



IDF

ANNUAL ACTIVITY REPORT

April 2009- March 2010



BIHAR
&
JHARKHAND



Integrated Development Foundation

Maurya Path, Khajpura, Patna – 800014, India

Phone/Fax: 91 612 2588682 / 2581553, 3264089 Email: idfho@idfngo.org

CONTENT

PART – 1 Projects and Programs

- Brief Profile of the Organization

PROJECTS	PLACE	SUPPORTED BY	PAGE NO.
1. Community Leadership Program (Health)	Patna	Sir Dorabji Tata Trust – XISS	04-08
2. Sustainable Action of Community Health Special focus on Women Reproductive Child Health Care	Patna	SIMAVI	09-12
3. Addressing Kala-Azar, Health and Sanitation Issues in North Bihar	Katihar Muzaffarpur Samastipur	CAF India	13-16
4. Indian Villagers Learn Healthy Habits and Gain Better Care Community Health	Muzaffarpur	Geneva Global	17-21
5. Integrated Nutrition and Health Project	Palamu	CARE	22-26
6. Safe Abortion Behavior Change Communication	Patna	IPAS	25-26
7. Reproductive and Child Health (RCH II)	Palamu	NFI	27-35
8. Capacitating Community on DRR, Climate Change Adaption for Sustainable Development	Muzaffarpur	OXFAM	36-40
9. Emergency Preparedness (WES) in Bihar	Muzaffarpur Samastipur, Darbhanga, Sitamadih & Madhubani	Water Aid	43-45
10. Community Action on Water Sanitation And Hygiene issue	Patna	Water Aid	46-49
11. Child Centric Community Development	VAISHALI	Plan International	50-58
12. DEEP Project	Patna	Women Dev. Corporation, Bihar	59-61
13. Mukhya Mantri Nari Sakti Yojna	Patna	Women Dev .Corporation, Bihar	62-64
14. Jharkhand Tribal Development Project	Chaibasa	JTDS, Gov. of Jharkhand	65-71
15. Dalit Women Empowerment and Livelihoods	Vaishali	Lutheran World Relief	72-76

PART – II Study& Research

16. Vulnerability Assessment (VA) Of Selected Villages of Katra Bloc.	Muzaffarpur	Dan Church Aid	77-82
--	-------------	----------------	-------

PART – III Leading and Coordinating Networks

17. VISWASH – A State Network on Water Sanitation	State of Bihar	Water Aid	83-85
18. RH Fellow Network (IRAC)	State of Bihar	IIE	86-88

PART IV Financial Status of the organization

• Payment and Receipt of the Organization for the year 2009-10			89-89
--	--	--	-------

PART-III Other Information

• Foreign visit for attending programs by the members at Abroad			90-90
• Details of the Members of the Organization and Staffs.			91-91

PART-IV Previous Completed Projects / Programs

• All together 15 projects completed with the support of deferent Funding national, International, Bi- lateral, UN and Government organizations on Development Issues in Bihar and Jharkhand.			92-93
--	--	--	-------

INTEGRATED DEVELOPMENT FOUNDATION

ORGANISATION PROFILE

Status

- Registered in 1993 (18th November), under the Societies Registration Act 1860, = No. **536**
- Registered under FC(R) A = No. **031170122**
- Registered under 80G and 12A = No. **1781-83 and 1784-86**
- IDF PAN Number = No. **AAATI1253K** & TDS No. **PTNI00415C**

- **1. IDF is accredited by Credibility Alliance as an organization adhering to the Desirable Norms for Good Governance & 2. Enlisted with Give India Foundation**

Organizational Focus

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

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

1. 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.
2. 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.
3. To **enhance rural poor women's capacities** for the actualization of the above objectives through collectively owned & managed institution building processes.
4. To innovate **fresher strategies for programme execution** for achieving optimum results.
5. 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.
6. 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.
7. 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.
8. 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.

