Govt. social security schemes
- 3 WASH model villages created
- 100 Vermin-compost pits prepared by the farmers and more than 20% of the farmers of FCs adopted vermin compost in cropping
- 200 Farmers initiated SRI/SWI farming across 40 targeted villages
- Safe drinking water ensured for at least 200 households (HH)
- Members of 40 Farmers Clubs practicing flood/climate change resilient cropping system
- Community contingency plan prepared in 40 villages
- 6 well established LSS act as an operational unit during flood days, and link other social security schemes
- Food security is guaranteed to all vulnerable families during disaster situations for a one week period

Outcomes:

- The community has begun viewing Disaster Risk Reduction in a more holistic manner, understanding the prime focus for preparedness at the family & community level
- SHGs & VLCs have emerged as vital actors in addressing the issues of DRR
- Community members have developed a clear understanding in relation to their rights & entitlements, and have come forward to avail them at various levels.
- Adaptation of innovative farming techniques by a number of farmers has paved the way to address issues of climate change
- School children have become foot soldiers at the school & family level to propagate good WASH practices, which has resulted in fewer cases of water borne diseases
- Consistent & sincere efforts over the years to address the issues of DRR have been

acclaimed by the media, which is visible through media coverage of events



Kamini Devi of Suraj mahila Samiti on election campaign drive in Bishunpur village of Katra block. She is fighting for the post of Panchayat Samiti in upcoming PR Election

Challenges:

- The project initially progressed slowly because of delay in fund transfer in organisational account
- Assembly elections followed by panchayat elections also created hurdles in the ongoing activities to be executed as part of the project
- Selection of seeds should be done after soil testing to ensure better yields in adapting the SRI/SWI method
- Severe and long cold wave also put many activities on stand still
- The understanding about climate change among the project was limited and therefore, difficulty appeared when implementing the same at the ground level
- The knowledge & skill base of most of the ASHA/ANM/PRI members is relatively low

Case Studies:

Paving the Way!

I, Chandeshwar Prasad S/o Ram Bahadur Prasad, am a native of Bahwal Bazar, Manikpur. My family comprises of my parents, wife, 3 daughters, 1 son and myself, i.e a total of 8 members. I, along with my family, am dependent on agriculture; our sufferings are worsened as I have a very small landholding fit for agricultural purposes. In a year, I manage to take two crops from the land, but that is largely dependent on the flood situation, which further minimizes the yearly produce. Thus, the food security of the family further dips to 7-9 months per a year, forcing us to look for options for wage labour so that the family is not left with no choice but to sleep hungry.

I have been involved in traditional methods of cultivation over the years and there is a large amount of dissatisfaction as the input ratio is on the steep rise and the yield is continuously dipping. During a community meeting, I came to know about IDF's project and during the orientation, I felt that this could help me gain additional knowledge & hone my skills in agricultural practice. Thus, I became a member of Azad Kisan Vikas Samiti and in one of the meetings, was oriented about Vermin Compost and wanted to understand the detailed process, as I felt that this would help me reduce my input fertilizer cost. I was a part of the

training on techniques to prepare Vermin Compost pits and also received information regarding subsidy provided by the agriculture department to farmers for setting up such pits. I received subsidy for 2 units of vermin compost. In place of the chemical fertilizers that I was using, the vermin compost prepared from these units was used for potato cultivation and for other crops too. As a result, my potato crop far exceeded everyone else's in the village. I was also selected by the District Agriculture office to display the potatoes during Kisan Mela on Bihar Diwas. The team of experts present from various departments accorded my potatoes (which on an average weighed 650 gm) first place in the Muzaffarpur district.

From then on, I decided to build more units of vermin compost and my success story has led 25 other farmers to submit their applications for units of vermin compost. By adapting to using vermin compost, higher yield has followed, which has paved the way for increased food sufficiency. I have taken a pledge to generate awareness on the topic within my community.

Root of Life

I, Santosh Bhagat, am a native of Ram Nagar village and have 7 members in my family—my



wife and 5 children. My occupation is farming and my family is dependent on the agricultural produce during the crop season for its sustenance. Our lives are continuously affected with the occurrence of floods which results in huge losses due to crop damage, as well as other related problems. I have been involved in traditional methods of crop cultivation, but the produce from the same piece of land over the years is on the decline. Thus, wage labour and seasonal migration, which can be exploitative, become a means to fulfil the need of the family.

The answer came in the form of an Oxfam supported IDF project, during which in November 2010, training was organised on SRI techniques to produce wheat, which provided hope to me in terms of increasing the crop production to increase food sufficiency for my family. After the training, I decided to experiment on cultivating 0.3 acre (4 Kattha) of land based on the directions provided during training on the SRI technique. After the first irrigation and weeding process, the positive result was visible and after the second irrigation, the entire field looked much greener than any other field with the same standing crop (wheat). On further observation, I noticed that where 5-7 plants once grew, I now had 35-40 growing plants.

I am extremely happy and motivated, as fellow villagers have begun to show interest in the SRI technique. In the near future, I will disseminate information and do my part to assist people on the SRI technique to help increase foods sufficiency at the village level.

Project Title	Rights Based Disaster Risk Management in North
Funder/Support Agency	Dan Church Aid
Starting date of the Project	1st January, 2010
Coverage	District: Muzaffarpur, Block: Katra Panchayats: 2 Vill: 11
Human Recourses:	Population (Direct): 3,124 (Indirect): 21,123 1 PM, 1 Network Coordinator, 2 Facilitator

Background

The population of SCs in rural Bihar is around 18%, or 16 million people. Dalit communities are fragile and susceptible to accept their low status in society. They remain politically volatile and economically excluded because they are not organized and are subject to exploitation. They have a lack of quality leadership as they have no education and are mostly, 91%, landless. Moreover, they lack bargaining power, placing them in the last echelon of the social order. Frequent disasters also play a crucial role in their lives, as the man made or natural calamities bring sorrow and fall heavily on the shoulders of Dalits. Since their socio-economic & political status is utterly low and their participation in decision making is negligible, they face the plight of harsh conditions- be it social, political, economical, and even natural calamities. Their coping mechanism is relatively weak and government services hardly reach them, resulting in denial of their rights and entitlements.



State level Workshop on DRR Policy & Advocacy

Flooding frequently affects the rural population, especially the poorest communities. The outreach to a large chunk of the population is both resource and time intensive. Therefore, a network approach with local organizations who are already working is much more feasible and effective. Secondly, advocacy campaigns cannot be done in isolation or single handedly; thus, there is a great need for CBOs/NGOs to collaborate and effectively indulge in advocacy and campaigns for the right holders i.e. the vulnerable and poorest groups.

Scope

The project aims to develop a model for better preparedness at the community level in relation to Disaster Risk Reduction (DRR) and develop the capacity of the Dalit population to come out of the shackles of being socially excluded. The prime focus of the project is on policy advocacy on an integrated DRR approach in developmental initiatives, through increased cooperation and sharing among key stakeholders, policy makers, governments, and allies, to ensure that the duty bearers become more accountable to right holders in quality response and mitigation work.

Goal

Capacitated Dalit communities have the strength to reduce their vulnerabilities of disasters and hazards and live a dignified and better life in a sustainable manner, and have a voice for their rights and entitlements as part of the inclusive development phenomenon.

Objectives

- An exclusive network is created to advocate DRR and climate change in north Bihar and to promote reduction in risk and vulnerability of the marginalized groups of rights holders
- To improve the institutional capacity of IDF and its network partners to holistically address the issues of Disaster Risk Reduction and Climate Change at the regional level
- To strengthen the community through providing a community based structure for reducing all kinds of discrimination against them, related to gender, caste, religion, social exclusion, etc. within the context of disaster risk reduction and humanitarian response, to ensure an inclusive development approach of the society and the government

Activities

• Planning Meetings with Core Staff

These meetings with project staff are conducted on a regular basis to review the monthly plan, as well as to understand the trend of what worked well and what did not.

• Capacity Building of all Project Staffs on DRR, Response, and Climate Change

The capacity building workshop was conducted on DRR, response, and climate change. The participants involved talked about their experiences with flooding, fire, cold waves, etc. They also discussed the response with which they have been involved. After, natural & man-made disasters were discussed. A guide was given concerning simple things that villagers could do to stay safe and protect their property from floods.



Capacity building of SHG members on DRR issues

• Capacity Building of SHGs on DRR issues

Three units of training, involving 88 participants, were organized under the project. A total of 20 SHGs have been formed across the 11 intervened villages, and meetings are held on a fortnightly basis to allow for continual follow ups of the trainings conducted and to increase knowledge of SHG members in relation to their rights & entitlements.

• Capacity Building of VDMC members

The Village Disaster Management Committees (VDMC) has been formed in the 11 intervened villages and 3 representatives from each VDMC were a part of the training conducted. This training included expectation mapping of the participants, which was followed by a presentation on the goals & objectives of the programme. This led to a discussion on the functions of VDMCs, roles & responsibilities of members, and the development of a Village Contingency Plan. Three batches of training comprising of 72 participants have been organized.



Capacity building of VDMC members

This was followed by setting up action plans by the VDMC & the listing of members who are taking responsibility at the village level. VDMC meetings are conducted on a monthly basis.

- **Capacity Building of Task Force Members**

Trainings of Task Force Members were conducted to orient them about rescue and first aid during flooding. A total of 108 members were imparted training in two batches. Then, the role & responsibilities of the various units (information dissemination, First Aid provision, Search & Rescue, Shelter Management) were discussed.



Facilitating Mock Drill

The mock drill involved representatives of task forces across the intervened villages. They were imparted training through first hand practice via role plays conducted in relation to information dissemination in disaster situations, administering first aid in cases of snake bites, diarrhoea, bone fracture, burns, and saved cases from drowning. This involved the use of items provided in the rescue kit. There was also a drill on Search & Rescue, which involved practicing the use of ropes & sticks to rescue a person from drowning as well as preparation of a temporary stretcher made of bamboo sticks & a blanket. 4 units of this Mock Drill were organized with the participation of 168 people.

- **Exposure Trip to Taru Mitra Ashram, Patna- VDMC Members/Programme Staff on DRR & Climate Change Adaption**

The trip to Taru Mitra was arranged for 32 members, both project personnel and VDMC members, with a view to generate ecological sensitivity, equip its members with skills in handling local environmental problems, and organize campaigns for the preservation of bio-diversity. The nursery visit also helped the participants learn about plants of medicinal value & the utilization techniques in countering fever, rashes, malaria, diabetes, joint problems, and Gastroenteritis problems.