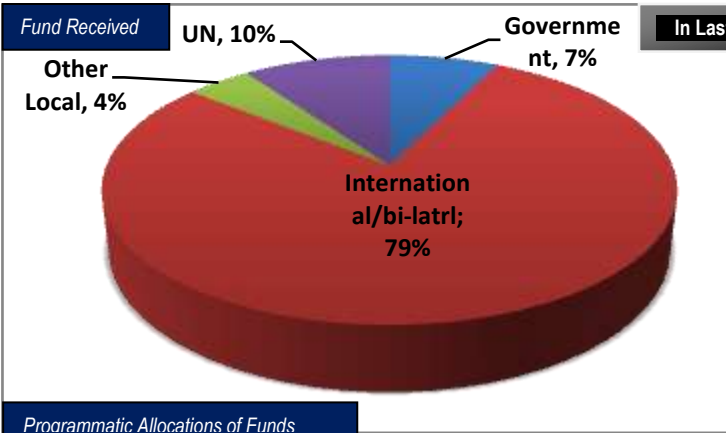
Donors

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

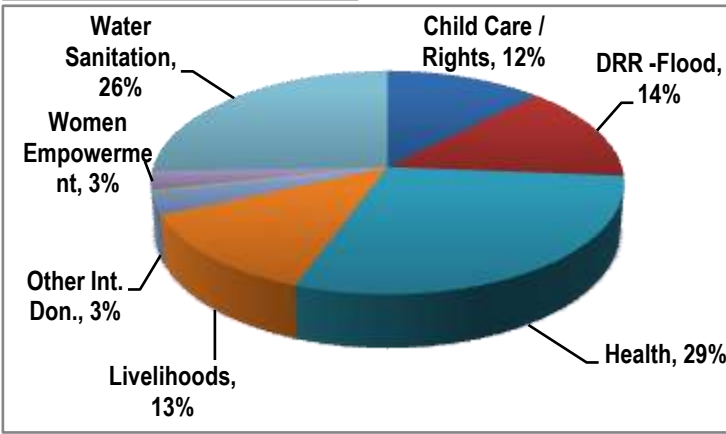
Contact Persons :MANOJ KUMAR VERMA, DIRECTOR (9431456434) & BABUL PRASAD, CHAIRMAN

FUND Allocation: (in last five years)

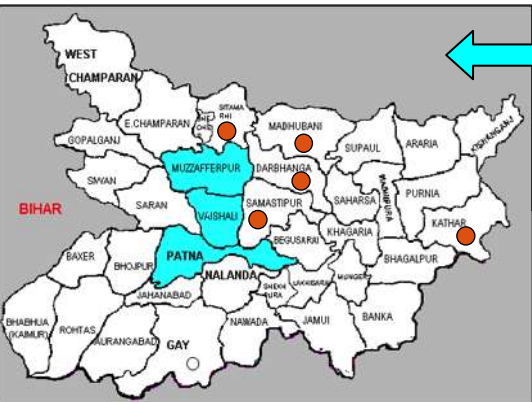
FY Year	2004-2005	2005-2006	2006-2007	2007-2008	2008-09	2009-10
Amount Received in Rs.	>1,64,45,272/-	1,14,98,234/-	1,78,70,352/-	1,99,87,787/-	3,22,00,152/-	2,49,95,906/-



Programmatic Allocations of Funds



COVERAGE (Geographical & Demographical)



Bihar		DISTRICT	
BLOCKS/VILLAGES	POPULATION		
1. Patna	4 (four)	260	72000
2. MUZAFFARPUR	5 (five)	16514500	
3. VAISHALI	2 (one)	67	120000

● Katihar, ● Samastipur, ● Sitamadi, ● Darbhanga

JHARKHAND STATE		DISTRICTS	
BLOCKS	VILLAGES	POPULATION	
4. PALAMU	5 (five)	198	18900
5. GARIWA	2 (four)	135	13300
6. RANCHI	1 (one)	64	8400
7. Chaibasa	2 (two)	49	1656



IDF is leading a state-wide network of NGOs (VISWASH) – to advocate on Water, Sanitation and Hygiene Issues in the state.