Trip to Taru Mitra

- **Workshop for Pre Monsoon Sharing of Best Practices on DRR & ER issues**

The workshops were conducted in Madhepura (28 participants), Muzaffarpur (25 participants), Purbi-Champaran (16 participants), Darbhanga (37 participants.) The workshops included network partners sharing the best practices, pre-monsoon, on DRR & ER issues from surrounding districts. Representatives of NGOs, CBOs, and members of the VDMC all shared their preparedness strategies for flooding, and the emergency response which they conducted over the years. The best practices involved: formation of a Village Contingency Plan, Family Utility Kits, First Aid Kits, training of task forces in information dissemination, administering first aid, search & rescue teams, shelter management, Grain Banks, and pre-positioning of relief materials (including food items (FIs) & non-food items (NFIs).)



Meeting of SHC Members

- **Capacity Building of Network Partners on DRR Policies & Advocacy**

Representatives of network partners of Mission DRR from various districts of North Bihar were oriented on State Disaster Mitigation & Management policy, understanding the gaps in relation to structural committees i.e. at State & District levels, minimal role of CSOs & community in District Plan. This has further provided a platform for the network partners to mobilize public opinion on the existing policy. Moreover, this training also led to increased knowledge among network partners on Standard Operating Procedure (SOP) of the Bihar Government for Flood Disaster Management, which includes a Preparedness, Response & Rehabilitation Strategy. They were further given copies of the checklist of activities under the SOP in relation to Preparedness, Response & Rehabilitation. Thus, further dissemination of information to the masses in relation to the checklist & strategizing to voice their concerns, as well as demanding for the same will serve as a catalyst in ensuring the rights & entitlements of the right holders.



Capacity Building of Network Partners

- **The State Level Workshop on Policy Analysis and Advocacy on DRR**

The state level workshop saw 90 participants, including: people from various CSOs in the state, media persons, activists, academicians, and people from INGOs. Together, under the same roof, they came together to provide feedback on State Disaster Mitigation & Management Policy in relation to Structure of Nodal Agency, Preparedness, Response, Recovery & Rehabilitation, as well as development of an Action Plan to advocate for the identified causes in relation to Disaster Risk Reduction. Participants divided into 5 groups, with a selected resource person for facilitation, in order to carry out the activity.

Output:

- Formation & strengthening of 20 SHGs mostly of SCs in the villages
- 1 Village Disaster Management Committee (VDMC) formed in each intervened village (i.e. a total of 11 VDMCs formed as an additional village Baradih was included)
- Representation of SCs, EBCs, and women in SHGs (71%, 21%, and 8% respectively) & VDMCs (59%, 24%, and 7% respectively, others- 11%)
- Increased knowledge & skills to deal with a disaster situation in terms of search & rescue
- Increased knowledge & skills on Disaster Risk Reduction in all of the 11 villages intervened
- Sharing, by IDF to the network partners, of the field level initiatives on institution building on DRR
- Around 100 CSOs under the aegis of Mission DRR, and a total of 106 participants were oriented about the network-Mission DRR from various CSOs (F-16, M-90)
- Media report on zonal workshop on DRR, held in Saharsa & Madhepura (28 participants), Muzaffarpur (25 participants), Purbi Champaran (16 participants),



Capacity Building on DRR

Darbhangha (37 participants)- which included network partners for pre-monsoon sharing of best practices on DRR & ER issues

- Preparation & dissemination of Disaster Management Resource Bank to network partners Compilation & printing of 100 booklets on: State Disaster Mitigation & Management policy, Statement of Procedure of Bihar on Flood Disaster Management, advocacy & best practices, which were disseminated among community workers, network partners, members of academia, activists, media persons, and members of donor agencies.
- Review of Disaster Mitigation & Management Policy as well SOP-Bihar on Flood management
- Reporting on best practices and findings of indigenous coping mechanisms of vulnerable communities
- 11 FGDs within communities in the intervened villages comprising a total of 331 participants (F-195, M-136) to spread awareness in relation to the plight of the marginalized
- Awareness generated amidst the community (total of 277 through SHG meetings & total of 331 through FGDs) in relation to women, elderly, disabled & child centric welfare schemes of the government

Outcomes:

- Organised and structured communities into two tiers ensuring their rights and entitlements and fighting against all kinds of discriminations prevailing in the society
- Increased access to rights and entitlements by discriminated vulnerable groups in the event of a disaster
- Reduced discrimination as a result of focused targeting of marginalized groups and involving the whole community in addressing the root causes for inequality
- Marginalized at-risk communities, especially women, children, elderly, and people with disabilities, are enabled and empowered to participate in hazard-specific mitigation and disaster preparedness activities
- Community institutions are equipped with knowledge and skills for disaster response and prevention, and have developed mitigation plans and activities
- An exclusive platform promoting cross-learning, best practices, and taking up regional issues of lobbying and advocacy
- Network partners have enhanced their organisational capacity to address the macro causes of disaster risks and vulnerabilities
- State and civil society organisations have undertaken joint initiatives on risk reduction
- Documented best practices and new knowledge of indigenous coping mechanisms of vulnerable communities

Challenges:

- **Liasoning with State & District Disaster Management Authority**
 - Ensuring proper liasoning with network partners and SDMA & DDMA through effective support building in various districts by collectivizing on work
 - Sharing of findings on best practices & indigenous coping mechanisms of the community with the authorities
- **Catalyzing the work of Mission DRR in the various districts & enlisting mass support to bring the Rights Based Approach to the forefront on DRR issues**
 - Organising the associate partners at district level to take on issues regarding the outcome of the state level workshop– Review of Disaster Mitigation & Management Policy

- Usage of checklists provided in Statement of Procedure–Bihar on Flood Disaster Management as a cue for focused advocacy at the district level by forming pressure groups to enlist wide public support

Case Study:

Travelling Upstream

Kishore Paswan is 45 and from Siswara (Paswan Tola) village in Sonepur panchayat in Katra block. His livelihood is based on leased farming, is highly vulnerable to destroyed crops from regular flooding, and therefore low produce and returns. He lives with his family, including his wife and four children (3 sons and 1 daughter) who are dependent on him.



The Katra Block of the Muzaffarpur district lies in the North Bihar region, which is surrounded by mighty rivers such as the Baghmati & Lakhandevi, which affect life in the region from June to November because flooding is a recurring phenomenon every year. Due to flooding, communication is severely affected and people are highly dependent on boats to ferry them in order to accomplish their day-to-day activities.

There are not enough ferries in terms of the need (defecation, wage labour, purchase food items, medicine, and fetching food for livestock.) Assistance in terms of boat availability from government line departments remains crafted on papers, which further worsens the situation, especially for women, children, elderly & disabled, as they have to travel up to 2 kms upstream against the strong current, in order to reach a dry place to defecate. Thus, in such times, they are left with no option but to defecate in the river itself.

During community meetings held by project staff, Kishore Paswan heard about the formation of the Village Disaster Management Committee (VDMC) & its role in Disaster Risk Reduction and then joined the group. In the monthly meetings of the VDMC, it was decided that, in order to be better prepared for the situation that affects communication during flood season, they would ask the Block authorities to provide a boat. In July 2010, they met the Block Development officer (BDO) Mr. Abdul Rahman thrice but with no success. Thereafter, Kishore Paswan led VDMC members along with SHG members to meet an influential local leader, Shri Vishwanath Singh, with whom they shared their concern. They then placed pressure on the Block Development Office (BDO). The BDO suggested that a boat be purchased at the village level and the government would give weekly payments (i.e. for 2 persons @ Rs 200) for rowing the boat.

Kishore Paswan then purchased a second hand boat @ Rs. 12,000 at the end of July 2010. Once the boat arrived, there was a lot of excitement amidst the members of the Paswan Tola (hamlet) and the nearby tolas, as they would now have a mode of transportation to suffice their basic needs. The months that followed, the boat fulfilled the needs & expectations of the villagers, as it had provided them a mode for travelling upstream.

Despite his initiative bringing relief to hundreds of families, the government still has not repaid his money. As of now, there are scores of villagers in the Katra Block whose payments are overdue by at least a year. Kishore Paswan, with support from the members of VDMC, is mobilizing fellow villagers for the purpose and is determined to make the government fulfill its promises in the coming months.

Project Title	Dalit Women Empowerment through Self Help Group Initiative and Microenterprise
Funder/Support Agency	LWR (Lutheran World Relief)
Starting date of the Project	1st August 2009
Coverage	District: Vaishali, Block: Rajapakar, Panchayats: 12 Villages: 25 Population (Direct): 650 women, Population (Indirect): 3,000
Human Recourses	1 PC, 1 CC, 8 CLA

Background

Women of the rural area, especially those belonging to the dalit community, are deprived of resources. Lack of knowledge and their poor social status have adversely affected their access to existing services available under different schemes/programmes. They lack vocational skills which could help generate income and could help them run their own micro enterprises. IDF started implementing projects in 12 panchayats of Rajapakar Block of Vaishali district, with the support of Lutheran World Relief, to organise these dalit women via SHGs and build their capacity to begin economic activities to ensure a steady income to help support their families.

Scope of the Project

The project primarily focuses on 650 women belonging to a scheduled caste and scheduled tribe (650-SC/ST women) and their families. The project aims to ensure that these women have increased access to credit, and increased capacity to mobilize govt. resources and rights/entitlements. This program includes creating systems and mechanisms for ensuring steady income for 455 women through micro enterprises and agriculture value chain interventions on leased land. The project also helps build their income generation/business skills. With this, these families will have improved access to credit and will gradually be less dependent on moneylenders and will be free from the debt trap into which most of the target families have fallen.

Goal

650 dalit women from 25 target villages in Vaishali district have increased access to credit (through SHGs) and about 70% (455) of these women have steady income of Rs.1200 per month through microenterprises by 2012.

Objectives:

- To organize 650 women from 25 villages into 45 SHGs and to strengthen their capacities in functional literacy, micro-credit management, and leadership by 2012
- To increase awareness among the target women SHG members and their male partners on: gender, Panchayati Raj (local governance) systems, accessing existing government services (health care & drinking water,) and government sponsored programs by 2012
- To train 4,551 female SHG members on income generation activities/enterprises
- To increase women's access to credit for IGP/enterprise activities by revolving capital support to SHGs by 2012

Activities:

- Organized training for 69 SHG leaders on their leadership role and responsibilities
- Conducted one training program for 72 SHG leaders on group management norms, savings/credit systems, and banking procedures.
- Conducted capacity building training program for 91 SHG leaders on group accounting
- Organized exposure visit for 135 SHG leaders and 15 resource/staff
- Organized an orientation for the rest of the 352 women SHG members from 45 SHGs on group management by SHG leaders
- 35 literacy sessions have been done via laptops and other reading materials
- Training to the functional literacy instructors
- 24 LRGs have been formed
- 45 bank accounts have been opened
- Organized 9 capacity building workshops for 250 members of LRG and field staff on gender, local governance systems, accessing existing government services (i.e. health care and safe drinking water)
- 24 LRGs have organized village level workshops to



Tara Literacy Programme

- Baseline and Assessment viable Livelihoods option by 2 market studies have been conducted on identified potential trades-animal husbandry, bamboo craft, collective agriculture, etc
- Identified 14 village resource persons and conducted training on providing on-going technical guidance/input to support women involved in IGP activities
- Developed 5 demonstration units on improved agricultural interventions/vermin compost
- Release of group based revolving fund 748,000



Vegetable Shop Run by SHG Member



Exposure Visit to Federation

sensitize the rest of the 515 women SHG members and their male counterparts on gender, local governance, and accessing existing government services

- 8 campaigns have been organized at the village level by SHGs with the support of LRG and project team on participation in PRI/local governance events, cleanliness, health, and sanitation, through IEC materials



Training of SHG Leaders

- 3 interface meetings have been conducted

Output:

- 135 SHG leaders have been trained on the leadership roles and responsibilities, group management norms, saving/credit systems, and the banking process
- 135 SHG leaders have been trained on group accounting
- 135 SHG leaders exposed to sustainable and successful SHG
- SHG leaders gave trainings to 515 SHG members
- 280 members can read and write their names
- 24 LRGs at each village level have been formed to support SHGs.
- 45 SHGs have opened bank accounts
- LRG members have been trained on different issues
- LRGs have given training to sensitize all group members on different issues
- With the help of LRGs, village level campaigns have been organized in which members and their families benefitted and got free services
- Two phases of market studies have been conducted to identify suitable trades
- Village level resource persons have been identified to support members in establishment of their business/trades
- 5 demos of vermin compost have been developed in different villages
- Revolving funds have been disbursed to SHG members
- In Interface meeting, SHG members came in front of institutional officials, including bankers and other government employees and gained knowledge from them
- Central Bank has adopted the village of Mirpur Patar



Interface Meeting of SHGs and Bankers

Outcomes:

- 45 SHGs comprised of 650 women from 25 villages are effectively managed with sound financial and management systems
- SHG leaders from 25 villages have taken a lead role in managing
- 650 SHG members have access to credit for productive purposes
- SHG members have achieved freedom from moneylenders
- 25 LRGs serve as local peer support systems, formed and operational to support SHG women and their male partners to demand for their rights, entitlements, & govt. services
- Increased awareness of women and men on gender, local governance, and government services



Vermin Compost Center



Petty Shop Run by SHG Member

- Women SHG members and male partners are able to articulate/voice their demands in Gram Sabha (village council/local governance system)
- Women SHG members and their male partners have increased access to their rights, entitlements, and govt. services/programs
- 280 members can read and write their names.

Case Study

Asha Devi, 34 years old and a resident of Laxmipur Bakhri Village, in the Rajapakar block of Vaishali is a Member of Om Mahila Self Help Group. She and her family were struggling for bread, as her husband was working as a daily wage labourer, earning 50-70 rupees a day. She had to feed her entire family with that wage.

One day a meeting was organized for dalit women in her village. She participated in that meeting and came to know about the importance of the SHG and so, Asha decided to join. She then placed a proposal for a loan from the group to run a petty shop. On receiving that loan, she started petty shop in the village. Currently, she is catering to the needs of approximately 50 households, supplying them with grocery items. This endeavour has changed her economic and social status and she is popularly known as Samuh Ki Didi.

Project Title	Child Center Community Development Program
Funder/Support Agency	Plan India
Starting date of the Project	Jun 2008
Coverage	District: Vaishali, Block 1(Rajapakar), Villages - 22 Population:
Human Recourses	1PM, 4PC, 14 FLW

Background

The CCCD program designed to bring about development of child (0 -18 yrs) through improving the socio-economic status of the entire community focusing **Health, Sanitation, Child Protection, Child Participation, Quality Education, Livelihood and Disaster Risk Reduction**. The program, that covers 22 villages of Rajapakar block, Vaishali district, is supported by PLAN India through sponsorship for children that the program counted 2150 as of now.

The year has achieved a lot through different awareness events/workshop/capacity building program/liaison with stakeholders etc. among others.

Reproductive Child Health:

Activities

- Orientation of pregnant women/mothers: 532 pregnant women/mothers have been made aware about safe delivery, pregnancy care & infant feeding practices & treatment of diarrhea. It covered all 22 villages. They also were informed about Govt. facility where the related health services are available and how to avail those.
- Orientation of eligible age group: Eligible couples and adolescents off all project villages were capacitated in 50 nos. of orientation programmes. 686 eligible couples & adolescents gained knowledge about availability & use of different family planning methods.
- Capacitating on HIV/AIDS awareness: In 4 units of capacity building programmes 104 adolescent boys/girls from youth clubs were oriented on HIV/AIDS/RTI/STI and family life skills. The trained youth club members consequently made their co-members aware on the same.
- Organising ANC camp: 168 ANC camps in 36 different locations organized in selected pockets areas which are distantly located from the health/ICDS facilities. The pregnant women were motivated to receive related subsequent health services from ICDS/health. Immunization camp was organized in 36 different locations that covered 435 children.
- Capacity building of service providers: 46 ANMs and 65 ASHAs were capacitated on mother and child care including quality accomplishment of their roles and responsibilities.



Sanitation and hygiene:

- **Capacity building of CBOs:** 5 capacity enhancement programmes were organized for teachers, School Management Committee members, Child Club, Village water & sanitation committee members on status and issues on hygiene and sanitation and its assessment that helped develop a school WASH plan.
- 181 children were made aware about existing hygiene behavior and practices among the community, importance of appropriate hygiene behavior with its procedure/techniques. Adoption of good practice of hygiene behavior found among the children and also at their family level.
- **Observation of solidarity events:** Global hand washing day and World Toilet Day organized. Nearly 3200 people in rally, competition on thematic issues, ongoing activities/SHG & child group meeting conducted. World Water Day was also observed at the project level. Nearly 175 participants marched 5 villages around and the Rajapakar block head quarters.
- **Capacity building of SHG leaders/youth/child club:** 4 units of capacity building training organized each for 125 SHG members and 122 Child/Youth club members on community assessment and community based monitoring of water and sanitation facilities, hygiene practices. The trained members in their monthly meeting shared the information and knowledge among their co-members.



Child Protection:

- Awareness raising on child protection issues:** 17 events was conducted at village level where 503 community member/parents/SHG members were made aware about child issues and child rights, Issues like physical and sexual abuse, child marriage, child labor, female feticide and birth registration, related legislations and protection systems at village and district level were discussed.
- Awareness-raising for CBOs:** 300 child group/SHG/ members/parents from 10 villages actively participated in the events. The issues were Child Protection including child labor, child trafficking, corporal punishment, and child marriage as well as on government child protection schemes.
- Universal Birth Registration:** 8 nos. of training on UBR & prevention of female feticide for children group members / SHG representatives and Male community members were organized. These (183) children/SHG members consequently spread the message among the co-villagers. Afterwards a birth registration camp was organized at block level where nearly 176 children enlisted.

Child Participation

- 25 Child/Youth club formed:** All the groups were strengthened through different capacity building training on Media Skills, Cartoon Making, Group Management Skills, Gender, Personality Development and Child Rights.
- District level workshop:** In the level workshop a 32 members District Level Child



Protection committee was formed. The content of the workshop was on various forms of violation of child's rights and how these can be addressed, various acts, schemes and laws under this.

- iii) **Organize interface meeting between various micro systems at community level:** 11 meetings were held with active participation of Health/ICDS/PRI/Education (schools), Child/Youth/Police personnel. Total number of participants in meeting was 337. Respective stakeholders undertook their roles and responsibilities.

Quality Education:

- (i) **Block/district level sensitization workshop:** Selected key stakeholders like teachers and headmasters, VEC members, Govt. officials, PRI representatives from all 22 intervention panchayats have been sensitized on Right to Education/ LWF (Learn without Fear) in the workshop.
- (ii) **SIKSHA JANKARI MELA:** Siksha Jankari Mela was organized at project level. BEEO of Rajapakar block briefed with a total of 134 participants about education system, provision, RTE, importance of education and concerned area regarding school drop out of children and their enrollment in Govt. schools. It was also collectively discussed how to ensure 100% enrollment of children in Govt. school and mainstreaming of drop out children in Govt. School.
- (iii) **Community consultation:** 04 units of Consultation with teachers, students, community/parent representatives on planning, monitoring and evaluation in schools and ICDS conducted that covered 402 no. of participants having female representation of 280 and that of male was 122.
- (iv) **Celebration of annual Maths Mela, Exhibitions, Annual Day etc.:** 3 units were organized in which a total of 252 participants (Villagers, Children & Teachers) participated. Children took part in different competitions – essay competition, drawing competition, slogan competition, and speech competition etc. Besides, importance of education, child enrollment and drop out of children, RTE (Right to Education) and child protection issues were briefed in the program.
- (v) **Training on Positive Disciplining manual at PU level (TOT):** The training covered child protection policy, LWF and its current scenario and participants' view over the concept and how to ensure LWF at the given circumstances. 7 units of follow up trainings (2 days) organized at village level.



Strengthening of MFI & Food Security:

- (i) **Capacity building of SHG:** 2 days Training for SHG leaders on CBMF, cluster and federation concepts. Office bearers/potential members from 10 SHGs participated in the training so that they internalize the information and knowledge and share

it among the co-members of SHGs during their regular meeting.

- (ii) World Women's' day (March 8th) was celebrated at block level with focus on food security / CBMF (Community Based Micro-finance) with focus on gender equity and child rights at block level. ICDS/PRI personnel at block level participated that make the program more effective.



- (iii) District level Half Yearly Consultation (1 day) with bankers/stakeholders for strengthening of CBMF was organized. This event ensured opening of SHG account with Bank smoothly beside other banking services.

- (iv) **2 Containers for storage of grain provided in 2 villages.** Community started storing rice/wheat during harvesting season which would be utilized during lean season (rainy season) by the community with proper management system.

ECCD (Early Childhood Care and Development):

- (i) **03 Capacity Building training for AWWs:** The participants were made aware about IDF, Plan project with its achievements so far including Child Protection Policy. It helped them (AWW) quality accomplishment of their roles and responsibilities. IDF-Plan 40 Community Counselors (trained this year) are there to support 40 AWCs for better services to the target beneficiaries that become also helpful for them, they opined.