Information Resource Advocacy Center on Reproductive and Child Health has been established and coordinated by IDF for the RCH Fellows supported by IIE,

PROJECT-1

Name of the Project	:	Community Leadership Programme
Supporting Agency	:	SDTT, Mumbai through XISS, Ranchi
Coverage	:	100 Panchyats of 10 Blocks in 3 Districts (<i>Patna, Muzaffarpur and Vaishali</i>) Direct: Develop 400 leaders
Staffs	:	1 State Project Manager 3 District Program Officers 7 Block Coordinators

Background:

Since Indian independence, Bihar has been known for poor performance in the social developmental indicators including health indicators. The high incidence of mortality of mother and child in Bihar attracted attention of development organizations and government. In Indian states, for improving health situation, a National Rural Health Mission was launched. In the mission, thrust was given to provide effective health care to the rural population, especially the disadvantaged groups including women and children, by improving access to health services, enabling community ownership and demand for services, strengthening public health systems for efficient service delivery, enhancing equity and accountability and promoting decentralization. For utilizing the scope of enabling community ownership, there was a felt need of building leadership capacities of the community and local self-government. To address these gaps effectively, a community leadership program was conceptualized. Under this program, a group of community leaders comprising ASHA (worker under NRHM), Anganbari workers, members of Panchayati Raj Institutions (PRIs), youth members and community leaders at district and grassroots level was targeted. Their role was to work as the link between the community and the service providers by playing the role of the facilitators for health and RH services in particular. It was believed that they would not only result in effective implementation of FP/RH programs but also ensure sustainability for a longer term.

Project Goals: The program aims to contribute towards NRHM goals, in particular:

- Reduction in Infant Mortality Rate(IMR) and Maternal Mortality Ratio(MMR)
- Universal access to public health services such as women's health, child health
- Population stabilization, gender and demographic balance

Objectives

- To strengthen the health system designated under the NRHM as being critical for the success of the District Health Action Plan (DHAP):
- 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.

Major Strategies and Activities

- Development of Training Module based on carried out Formative Study (a 30 day- package)
- Selection of Community leaders through involving the community in a participatory and democratic manner
- By developing the capacity of the community leaders on leadership, advocacy, mobilization, reproductive and child health and micro-planning process, to enable them to mobilize community demand, develop micro plans in a participatory process as per NRHM guideline; promote appropriate health seeking behavior and monitor availability and quality of services.



DETAILS OF THE MAJOR ACTIVITIES

Program Induction of IDF staff:

To develop the understanding of project staff about the community leadership programme and organizational mission and objectives, induction workshop was organized. The programme was organized in the two parts involving the staff of community leadership programme and that of other programmes. Creating understanding of all the staff about all ongoing programmes and development of convergence strategies to implement the programme efficiently were additional objectives of the induction workshop. In the programme, IDF's Chairman and Director had participated. As a result, a better understanding of the CLP staff was developed about organizational aspects and community leadership programme.

Environment Building Workshops

To obtain optimum support of various stakeholders in the programme success, their sensitization about the community leadership programme and role of community leaders, Environment building workshops were organized in all 10 identified Blocks. The objectives of the block conventions were as under:-

1. To make the key stakeholders aware (PRI/Health/ICDS/Block/Community) about the Community Leadership programme
2. To make the stakeholders understand about their role and responsibilities in the Community Leadership Programme



In the workshop, Block Development Officer, Civil Surgeons, CDPOs, Block Health Managers, Welfare Officer, Mukhia, INGOs / NGOs, ANMs, ASHA, ICDS workers, community members took part. In the workshops, the queries were answered which helped in developing mutual understanding about the programme and planning strategies.