- (ii) **Nutrition Mela:** The event was organized in 5 places in the project area where nearly 1200 people (community women, adolescent and also men) were made aware about importance of nutrition and how it leads to a healthy life specially for women and child and all in general.

- (iii) **Training of community groups on nutrition:** Community (male, female youth) was oriented at ICDS center level (25). Target beneficiary (female – 446 & Male-211) gained knowledge about importance of nutrition and nutritious value in various food items and how it helps improved health of mother and child.

- (iv) **Community consultation:** At the ICDS center level (40 units) community consultation was conducted where children, PRI, Women groups, SHG members, and Village Water & Sanitation committee members involved. The participants made an assessment of the existing water and sanitation facilities and consequently the village plan developed.



Achievement: In the year out of execution of various events/training which, as observed, is summarized:

Reproductive Health:

- (i) Active participation and support of PRI representatives, Govt. officials and service providers in the project execution has improved;

- (ii) 1713 pregnant women received ANC. Higher rate of institutional delivery that led to lessen maternal mortality;
- (iii) Food habit among the family improved in terms of intake of locally available vegetable and supplementary feeding at ICDS center across the project areas;
- (iv) Women and child of all villages being addressed with better quality services by ANM/ASHA that led to higher ANC/RI;
- (v) Enhanced knowledge on contraceptive measures among a total of 686 eligible couples and adolescents and increased use of the contraceptive methods to avoid unwanted pregnancy;
- (vi) Awareness and knowledge about HIV/AIDS/RTI/STI and its prevention improved among the community (315 nos.) and adolescents (104 nos.);

Hygiene and sanitation:

- (i) Teachers, School Management Committee members, Child Club, Village water & sanitation committee members (94 participants) oriented on hygiene and sanitation;
- (ii) Improved hygiene and sanitation practice at individual/school/family/community level;
- (iii) 181 children were made aware through training about existing hygiene behavior and practices;
- (iv) 125 SHG leaders and 122 Child/Youth club leaders capacitated on community based monitoring of water and sanitation facilities, hygiene practices.

Child Protection:

- (i) 32 SHG/youth club/PRI/ICDS and 503 community member/parents/SHG members were made aware about child protection. And the issues is being identified and addressed.
- (ii) Birth registration camp was organized at block level where nearly 176 children enlisted and against which birth certificate was issued subsequently;
- (iii) 25 Child/Youth club formed and were strengthened through different capacity building training.
- (iv) District Level Children Protection committee formed and it has been looking after child protection issues;
- (v) Health/ICDS/PRI/Education, Child/Youth/Police personnel are now collaboratively addressing child protection issues;

Quality Education:

- (i) Key stakeholders (Govt. education department, schools, PRI, CBOs, community) sensitized over the core issues of LWF, mainstreaming of school dropped out children, 100% enrollment of children in Govt. schools and its retention, RTE etc.
- (ii) The knowledge and capacity of the children on the issues enhanced through various capacity building programmes.
- (iii) School dropped outs are being addressed for mainstreaming, enrollment of children in schools increased and practices towards LWF improved at school/family level.

Strengthening of MFI & Food Security:

- (i) All 30 SHGs strengthened. They have been regular in saving.
- (ii) The SHG federation has also been made well functional in terms of managing the SHGs and mobilizing the financial institutions.

- (iii) SHG women are also getting engaged in observation solidarity events like, doing some awareness activities (health/nutrition) resulting into their better status of living style.
- (iv) 2 Containers for storage of grain provided in 2 villages which are managed by the respective committees.
- (v) Increased participation of community in getting benefits of Govt. schemes (MANREGA, PDS, and Mid Day Meal & ICDS).

ECCD (Early Childhood Care and Development):

- (i) 83 AWWs and 40 community counselors trained (separately) about IDF, Plan project with its achievements so far including CPP. It helped them effective of functioning of the ICDS centers.
- (ii) Community groups (173 male & 600 female) at all 40 ICDS centers level were provided seedling of various vegetables that increased family nutrition intake.
- (iii) Target beneficiary (female – 446 & Male-211), through orientation, gained knowledge about importance of nutrition and nutritious value in various food items;
- (iv) Increased coverage in RI, enhanced nutrition knowledge with improved nutrition care ensured improved health of pregnant women/lactating mother and child.

Project Title	JHARKHAND TRIBAL DEVELOPMENT PROGRAM
Funder/Support Agency	IFAD & Government of Jharkhand
Starting date of the Project	March 2003
Coverage	W.Singhbhum, Blocks-2 (Sonua & Khutpani) Panchayats- 5 13 Villages.Population (Direct)- Sonua-2226, Khutpani-8268, (Indirect)- Sonua-2226, Khutpani-8268
Human Recourses	1PC, 3 SSP

Background

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 for male family members to 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. Against this backdrop the Jharkhand Tribal Development Society (JTDS) came into being to try to raise living standards in a lasting and sustainable way.

The IFAD assisted Jharkhand Tribal development was initiated in March 2003 in Sonua block of W.Singhbhum. The title of the project itself focuses on the very objective of the project that is to ensure food security of the community emphasizing particularly on the tribal community by land and water management through watershed approach. The revival of tribal traditional administrative system is the key component in the whole endeavor, which is also a prerequisite to elicit community participation so that existing tribal traditional administrative system of the village will be an institution that can act as vital stakeholder to own the entire project on its shoulder. The operational area has the majority of tribal community, which is about 70% of the total community. Among the tribes **Ho** tribes are in majority, also other tribal communities like **santhali** and **Mahli** are also there. Besides tribal communities, other communities from backward class like **Mahto, Gope, Tanti, Machua, Lohar and Sao** are also the resident of that particular locality. **The total geographical area of assigned watershed is of approx 3000 Hectares.**

Scope of the Project

Initially IDF received funding from JTDS, with additional backing from the International Fund for Agricultural Development (IFAD), to develop a pilot project in five villages over five years (2003–2008). In 2007 eight more villages were included in a full-fledged five-year project, covering *Khutpani* block of West Singhbhum.

Goal

- Empower tribal grassroots associations and users groups including women and other marginal groups, so that they would become more capable to plan, implement and manage their own development and to negotiate with the relevant authorities to harness the necessary resources.
- Promote activities which generate sustainable increases in production and productivity of land and water resources.
- Generate alternate sources of income outside of agriculture, particularly for the landless.



Objectives

The objective of the program would be to develop and implement a replicable model that ensures household food security and improves livelihood opportunities and overall quality of life of the tribal population based on the sustainable and equitable use of natural resources

Activities

Each and every activity undertaken during the year will be described heading wise clearly mentioning the process involved in it.

There were few prominent activities carried out, that has tremendous influence over the very goal of project. Moreover the emphasis was on the vital components to achieve the goal of the project. viz

1. Production system enhancement.
2. Beneficiary empowerment & Technical Capacity Building,
3. Livelihood System enhancement

1. PRODUCTION SYSTEM ENHANCEMENT

The enhancement of production system pertaining to livelihood is the major contributing factor of social-economic security of the rural community. Keeping in view the fact major focus was laid on few crucial factors like –

1. 1 - Rural Micro Finance.

1.1A - Self Help Group [SHG] – SHG has been conceived as vital institution at village level to propagate the sense of togetherness that has supplementary impact over the economic upliftment. Moreover SHG as an institution will act as a platform to promote and inculcate different Income Generation activities. To Strengthen the SHG different activities were carried out.

Status of SHG –Till June 2011 (Block Khutpani)

Total No of SHGs	37
Type of SHG	Female
Total no of Members	690
Total Savings	Rs 586305
Total internal loan	Rs 1112675
Total Repayment	Rs 857275
Total Interest	Rs 54834
Total Interest from Bank	Rs 7207
Other income	Rs 28558
Total Expenditure	Rs 26023
Total Seed Capital Received	Rs 34000

Capacity Building

In order to make the SHG to run smoothly, different aspects of Group norms, proceedings and the very goal of SHG was inculcated among the members. Different capacity building activities were exercised in periodic manner in accordance with the need emerged from the community itself. The major emphasis was laid on –

- Training.
- Exposures.

Sl.no	Trainings	Training Nos.	Participants	
			Male	Female
1	SHG mgmt training	50		945
2	SHG book keeping	2	15	9

Seed Capital

Besides the theoretical input about institutional development during training, group was exposed with the practice of judicious use of fund. Also to promote the lending habit propagation and promotion of I.G Activities, SEED CAPITAL was provided to individual SHG. Seed Capital was also viewed as the catalyst to promote credit linkage with financial institutions. Further to promote IG activities in larger scale to enhance the family income. The total amount of Rs 34000.00 has been provided to 17 SHGs willing to involve themselves in different income generation activities.

2. BENEFICIARY EMPOWERMENT & TECHNICAL CAPACITY BUILDING

The beneficiary empowerment doesn't economic sphere of life, beyond this conciseness, awareness and action of individual as well as community is equally important. The inculcation of knowledge, information, and interaction outside the village life is necessary. All this will have tremendous contribution to enhance awareness level of community that intern transform into collective action. Thus periodic training and technical capacity building exercise was organized. The reflections of capacity building appear in the form of participation in the program activities as well as sense of ownership of program.

Details of Training

Training & Exposures to beneficiaries

Sl.no	Issues	Trainings	Participants	
			Male	Female
1	SHG mgmt trg	50		945
2	SHG book keeping	2	15	9
3	WFP book keeping	1	20	10
4	Gender and equity	3	61	48
5	Orientation of traditional leaders	1	21	11
6	Watershed concept	3	80	60
7	Legal awareness	1	24	41
8	Agriculture	1	15	15
9	Duckery	1	7	
10	Aquaculture	3	54	36
	Total	66	297	1175
Exposure				
1	Traditional Leaders	1	32	28
2	BAU (Agriculture)	1	30	30
3	Krisi Mela	1	27	33
4	Chaibasa Court	1	30	50
	Total	4	119	141

3. LIVELIHOOD SYSTEM ENHANCEMENT -

The livelihood of the community is solely dependent on natural resources mainly land, water and forest. But the lack of livelihood options and burden of growing population has compelled community to exploit these resources in injudicious manner. Consequently all resources are at the verge of degradation and it became almost unproductive for the community. To regenerate the natural resources through watershed approach and mainly two aspects were emphasized 3.1] Institution Building, 3.2] Land & Water Management.

3.1] Institution Building

Prior to creation and renovation of any structure pertaining to land & water, it requires a support system in the form of institution. The institution should be capable enough to ensure community participation to plan, implement and monitor the land and water regeneration endeavors. Programme Executive Committee was formed in all the eight watershed villages.

Programme Executive Committee – [PEC] – The Gram Sabha is key player of all the activities including land & water management. PEC is the representative body of Gram Sabha, comprises of 10-20 members and the 50% representation of women is mandatory. PEC has been nurtured and made it capable enough to carry out the land & water management activities. PEC is planning, implementing, monitoring and looking the financial aspect of it.

3.2] Land & Water Management

Land and water activities were initiated in the month of February 2007 with the support of World Food Programme. The approach is 'Food for Work' by the community itself. The planning, implementation, monitoring and financial aspect including payment and distribution of food grains to villagers against labor contribution is made by PEC. Moreover the food grains provided by World Food Programme are been stored in the village godown and are been managed by the PEC.

The underneath activities has been implemented in all watershed villages –

- (i) Farm Bund/Leveling
- (ii) Trenching
- (iii) Diversion Canal
- (iv) Earthen Dam
- (v) Approach Road
- (vi) Pond Construction
- (vii) Well Construction

Status of Construction work under Land & Water Management-[Food for Work] till 2011

Sl.No	Village	Man days generated (In Nos.)	Payment against Gen Man days (In Rs)	VDF generated (In Rs)
1	Matkubera	22262	1241203	219189
2	Ruidih	10345	579963	102208
3	Saligutu	2728	147754	27004
4	Torsinduri	8416	477252	84105
5	Bhoya	5387	319865	53870
6	Bunumda	2828	158231	26742
7	Keyadchalam	10293	581649	102930
8	Patrapusi	6660	377010	64793
	Total	68919	3882927	680841

Output:

- 37 SHGs formed in the areas with a total saving of 5.5 lakhs.
- All eight villages PEC prepared their GSRMP and implement the activities according
- Approximately no 68919 of work days generated and Rs.3882927.00 has been utilized and VDF generated of Rs 680841.00
- 80000 fingerlings stocked in 30 ponds
- 440 kg Icrisat seed of wheat were sown

Outcomes

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

- 945 out of 1582 households achieved food security for four to five months.
- Migration was reduced from 30 to 40 percent.
- Women's participation in village-level meetings increased to 50 percent (equal with men).
- 20 fishponds were introduced.
- Three acres of fields were planted with wheat and pulse crops.
- Between 500 and 600 animals were vaccinated.

- 450 community members benefited from health camps in three watershed areas.

Achievements and Challenges

To enhanced livelihood opportunities a wide-ranging intervention of land development, which includes capacity development in, improved farming focusing on vegetables cultivation. As sustainability was a prerequisite of all the efforts toward greater production, the success of these improvements is expected to continue. SHGs gave women the opportunity to borrow money to engage in agricultural businesses for the first time, but also allowed them to increase their capacity to take an active political role in their communities. Both men and women became aware of their political as well as economic rights, and some became community leaders. Having witnessed the effectiveness of the innovations the project introduced, community members also began to take the initiative themselves to plan future endeavors. A further benefit of the villagers' improved economic status and opportunities was a significant reduction in migration for work.

Unfortunately, the project was not successful in helping landless community members to develop nonagricultural activities, and despite IDF's painstaking efforts to build rapport with the community members, about 20 percent still resisted outside intervention.

Case Study

Fish Farming

Ridi Kui Bandra, the member of shg 'Gram Siksha Samiti' of village Ruidih has taken the initiative to do fish farming. Earlier she has taken the loan from her group of Rs 1500.00 and taken the pond on a lease and then farm the fingerlings of Rs 3000.00. In addition project also supported her and gave her 1000 fingerlings. After six month she got the total benefit of Rs 5000.00. This initiative has motivated many of the members of the groups of the village. Now in the whole group has decided to undertake this activity in a larger scale.

Self Help

Three years backs Sushila Bandia members of SHG 'Jagriti Mahila Samiti' of village Digilota has taken the loan of Rs 5000.00 from the Mahajan and mortgage her gold necklace. Interest was so high that she did not pay back, and then she shares her problem to her shg group. After knowing her problem, the SHG members decided to bring her necklace from Mahajan by paying back her whole interest to Mahajan. Then all the members decided that Sushila would pay the interest amount slowly to SHG, which the SHG help her in paying back to Mahajan.

Project Title: Institutional Reinvention Initiative under LDOE Programme

Supported By: ICOMP Malaysia (Packard Foundation, USA)

Background

IDF's intervention at the grassroots level, our highly professional acumen in the development sector, and suitable coalition-building within the non-profit sector, has allowed us to pursue issues in very diverse realms, i.e. health, local self governance, child care and development, water sanitation & hygiene, and emergency preparedness. Despite excellent programs at the grassroots level, the need for improved organisational development has been our thrust that needs to be addressed properly. It was conceived that the consolidation of enriched experiences and findings of the organisation will enable it to develop into a vibrant, sustainable, and self-facilitative institution. Moreover, defining the organisational vision and developing a future growth plan by modifying the current organisational mission and its aims will allow us to accommodate future demands.

Keeping in mind the organisational strengths and weaknesses, while simultaneously acknowledging the future demands and challenges, an internal organisational assessment process was undertaken with the active participation of senior team members and the community. The views of other NGOs and Government Officials were also taken into consideration in finalising the vision statement.

Organisational Visioning Exercise

IDF has been very keen and receptive with regard to the views, ideas, and suggestions of various stakeholders in devising its strategies. The visioning exercise focused on the development of an organisational vision, while incorporating perceptions of various stakeholders- community, organisation staff members, government officials, VOs, funding organisations, and media. To understand and incorporate the views and feedback of the stakeholders, the following activities were undertaken by the organisation:

- **Consultation Meeting with Community Level Stakeholders**

Community level meetings were organised in three districts- Patna, Vaishali and Muzaffarpur, to appraise the expectations of IDF from the community. The participants included members of Local Self Government Institutions, women leaders, Community Based Institutions, social health activists, village level motivators, and common villagers. The expectations of IDF included:

- Work for Empowerment of Women and Adolescent Girls
- Gender balance/equity should be inherent approach
- Increase Resources (human, financial, etc.)
- Increasing operational area to cover all of Bihar
- Promote activities for better livelihood and increased income-generation, including small industries
- Enhanced technical knowledge (information technology) and promotion in the villages
- Increased collaborative efforts with government and local rural governance
- Establishing resource centre in villages for dissemination of information on various issues.
- Training on Livelihood & Institution Building (Field Staff)



- **Consultation Meeting with Government**

IDF has collaborated with the government and worked on various issues including: water and sanitation and microfinance issues. Realising its own role as a support organisation, IDF opted to get the views of the govt officials. IDF called on the Project Director of the Women Development Corporation- Patna, to get her views/feedback about the organisation. She said that she views IDF as a professional organisation that raises issues before various forums, while utilizing community mobilization and empowerment to bring change. She said that IDF can improve its operations by better converging with the government and through improved documentation.

- **Consultation Meeting with Funding Organisations**

Obtaining the perception of funding organisations was also of prime importance before reinventing the vision of the organisation. The Project Manager of Plan India International was chosen for the consultation meeting because IDF has worked with this organisation over the last three years in Bihar. He views IDF as one of the best professionally managed organisations, who, in the coming years, will provide expertise on specific issues to other organisations. However, he said that IDF could place a larger emphasis on documentation and on liasoning/networking with the government and other organisations in a more organised capacity.



- **Consultation Workshop with Organisational Staff**

A one-day consultation workshop was organised for all senior staff members of IDF. Workshop objectives included: discussion about mission and achievements over the past 17 years; decisions on the future direction of IDF; the development of the organisational vision statement; development of strategies to achieve this vision. The process of developing the organisational vision statement was divided into the following three phases.



Phase-I: Development of the Understanding about Organisational Aspects

The staff developed an understanding of the organisational aspects (vision, organisational vision and mission, and organisational vision and mission statements) through answering such questions regarding the functions of the organisation, the advantages of an organisation, successful organisational culture, the importance of creating a vision, and organisational values, mission, and goals.

Phase-II: Understanding IDF & Organisational Vision / Mission

Most of the involved organisational staffs were senior staff members and their re-orientation about IDF was deemed essential to help them understand and assess the various organisational aspects. Based on discussion with the director, an organisation vision was developed. In the past, the so-called organisational vision was not shared with staff from time to time. Therefore, no organisational vision existed. Henceforth, the process of developing a vision statement continued. The various aspects of IDF were



shared from 1993 to 2010.

Phase-III: Vision Statement Development Process

For developing the vision statement, **three steps** were followed. These steps are:

- They were asked to develop their own individual vision.
- In the four groups of participants, they were given the task of developing an organisational vision statement. The results included ideas involving better quality of life to the marginalized, free of discrimination and exploitation; an egalitarian society free of corruption and exploitation; the right to live a dignified life; and marginalized and vulnerable communities realizing their rights for improving their wellbeing.
- In-depth discussion regarding the vision statements and finally, the following organisational vision statement was developed:

***Marginalized and vulnerable communities REALIZING their rights for
improving their wellbeing***

organisational level, the above statement was accepted as the vision statement.

Knowledge Sharing Practices

Documentation Workshop

A one-day workshop was organised on 24th of December 2010 to discuss the relevance, typology, and methods of documentation. In the workshop, senior staff members of IDF participated. Over the course of the discussion, the participants were oriented on the fundamentals of documentation with a special focus on documenting the process of rural development intervention. While discussing the types of documentation, it was decided that the combination of written documents, audio-video, and pictographic material should be utilized to facilitate documentation. It was also emphasized that compilation of work and field experiences is necessary, because without it, sharing information with people becomes difficult. Limitations of documentation were also shared.

Documentation of IDF Work

IDF hired the services of a consultant, Ratna Ghosh, for documenting the organisation's work, learning, and experiences. She was previously associated with IDF. She managed to collect all the scattered information and maintained all the documents in the directory. Information with regard to the projects was also maintained so that all reports/MIS/project documents- physical & financial- will be readily available by searching within one file. Thus all the project documents were reorganising.

Development of Organisation Website

The process of website development started in the month of January with participative discussion on the design, contents, and menu. Two volunteers from American Jewish World Service, Mr. Marc Fogel and Mrs. Deborah Fogel, undertook the responsibility of developing the website. After a series of consultations with office bearers and employees of the organisation, the official website was created: www.idfngo.org.