Community level orientation, Nomination, Identification & Selection of Community Leaders:

As the community leadership programme gives major emphasis on community-centric and community owned process, the selection of Community leaders were pursued as hereunder:-

Orientation and Nomination for Community Leader

facilitating optimum community participation in developing strategies and good community leaders, the orientation programmes were carried out in all the identified panchayats. In these programmes, major community level stakeholders, i.e., PRI / VHC members, ward members, ASHA, ICDS workers, ANMs and members of community based organizations and community (men, women, adolescent girls, youths, etc) were involved. Sharing on project's aims and objectives, village level problems (mainly health related issues) and their major reasons with possible solutions were carried out. In the orientation process, they were requested to nominate suitable persons, to be selected as community leaders. After



community level orientations, 1234 nominations of community leaders were received.

Selection of Community Leaders in Panchayat Level Open Meetings

Village level meetings were organized to shortlist the names of community leaders based on the nominations received from Panchayat level orientation meetings. During the meeting, participants were briefed about the purposes of the meeting and accordingly the community had fixed their own criteria for selecting community leaders. The selection process was completed democratically. In the meeting, the participants, likes, PRI representatives / mukhiya / ANM/ AWW/ ASHA/ SHGs/ community people/nominated persons for community leader. In all the districts, total 743 community leaders (475 female and 268 male) were selected.



Group Discussion Process For Understanding Communication Ability and Positive Willingness to Volunteer

For testing communication ability and positive willingness of community leaders, Block level group discussion process was organized. In each group discussion process, a checklist was used to assess the positive attitude and communication skill of the leaders. The reply of the raised questions related to their day-to-day life and of their surroundings was given very smartly by all the leaders. The way of replying to the questions using their intelligence was an indicator for good selection of the leaders with a spirit to develop their community. On the basis of the their attitude & willingness 401 community leaders were finally selected for training.



Residential Training of Community Leaders

For improving health services in the project areas, capacity building of community leaders (PRI / VHSC member, ASHA, youth, CBO member) is a major activity to enable them to act as Change Agent. The developed training module consisted of total eight components which were to be covered in the period of 30 days spread over in 5 slots. During the training, various exercises-role play, group work, etc were carried out for developing their understanding on various issues. The sessions were facilitated by the CLP and internal and external resource persons. The external resource persons were belonging to both private and government organizations working on health issues.

Components of Training Module

1. Understanding Community
2. Leadership
3. Effective Communication
4. Volunteerism
5. National Rural Health Mission
6. Reproductive and Child Health
7. Participatory Community Planning
8. Monitoring and Evaluation



Follow Up of Community Leaders

To pursue the extent of retention of learning & knowledge acquired & utilized by community leaders, follow-up was carried out. The follow up with the leaders started just after their 1st training (since first slot). The aim of follow up was also to monitor perceptions of the community about the leaders, challenges faced by the leaders etc. Considering emerging demand of information, the leaders were provided information on various issues, which helped in building their capacities further. The follow - up was done by using a checklist developed for the purpose.

Summary of Follow-UP of Leaders

	Patna	Vaishali	Muzaffarpur	Total
No of Community Leader Followed-up	88	40	51	179

Networking with Stakeholders, likes, Government, INGOs, NGOs, Media, etc

Networking and liaisoning were considered major components in the community leadership programme. Liaison was maintained with various stakeholders – block level health / ICDS officials, PRIs, SHGs, village level leaders and the community through personal contacts and group meetings. Besides, stakeholders from all section were invited in block level workshop conducted at each operational development blocks, Local NGOs / media / District level health officials were also contacted. In turn, a good relationship with district level government organizations was developed. At various stages of the programme, other organizations also extended help. Realizing the key role of media in sensitizing the stakeholders, Media was invited to all Block level conventions. It was helpful in generating awareness on community leadership programme in the community.