Project Title:	Two Months Functional Literacy Program through Computer for Dalit Women and Adolescents
Supporting Agency:	Give India Foundation
Coverage:	Districts Vaishali Working Area: Rajapaker Block, Village 24

Background

Literacy among the poor masses is an important focus of IDF's, because it gives people control over their lives.

Give India is a charity foundation, which works as a bridge between the NGOs and the donors. It believes in supporting the marginalized and under-privileged people by linking



them with individual donors. Give India tries to support these people through NGOs, which work on the grassroots level. IDF is working to empower women and adolescents by providing them with basic education at their doorstep. This program was undertaken as a "Two month functional literacy program through computers for Dalit women and adolescents." This program is a part of a project called "Women's Empowerment through Self Help Group Initiative and Microenterprise" supported by Lutheran World Relief (LWR). It focuses on organising women around SHGs and linking them with credit

facilities & supporting them in acquiring skills to run micro enterprises for the betterment of their livelihoods.

Scope

Literacy through computer is the unique part of this project. Under the Give India donation, two exclusive batches, one for adolescent and the other for women, were running. Functional literacy classes for the SHG women, where they are trained, by a trained instructor, in batches, each comprising of 8 women. They are trained at the *Mahila Sakhsharta Kendra* facilitated by IDF.

Outcomes

- To facilitate literacy among the target group, one program module has been developed called "Tara Akshar Literacy Program".
- This program has a unique computer based literacy package, which has been successful in providing literacy to the adolescents and adults in cities and rural areas
- The software package is user friendly as well as daintily designed to capture the interest of the learners. It is being run at the training centre with the aid of laptops & connected sound boxes for sound amplification. It has customized Hindi software based on memory technique.
- Uses of calendar, writing slates, sketch pens, quiz competitions, and flash cards are the additional key features of this literacy program.
- Each batch is comprised of only 8 members so that special and individual attention can be given to each member.
- Literacy session for the members is being conducted to make them functionally literate and there is a positive response from the community and the members.
- In each batch, two members were paired together so that they could work together and help each other learn. Fair competition between them was also encouraged for their better learning.

- This program is executed for 2 hour a day. Each session is so structured that the laptop is used for 100 minutes. They devote the rest of the time to offline practices, utilising different materials and techniques

Achievements

By being literate, women of this group feel very proud and confident. They are capable of handling their funds and maintaining the registers. They find it easy to handle the revolving fund they are getting under this project.

Case Study

Name: Sunita Devi

Age: 30 Year

Family Background: Husband Name: Birendra Paswan, belongs to a poor Schedule Caste community. Main source of income is Agricultural Labourer

Geographical Location: Village Banvira, Post Bakhri-Supayan, Block Rajapaker, District Vaishali of Bihar

Sunita Devi is proud that very soon, she will become a 'literate didi', literate wife and literate mother among her family. She will become the example for her nearby early-married women. After getting married at an early age, she never dreamt that she would get the opportunity at her doorstep to learn, read, and write. IDF's computer literacy centre is now a very attractive place for those who want to learn at any age. She is very confident that now no one can cheat her, as she has been a victim of some cunning hawkers in the past. She now feels sounder than before and has tried to convince other ladies to join the centre. She is enjoying all the sessions and wants to continue it as much as possible.



Resource Centre/Network:

PROJECT -17

Project Title	RH Network (Information Resource cum Advocacy Centre)
Project Coordinator:	Nivedita
Funder/Support Agency:	International Institute for Education
	Starting date of the Project: July 2009
Coverage:	State of Bihar

Background

Health is now being given due attention by the State and there are currently a lot of ongoing activities. The challenge remains for fellows to continue to advocate for improved structures that can support the demand for family planning and reproductive health services. While the government is intent on expanding services, there are basic structures that need to be put in place in order for expansion to be successful.

Goal

Improved participation of fellows and network to impact RH options by influencing systemic changes, policy implementation in order to reach vulnerable populations, and reaching out to the adolescent / young community for unmet needs.

Focus Area:

- Promoting family planning measures
- Improving maternal health status in the state with a special focus in rural areas
- Preventing unsafe abortion
- Helping to control Sexually Transmitted Diseases (STDs) and Reproductive Tract Infections (RTIs)
- Improving adolescent reproductive and sexual health status
- Reproductive and sexual rights
- Gender issues
- Advocacy for ARSH in the state

Activities

Registration of IRAC:

Moving ahead on the path of attaining its goals and objectives, the fellows have felt the need for providing a legal status to the IRAC network by registering it under the Societies Registration Act, which has been under process. This would give the network sustainable recognition and hence a long-term platform for the fellows to influence the RH issues in Bihar.

Maintenance of RH Network Website:

The IRAC has developed a website for the leadership development program for the network of fellows (www.rhnetwork.org). The website is updated periodically and almost all detailed information is uploaded regarding the fellows from Bihar and Jharkhand, with their name, contact, and the issues on which they are working. Also, all the reports and newsletters are on the website.

Monthly Meetings:



The coordinator has organized regular monthly meeting for the RH Fellows. Through the meetings, by-laws have been finalised, selection of members to key positions, discussions involving utilisation and transparency of funds, planning and activities on research, discussions regarding the sustainability and future of IRAC, and how to raise funds.

Capacity Building Initiative

- A two-day training program was organised on “Rural Women Leaders Capacity Building Programme on Reproductive Health” in Bidupur, Vaishali on 26th and 27th March’11.
- A one-day training program was organised on “Youth Leaders Capacity Building Programme on Reproductive Health” in Muzaffarpur on 30th March’11.



Achievements:

- Finalization of the by-laws
- Registration is under process
- Fellows were recognized, awarded, and involved in various activities related to RH issues conducted by other agencies such as: government/INGOs/NGOs.
- Regular Meetings
- Website Updated

Challenges:

- Fellows in Bihar are highly engaged, hence it is a challenge find a convenient time to meet together
- The fellows are from distant places and often it disrupts the attendance of the fellows
- Time constraint: Meeting day & time is not suitable for everyone
- Sustainability of Resource Centre

Future Direction:

- NGO mentoring
- Leadership training is being imparted by the fellows
- Conducting leadership training for representatives of mentee organisation
- Assemble the “call for proposal” by various agencies on RH/health issues and forward to the fellows’ organisations

FINANCIAL STATUS OF THE ORGANIZATION OF YEAR 2010-11

**Receipts & Payments A/C
for the period ended as on 31st March 2011**

Receipts	Total Amount Rs.	Payments	Total Amount Rs.
To Opening Balance		By Training/Capacity Building	5984811.25
Cash in hand	63431.55	By Orientation	719873.00
State Bank Of India ,Madhubani	1114.09	By Disaster Risk Reduction/Mitigation	252176.00
State Bank Of India ,Muzaffarpur	6243.24	By Direct Action With Coomunity/Community Mobil	1654792.00
State Bank Of India ,CL Project	988248.00	By Water and sanitation	2022830.00
State Bank Of India ,IDF Main Account	1729467.00	By Advocacy and Networking	71556.00
State Bank Of India ,Boring Road Patna	2875113.11	By Awarness Building	1763594.00
State Bank Of India ,CKP	1577.00	By Stakeholder Meeting	6410.00
State Bank Of India ,Ranchi	2741.40	By Solidarity Events	101498.59
Union Bank Of India ,Ranchi	3791.00	By Review Meeting	393799.00
Palamu Kshtriya Gramin Bank ,Palamu	2576.00	By Workshop	328171.00
State Bank of India,Daltonganj	2903.34	By IEC/ Material Printing	1171822.00
To Plan International	1363121.00	By Capital Input/Revolving fund/	669000.00
To Plan International (INDIA)	5359700.00	By Livelihood Promotion Initiatives	196440.00
To National Foundation of India	250000.00	By Flood Relief	50869.00
To Lutheran World Relief	2495931.00	By Implementation Support ,Operational expences	2076602.00
To Water aid India	5690835.00	By Exposure Visit	741500.00
To Oxfam India	1995680.00	By Programme Support	1339678.42
To SIMAVI	1005781.00	By By PERSONNEL / Honorarium and Remunerat	4362194.05
To CARE Ranchi	92732.00	By Salaries and Benefit	2604093.74
To Geneva Global	420120.00	By Assets	355451.00
To Dan Church Aid	1515201.38	By Bank Charges	21658.00
To IIE-IRC	178853.00	By Payable	823062.50
To IPAS	299800.00	By TDS	102034.00
To Xavier Institute of Social Service (XISS)	4495000.00	By IDF FCRA 2009-2010	170664.44
To CAF India	592512.00	By Staff Welfare	35239.00
To Women Development Cooperation	340916.00	By IDF Non FCRA	158457.00
To CINI	60467.00	By Membership Fee	1000.00
To Jharkhand Tribal Development Cooperation	964700.00	By NGO Administration Cost/Overhead/Misce.	14531.50
To IDF - FCRA Account	104146.00	By IPAS	7520.00
To IDF - Non FCRA Account	386559.00	By Geneva Global	7880.00
To Transferred to LDOE Programme	125353.00	By LDOE	125353.00
To Simavi Project	33309.44	By Palan India Chaibasa	79746.00
To Public Health Institute	12000.00	By EPF	146345.26
To Pathfinder International-Pragya project	2620.00	By Oxfam Hongkong-Balance Amount Retd	180221.00
To Membership Fee	9000.00	By Loan & Advace	367967.95
To Donation	95000.00	By JTDP Chaibasa	86200.00
To Donation Give India	20410.00	By CAF India	300359.00
to Nav Jagritee	1000.00	By NFI Exp	37300.00
To WDC-Deep Pariyazna	116330.00	By SIMAVI Project Exp	10000.00
To MNSY	42127.00	By Give India	23050.00
To IDF-Overhead Charges	73090.00	By WAI	0.00
To Misc. Receipts	29971.00	By Closing Balance	4799821.85
To TDS	59270.00	Cash in hand	95673.44
To Interest	196932.00	State Bank Of India ,Muzaffarpur	56248.18
To Interest From Project Office	68662.00	State Bank Of India ,CL Project	293818.00
To Photocopying	23895.00	Palamu Kshtriya Gramin Bank ,Palamu	2668.00
To Loan and Advance	31062.00	State Bank Of India ,IDF Main Account	998726.34
To Disallowed Amount	120.00	State Bank of India- FCRA Account	3115043.15
To WATSAN	136160.00	State Bank Of India ,CKP	8982.00
		State Bank Of India ,Ranchi	221742.40
		Union Bank Of India ,Ranchi	3924.00
		State Bank of India,Daltonganj	2996.34
Total Rs	34365571.55		34365571.55