Outcome

Community leaders: As the leaders underwent a lot of need based trainings, various changes have occurred

Attitudinal Change

- Sense of unique Identity in the Community
- Sense of Responsibility
- Vision Regarding Wellbeing (of health) of Village
- Sense of Ownership of Govt. Health Services

Behavioural Change

- Actions at their level (example- cleanliness, opening of accounts, campaign of sanitation, Birth registration, Training of Student, Opening of ICDS centre)
- Discussions (with leaders and community)
- Raising Their Voices/concerns (from ANM / ICDS workers/ Mukhiya / MOIC)
- Approaching Govt / PRI For Improving Their Role

In Village/ Panchayats/Block level

- Pressure Development by trained ward members/CL on Mukhiya For Community Development efforts
- Trained Leaders enquire From Mukhia about developmental issues
- Pressure for Opening Accounts of Village Health and Sanitation Committee
- Guidance to Mukhiya by Community Leaders / Ward Members
- Developed Trust On Community Leader

In Government Officials and Workers

- They feel pressure built by community leaders
- Improvement in provision of civic Services
- Formation of Village Health and Sanitation Committee
- Proper functioning of ICDS Centers (which were irregular and closed)

Case Study 1 : Initiative for Water & Sanitation

After completion of 1st slot of training, Ms. Dharamshila Devi (CL) of Bheloara Dariapara came into action. She resides at Sadallichak village. She is the president of a women SHG functioning in her village. She started providing awareness on health & hygiene among her neighbors /other SHG members. She observed the unhygienic condition of the Govt. Hand Pump in her hamlet (tola) – there was stagnant water and wastage just on the platform since long before. She convinced the women (users of the hand pump) about the harmful aspects of this situation of the hand pump. Some women took initiatives and involved their children and cleaned the hand pump platform and its surrounding and ensured drainage of the waste water to distant place through outlet. It is being followed up regularly and the hand pump usage is out of threat for water borne diseases.

PROJECT-2

Name of the Project		Sustainable Action of Community Health with Special Focus on Women Reproductive and Child Health Care		
Supporting Agency		SIMAVI, Netherlands		
Coverage	District Names	Patna, Blocks-Maner & Bihta in 50 Villages		
	Population	Direct :-	40000	Indirect :- 411964
Staffs		No.		
Development Executive (coordinators)		1		
Development Associates(supervisors/Block level)		2		
FWs (village/panchayat/cluster level)		7		

Objectives:

1. To facilitate, capacitate and mobilize target community on health issues – right to health and information.
2. To ensuring safe child delivery practice and regularizing routine immunization among children in the area through government agency (reducing MMR & IMR).
3. Promoting health& Hygiene issues among the targeted community to prevent common diseases.
4. To improve the status of health in the community by promoting preventive, curative and rehabilitative measures through formation of effective health delivery system at their door steps.

Goal

Ensure a sustainable and improved health, particularly Reproductive Health Status of the target population contributing to their quality of life through their indirect participation in the whole process.

Process adopted to achieve the goal

- Develop a cadre of Youth Volunteers and capacity building of these volunteers through training.
- Strengthen the cadre of village health workers and their capacity building through trainings.
- Meeting with newly married couple (NMC) Group.
- Meeting with Traditional Birth Attendants and enhancing their capacities through trainings.
- Meeting with SHGs members.
- Theme camp cum cluster level Meetings.
- Joint Meeting with Government ANMs. ASHA Workers, Aganwadi Workers.
- Providing Health Kits
- Awareness Building Activities (Wall Writing, Street Play, Audio-Video Show, cleanness Campaign etc.)
- Training and Orientation programme for project Staff.
- Training on HIV/Aids to the PRIs.
- Training on HIV/AIDS to the SHG members.
- Organizing Solidarity events at Block levels (International Women’s Day, Safe Motherhood Day, World Breastfeeding Day, International HIV/AIDS day etc.)

- Organizing Nav Dampati Swagat Samaroh (Felicitation of Newly married Couple) at Cluster levels.
- Workshop/ Yearly Meeting with Government Health Officials at the block level.

ACTIVITIES

International women's Day: On the occasion of International Women's Day a symposium was organized on 8th March, 2010 in Sadikpur Panchayat Bhawan, Sadikpur of Maner Block of Patna District.