In terms of annexed report of even date
for V. Jha & Co.
Chartered Accountants

Place: Patna
Dated: 25th September 2011

Manoj Kumar Verma
Director
Integrated Development Foundation

Niraj Kumar Sinha
Treasurer
Integrated Development Foundation

V.K.Jha
(Proprietor)
M.No-72378

**Income & Expenditure A/C
for the period ended as on 31st March 2011**

EXPENDITURE	Total Amount Rs.	INCOME	Total Amount Rs.
To Training/Capacity Building	6017774.25	By Plan International	1363121.00
To Orientation	719873.00	By Plan International (INDIA)	5359700.00
To Disaster Risk Reduction/Mitigation	252176.00	By National Foundation of India	250000.00
To Direct Action With Coomunity/Community Mobilization	1654792.00	By Lutheran World Relief	2495931.00
To Water and sanitation	2022830.00	By Water aid India	5690835.00
To Advocacy and Networking	71556.00	By Oxfam India	1995680.00
To Awarness Building	1763594.00	By SIMAVI	1005781.00
To Stakeholder Meeting	6410.00	By CARE Ranchi	92732.00
To Solidarity Events	101498.59	By Geneva Global	420120.00
To Review Meeting	393799.00	By Dan Church Aid	1515201.38
To Workshop	328171.00	By IIE-IRC	178853.00
To IEC/ Material Printing	1171822.00	By IPAS	299800.00
To Capital Input/Revolving fund/	669000.00	By Xavier Institute of Social Service (XISS)	4495000.00
To Livelihood Promotion Initiatives	196440.00	By CAF India	592512.00
To Flood Relief	50869.00	By Women Development Cooperation	340916.00
To Implementation Support ,Operational expences and	2077710.00	By CINI	60467.00
To Exposure Visit	741500.00	By Jharkhand Tribal Development Cooperation	964700.00
To Programme Support	1339678.42	By Transferred to LDOE Programme	125353.00
To PERSONNEL / Honorarium and Remuneration	4362194.05	By Public Health Institute	12000.00
To Salaries and Benefit	2605443.74	By Pathfinder International-Pragya project	2620.00
To Bank Charges	21658.00	By Membership Fee	9000.00
To Membership Fee	1000.00	By Donation	95000.00
To NGO Administration Cost/Overhead/Misce.	14531.50	By Donation Give India	20410.00
To LDOE	125353.00	By Nav Jagritee	1000.00
To Give India	23050.00	By IDF-Overhead Charges	73090.00
To EPF	146345.26	By Misc. Receipts	29971.00
To Oxfam Hongkong	180221.00	By Interest	196932.00
To Staff Welfare	35239.00	By Interest From Project Office	68570.00
To Deep Pariyozna	116330.00	By Photocopying	23895.00
To Payable :-		By Balance Being Excess of Expenditure Over Income ie Deficit C/O to Balance Sheet	965072.57
Documentation	87916.00		
Telecommunication	7761.00		
Office Exp	20275.00		
Travel/Mobility Cost	55068.00		
Office Rent/NFC Rent	11410.00		
Honorarium /Salary/Benefit	485157		
Cluster Level Coordination Payable	31000		
Instructor Payable	14700		
Payable to Vendors	28760		
Solidarity Events	9800		
Accounting Charges Payable	23300		
Health & Hyzine Promotion	11500		
Overhead	2451		
Training-WSGon Leadership& Grp. MGT	71280		
Training on NRHM/RCH & Community Health	50170		
Duties and Taxes payable	69222.64		
To Depreciation :			
Computer	273388.80		
48 Functional Literacy Centre -Laptop	46704.00		
Motorcycle	120760.00		
Printer	13639.00		
Bicycle	10335.20		
Furniture and Fixture	30936.50		
Generators	29694.00		
Telephone	242.00		
Cooler	625.00		
Water Filter	1022.00		
Camera	7235.00		
Photocopymachine	5258.00		
Fax Machine	764.00		
Refrigerator	725.00		
Gas Connection	148.00		
Invertor	1562.00		
Handy Camp	2544.00		
Pendrive	94.00		
LCD	4823.00		
Fan	185.00		
PA System	2320.00		
White Board With stand	629.00		
TOTAL Rs	28744262.95	TOTAL Rs	28744262.95

In terms of annexed report of even date
for V. Jha & Co.
Chartered Accountants

Place: Patna
Dated: 25th September 2011

Manoj Kumar Verma
Director
Integrated Development Foundation

Niraj Kumar Sinha
Treasurer
Integrated Development Foundation

V.K.Jha
(Proprietor)
M.No-72378

Balance Sheet
as at 31st march 2011

Previous Year Amount Rs.	LIABILITIES	Sub-total Rs.	Total Rs.	Previous Year Amount Rs.	ASSETS	Sub-total Rs.	Total Rs.
10356540.73	Surplus B/F From Income & Expense	10356540.73			Fixed Assets		
	Add: Surplus during the year	2310243.78			Current Assets		
	Less: Deficit During the year	2801482.35		407284.00	Computer and Invertor set	407284.00	
	Less: Deficit Previously the year	1927847.99	7937454.17		Add:- During the Year	160610.00	
					Less : Depreciation 60%	316567.80	251326.20
5000.00	Auditor Remuneration	5000.00	5000.00	29047.00	Printer	29047.00	
20000.00	W.E Project	20000.00	20000.00		Add:- During the Year	10100.00	
248645.58	IDF-FCRA Account	175345.14	175345.14		Less : Depreciation 40%	13639.00	25508.00
399463.00	IDF-Non FCRA Account	749687.00	749687.00	529874.00	Motorcycle	529874.00	
16061.00	Interest Refundable to UNDP ,New Delhi	16061.00	16061.00		Add:- During the Year	91553.00	
	Community Revolving Fund				Less : Depreciation 20%	124285.00	497142.00
234025.00	Palamu	234117.00	234117.00	51674.00	Bicycle	51674.00	
413787.00	Garhwa	413787.00	413787.00		Add:- During the Year	0.00	
7147.00	Payable to Muzaffarpur Office	7147.00	7147.00		Less : Depreciation 20%	10335.20	41338.80
9198.00	Water Aid-EPB	9198.00	9198.00	252105.00	Furniture and Fixture	244005.00	
	Payable at :-				Add:- During the Year	75350.00	
11325.00	Organiser				Less : Depreciation 10%	30936.50	288418.50
56800.00	Cluster Level Coordination Payable	39800.00	39800.00	208760.00	Generator	208760.00	
11500.00	Office /NFE Rent	22000.00	22000.00		Less : Depreciation 15%	29694.00	179066.00
63480.00	Travel/Mobility Cost	99913.00	99913.00	2421.00	Telephone Set	2421.00	
614200.00	Honorarium/Salary/Benefit	553159.00	553159.00		Less : Depreciation 10%	242.00	2179.00
	Incentive to PC	16000.00	16000.00	5229.00	Water Filter	5229.00	
1216.00	Administration/Office Exp	43275.00	43275.00		Add:- During the Year	9990.00	
8000.00	Audit Fee Payable	0.00	0.00		Less : Depreciation 10%	1022.00	14197.00
	Solidarity Events	11800.00	11800.00	62656.00	Camera	72354.00	
	Organiser Payable	11325.00	11325.00		Less : Depreciation 10%	7235.00	65119.00
2270.00	Meeting	2270.00	2270.00	9280.00	P.A. System	9280.00	
	Documentation	15125.00	15125.00		Less : Depreciation 25%	2320.00	6960.00
	Telecommunication	7761.00	7761.00	35052.00	Photocopying Machine	35052.00	
	Payable at partner (Muzaffarpur)	1238.00	1238.00		Less : Depreciation 15%	5258.00	29794.00
	Copying Printing & Stationery	1108.00	1108.00	5092.00	Fax Machine	5092.00	
	Instructor Payable	7200.00	7200.00		Less : Depreciation 15%	764.00	4328.00
22238.00	Nukkard Natak	21000.00	21000.00	4836.00	Refrigerator	4836.00	
16200.00	Quarantine Method				Less : Depreciation 15%	725.00	4111.00
32703.00	Facilitation of Data	18703.00	18703.00	247.00	Gas Connection	247.00	
22719.00	Orientation	349.00	349.00		Less : Depreciation 60%	148.00	99.00
21857.00	Community Handovering Meeting			10415.00	Invertor	10415.00	
66.00	District Level Workshop	66.00	66.00		Less : Depreciation 15%	1562.00	8853.00
24963.50	Media Workshop	10065.00	10065.00	16959.00	Handy camp	16959.00	
	Payable to Vendors	28760.00	28760.00		Less : Depreciation 15%	2544.00	14415.00
79774.00	Overhead	2451.00	2451.00	954.00	Telephone securities		954.00
	Training -WSGon Leadership& Grp. MGt	71280.00	71280.00	156.00	Pendrive	156.00	
	Training on NRHM/RCH & Community Health	50170.00	50170.00		Less : Depreciation 60%	94.00	62.00
	Training -LRG of SHG	27683.00	27683.00	48225.00	LCD	48225.00	
	Compaining-solidarity events	5280.00	5280.00		Less : Depreciation 10%	4823.00	43402.00
	Health & Hyzine Promotion	11500.00	11500.00		Cooler	6250.00	
2118.00	Duties & Taxes	69200.64	69200.64		Less : Depreciation 10%	625.00	5625.00
67145.00	Documentation	92438.00	92438.00	1850.00	Fan	1850.00	
	Training to FLW's/Block	10898.50	10898.50		Less : Depreciation 10%	185.00	1665.00
37986.50	to Other sources as temporary	54540.00	54540.00	6292.00	White Board With Stand	6292.00	
320.00	Bad Debts	440.00	440.00		Less : Depreciation 10%	629.00	5663.00
				136160.00	Loan and Advances		
					WAT		
					IPAS		7520.00
				97.00	Dan ChruCh Aid		97.00
					Genava Global		7880.00
				446.50	OHK		446.50
					Plan Chaibasa		79746.00
					CAF INDIA		300359.00
					NFI		37300.00
				33309.44	Simavi		10000.00
					JTDP		86200.00
				990.00	Care Snehal		990.00
				329810.00	JTDS		329810.00
				25438.00	Unicef		25438.00
				42127.00	Mnsy		0.00
				26385.00	CLP		26385.00
				132607.00	Receivable From WDC		16277.00
				104834.00	Receivable From JTDS		104834.00
				113529.00	TDS Receivable from		340705.00
				4252536.64	Income tax Dept		
					Deficit C/F		
					Add Deficit During the year		
					Less Surplus P.Year		
					Less Surplus During the year		2798522.65
				184412.00	Receivable Amount from IT-JTDS		
					Closing Balance:-		
				58453.00	Loan and Advances		412036.95
				63431.55	Cash in Hand		95673.44
				6243.24	State Bank Of India ,Muzaffarpur		56248.18
				988248.00	State Bank Of India ,CL Project		293818.00
				1114.09	State Bank Of India ,Madhubani		
				2576.00	Palamu Kshtriya Gramin Bank ,Palamu		2668.00
				1729467.00	State Bank Of India ,IDF Main Account		998726.34
				2875113.11	State Bank of India- FCRA Account		3115043.15
				1577.00	State Bank Of India ,CKP		8982.00
				2741.40	State Bank Of India ,Ranchi		221742.40
				3791.00	Union Bank Of India ,Ranchi		3924.00
				2903.34	State Bank of India,Daltonganj		2996.34
12806748.31	Total Rs		10874594.45	12806748.31	Total Rs		10874594.45

Place: Patna
Dated: 25th September 2011

In terms of annexed report of even date
for V.Jha & Co.

Chartered Accountants

Manoj Kumar Verma
Director
Integrated Development Foundation

Niraj Kumar Sinha
Treasurer
Integrated Development Foundation

V.K.Jha
(Proprietor)
M.No-72378

Foreign Visit By the GB Members

Dhaka Visit:

The Director Mr. Manoj Kumar Verma has visited Dhaka, Bangladesh to attend a meeting workshop on WASH in special condition like in emergency/flood situation on 13th-17th March 2011 organized by the AusAid Wateraid UK. The focus of the program was to share deferent innovative modules in WASH interventions in south Asian countries. India interventions have been jointly presented by IDF and WaterAid with very striking way to attract the interest of other agencies working in similar situations.

Other than above-mentioned 3 persons no other staff and volunteers have gone for any international travel.

The entire cost of the Bangladesh visits was born and reimbursed by Water Aid India.

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** from the respective projects and programs.

Name of the Board Member Getting Honorarium from thire respective projects	Designation	Total amount paid in last financial year	Form of payment Salary/Honorarium)
1. Manoj K Verma <u>(from 7 different projects)</u>	Director	Rs. 493525/-	Honorarium against the time commitments under different respective Projects ONLY
2. Niraj Kr. Sinha <u>(from 6 different projects)</u>	Treasurer	Rs. 392650/-	Honorarium against the time commitments under different respective Projects ONLY
3. Babul Prasad <u>(from 2 projects)</u>	Chairman	Rs. 166500/-	Honorarium against the time commitments under different respective Projects ONLY

The Total Human Resource of the organization as per honorarium slot and Male Female Ratio

Slab of gross salary (in Rs) plus benefits paid to staff (per month)	Male staff	Female staff	Total staff
Less than 5000	78	33	111
5,000 – 10,000	14	3	17
10,000 – 25,000	22	6	28
25,000 – 50,000	3	0	3

(Local, Field, national, International) of all the 179 staffs/board members and volunteers is **Rs. 1039747.00 in the year 2009-2010**

Amount Total Reimbursed from Active Board Members 2010-11

1	International Travel	Rs. 51000=00
2	Domestic Travel	Rs. 90855=00
3	Local Conveyance	Rs. 88081=00

Highest and Lowest Honorarium paid

Head of the organization: (including honorarium)	Rs. 4935251/- per year
Highest paid Full Time regular staff:	Rs. 216000/- per year
Lowest paid Full Time regular staff:	Rs. 45000/- per year

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

Name	Designation	Age/Sex	Address	Occupation	Education
1. Mr. Babul Prasad	Chairman	43/Male	S/O Late KC Prasad Sita Sadan, Laxmipur Laheriasarai, Darbhanga	Social and Mgt. Services	MBA
2. Mr. Manoj Kumar Verma	Director	40/Male	S/O Sri DK Verma D-54 Ashok Vihar, Ranchi	Social and Devl Professional	Rural Management
3. Mr. Mahendra Pd. Sinha	Dy. Director	45/Male	S/O Lt. RP Sinha Kidwai Puri, Patna -18.	Social worker	MA
4. Niraj Kr. Sinha	Treasurer	37/Male	S/O Sri Adya Prasad Near Chotiline, Dihadih Ranchi – 834012	Accountancy	ICWA (Inter)
5. Mini Kurup	Exe. Member	32/Female	Mannadiel House PO Kozhuvallur District Alleppy, Kerala	Social and Devl. Worker	Rural Management
6. Ms. Ratna Ghosh	Exe. Member		201, 14-Ravindra Residency W Boring Canal Road Anandpuri Patna	RD Professional	Rural Management
7. Ms. Kavita Preetam	Exe. Member	30/Female	D/o Shri Kamta Prasad Tara Kunj -108 1E, Kidwaipuri, Patna	Social worker	BSc. Honors

Previous Project Undertaken

<p>1. Project</p> <p>Supporting Agencies Duration Area</p>	<p>Women's Empowerment through Convergent Community Action strategy UNICEF</p> <p>5 Years 4 Blocks in Patna of Bihar 4 Blocks in Garhwa of Jharkhand</p>	<p>14. Project</p> <p>Supporting Agency Duration Area</p>	<p>Child Care and Immunization FORCES (NOVIB)</p> <p>1.5 Years 1 Block of Patna District</p>
<p>2. Project</p> <p>Supporting Agencies Duration Area</p>	<p>Facilitating attendance in schools through economic empowerment. UNICEF</p> <p>3 Years 4 Blocks in Palamu and 4 Blocks in Garhwa of Jharkhand</p>	<p>15. Project</p> <p>Supporting Agencies Duration Area</p>	<p>Prachar Project PATHFINDER INTERNATIONAL</p> <p>5 Year 2 Block in Patna district</p>
<p>3. Project</p> <p>Supporting Agencies Duration Area</p>	<p>Water and Environment Sanitation initiative UNICEF</p> <p>1.5 Years 2 Blocks in Patna district</p>	<p>16. Project</p> <p>Supporting Agencies Duration Area</p>	<p>Swawablamban Bihar State Women Development Corporation</p> <p>5 Year 2 Block in Patna district</p>
<p>4. Project</p> <p>Supporting Agencies Duration Area</p>	<p>Community Based Hand Pump Mentainance System PHED + UNICEF</p> <p>1 Year 4 Blocks in Garhwa district</p>	<p>17. Project</p> <p>Supporting Agencies Duration Area</p>	<p>DISHA (Adolescent & Reproductive Health) Project ICRW</p> <p>6 Year 2 Block in Patna district</p>
<p>5. Project</p> <p>Supporting Agencies Duration Area</p>	<p>Women's Empowerment for Sustainable Action AUS-AID (Australian High Commission)</p> <p>2 Year 2 Blocks in Patna district</p>	<p>18. Project</p> <p>Supporting Agencies Duration Area</p>	<p>Flood Relief Program Water Aid</p> <p>3 Months Araria (Forbishganj)</p>
<p>6. Project</p> <p>Supporting Agencies Duration Area</p>	<p>Community Based Safe Drinking Water Project CONSULATE GENERAL OF JAPAN</p> <p>1 Year 1 Block in Patna district</p>	<p>19. Project</p> <p>Supporting Agencies Duration Area</p>	<p>Food and Non Food Assistance to 2500 Families affected by Kosi Flood Oxfam HK</p> <p>6 Months Araria (Raniganj)</p>
<p>7. Project</p> <p>Supporting Agencies Duration Area</p>	<p>Integrated Women Development Program THE HUNGER PROJECT</p> <p>1 Year 1 Block in Muzaffarpur district</p>	<p>20. Project</p> <p>Supporting Agencies Duration Area</p>	<p>Swashakti Bihar State Women Development Corporation</p> <p>2 Years 2 Block of Muzaffarpur</p>
<p>8. Project</p> <p>Supporting Agencies Duration Area</p>	<p>Integrated Nutrition and Health Programme CARE</p> <p>1 Year 2 Blocks in Patna district</p>	<p>21. Project</p> <p>Supporting Agencies Duration Area</p>	<p>Sustainable community Action Through Local Resources/Self Governance and Convergence PACS-DFID</p> <p>6 Year 4 Block in Bihar 2 Block in Jharkhand</p>
<p>9. Project</p> <p>Supporting Agencies Duration Area</p>	<p>Operation Research on A Community Based Approach to Improve Utilisation of Health Care Services in Favour of Women Reproductive Health UNICEF</p> <p>4 Year 1 Block in Patna district</p>	<p>22. Project</p> <p>Supporting Agencies Duration Area</p>	<p>Capacity building of Elected women Representative and functionaries of PRI UNDP</p> <p>4 Years 5 Block of Palamu District</p>

<p>10. Project</p> <p>Supporting Agencies Duration Area district</p>	<p>Survey/Research work on the existing status of the knowledge and practices of Adolescent youth and Reproductive Health <u>PATHFINDER INTERNATIONAL</u> 3 Months Patna, Nalanda and Nawada</p>	<p>23. Project</p> <p>Supporting Agency Duration Area</p>	<p>Village Micro Planning initiatives <u>FORCES (NOVIB)</u> 1 Years 1 Block of Patna District</p>
<p>11. Project</p> <p>Supporting Agencies Duration Area</p>	<p>Stree Shashaktikaran, A Dalit women targeted Project <u>ACTION AID</u> 1 Year 1 Block of Madhubani District</p>	<p>24. Project</p> <p>Supporting Agency Duration Area</p>	<p>Village Micro Planning initiatives <u>UNICEF</u> 1 Years 1 Block of Patna District</p>
<p>12. Project</p> <p>Supporting Agencies Duration Area Jharkhand</p>	<p>Gram Swaraj Abhiyan <u>ACTION AID</u> 1.5 Years 2 Blocks of Garhwa District in</p>	<p>25. Project</p> <p>Supporting Agency Duration Area</p>	<p>DEEP <u>WDC, Gov. of Bihar</u> 4 Years 2 Blocks of Patna District</p>
<p>13. Project</p> <p>Supporting Agencies Duration Area</p>	<p>Swashakti Jharkhand Women Development Societies 3 Years 1 Block of Ranchi District</p>	<p>26. Project</p> <p>Supporting Agency Duration Area</p>	<p>MNSY <u>WDC, Gov. of Bihar</u> 1 Years 2 Blocks of Patna District</p>
		<p>27. Project</p> <p>Supporting Agency Duration Area</p>	<p>Adolescent Reproductive Health <u>NFI</u> 7 Years 4 Blocks of Palamu District</p>

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