Agenda:

- Brief Description of IDF & SIMAVI
- Brief Description on International Women's Day
- Quiz, Song & Speech Competition
- Experience Sharing of Villagers & Chief Guest
- Sharing by other Funding Agency (Water AID) Personnel
- Prize distribution to winners
- Pledges
- Vote of Thanks



The Program was jointly inaugurated by Mr. Kameshwar Yadav (LOJPA Leader & Social Worker), Ms. Chhaya (Ex Principal Mahinava Middle School) & Kavita Devi (Mukhiya, Sadikpur). Quiz, song & Speech competitions were organized among the SHG women & Youth Volunteers of implementation areas of Maner Block.



More than 200 participants including 55 members of different Self Help Groups located in different villages in Maner Block were present there. A symposium was organized at this moment. Its subject was "Women's Empowerment & Future of the community".

SHG Meeting:- SHG is the core strategy of the intervention to make them aware about on health issues so that they have right to health and information. Information includes about RH issues, general hygiene to get protected from common diseases and to promote preventive and curative measures for the effective health delivery system.

Outcome:

- SHGs are extending support for mobilizing mother and child to get immunized at MCH clinic organized with the support of Govt ANM, ASHA and Anganwadi Worker.
- SHGs has been supporting for organizing all meeting at village level like NMC Meeting, TBAs Meeting, Youth volunteer Meeting ,ANM Meeting.
- The SHGs act as catalyst to eradicate myths and misconceptions from the community..

Achievements:

a. Qualitative:

- SHG Members are capacitated with information about common diseases and its medication.

- SHG Members and women of intervention villages have increased knowledge about ANC, NC and PNC.
- Importance of hygiene has been understood.
- Importance of delay in first birth and spacing subsequent child has been understood and also accepted the importance of contraceptive in delaying and spacing. All the myths and misconceptions have been cleared out.
- Now they can recognize symptoms arise if one is infected from RTI/STI.
- Importance of breastfeeding has been understood
- A cadre of Youth Volunteer and Village Health Workers had developed.
- Capacity building of Project Staffs, Village Health Workers (VHW), Youth Volunteers.
- Enhancement of knowledge of Traditional Birth Attendants on reproductive and community health issues.
- Importance of Birth Registration has been understood.
- Awareness Building Activities like Wall Writing, Street Play, Audio-Video Show, cleanness Campaign etc.
- Sensitized general community in respect of hygiene, early marriage, early child bearing & spacing, contraceptive means, HIV/Aids, RTI/STI, exclusive breast feeding, girl education and myths and misconception prevalent in the rural society and community health issue.
- Celebrations of solidarity events highlighted the related issues in the area and also provide the opportunity to forge strategic alliance with the other stakeholders.
- Theme camps provided the platform to develop the future RH leaders which proves helpful for the sustainability after withdrawal.

b Quantitative:

Sl.	Particulars	Maner		Bihta		Total	
		No. of Meeting	No. of Participants/Beneficiaries	No. of Meeting	No. of Participants/Beneficiaries	No. of Meeting	No. of Participants/Beneficiaries
1.	No. of people availed the facilities provide for common infection and diseases through health kit with SHGs.		5386		4150		9536
2.	Birth Registration		246		130		376
3.	Meeting with SHGs on different RH issues, general hygiene to get protected from common diseases and to promote preventive and curative measures for the effective health delivery system.	567	6148	398	3745	965	9893
4.	No. of children immunized with different doses and got protected from various diseases like TB, Whooping cough, measles, polio etc.		3141		3272		6413
5.	No. of Pregnant women immunized against tetanus. So that women and her unborn child will be protected against tetanus.		767		263		1030
6.	No. of Video Show organized to make community aware on different issues like Water & Sanitation, Immunization, Breast Feeding, HIV/AIDs, Girl education etc.	4	231	3	155	7	386
7.	Meeting with Newly Married Couple Groups on different RH issues.	251	4009	144	2155	395	6164
8.	Meeting with Traditional Birth Attendants (TBAs).	218	2230	135	1132	353	3362
9.	No. of Theme Camp cum cluster Meetings Organized.	40	1153	29	801	69	1954
10.	No. of PRIs Members trained on HIV/AIDs.		17		9		26

11.	No. of SHGs Members trained on HIV/AIDs.		13		12		25
12.	No. of Village Health Workers trained on reproductive and community health issues.		43		36		79
13.	No. of Youth Volunteers trained on Reproductive and Community Health Issues.		60		40		100
14.	No. of Street Plays organized to sensitize community on RH and Community Health issues.	12	2610	9	1430	21	4040
15.	Yearly Meeting/ Workshop organized with government Health Officers.	1		1		2	
16.	No. of Cleanness Campaign	20		15		35	

Quote by the community members

“Pahile Nai Bahu Ko ghar se bahar nahi nikalne diya jata tha lekin Simavi Pariyojana se hamni log ke sas-sasur is baat se taiyar ho gaye hai ki hum log v apne umar wale ke sath baithak me anek jankari apne pati ke sath le sakte hai”

Name and address of the persons: Babita Devi (Member of Newly Married Couple Group, Gyaspur, Maner block of Patna District.

A story for change

Title Behavior change among the Community
Name Pushpa Devi, Age-20 Yrs.
Address Baank Village of Maner Block of Patna District.

Background

Pushpa was married in May, 2009 to Akhilesh Ram whose first wife deserted him. She left the house of her husband and returned home not willing to go back to her in-law's place. After a lot of persuasion by the other SHG members and her mother, herself an SHG member, together they persuaded her to get back to her in-law's place citing the reason that a woman under no circumstance should leave her in-law's place or else is condemned by the society.

When she reached her in-law's place they were not ready to let her in as she had left without informing anyone, but on pressure from the SHG members that they would file a complaint against them at the Mahila Aayog/Police station, they reluctantly let her in. The very next day Pushpa returned back and on further probing, the family members learnt that her husband was impotent and she was not willing to stay with him and she also mentioned that even his first wife had deserted him because of this reason.

The family member's even spoke to Akhilesh Ram about it, but he refused to talk. Then the SHG members sought guidance from the project staff and a meeting was held in this regard and it was decided that Pushpa had the sole discretion to take a decision on the matter. The SHG members then asked the in-laws to return the dowry that was given to them, on which they told they would take the matter to the panchayat.

The panchayat was held and the entire issue was brought to light and Pushpa stood with brevity and lamented her issue, on which the panchayat ordered the in-law's to return all materials given as dowry. Now, Pushpa is happily living with her parents and looks forward to a better life.

PROJECT-3

Name of the Project:	Addressing Kala- azar, Health and Sanitation issues in North Bihar		
Supporting Agency:	CAF India		
Coverage	Districts	1.Muzaffarpur (Gaighat, Musahri), 2.Samastipur (Kalanpur,Varisnagar) 3. Katihar (Korha, Barisnagar)	
	Village	18	Population 36000 Direct 36000
Staffs No.	DE (coordinators) 1 DA (supervisors/Block level) 4		

Objectives:

To address Kala azar, health and sanitation issues in North Bihar by creating Information and Education Communication (IEC) materials and their appropriate dissemination

Goal

Reduce Kala azar cases by 80% in 54-targeted villages of three districts in north Bihar by 2012

Process adopted to achieve the goal

Social and disease mapping:-Rapport building with 18 communities and health officials; PRAs in villages; FGDs and questionnaire administration; Collation and analysis of data; Draft First Report on emerging observations. Status Report on the project areas; Inputs for designing IEC; Rapport with communities and health officials; Working Familiarity with data on the disease.

Participatory planning: FGDs with communities; Networking with PRI, ANM, AWW in the project villages. Working rapport developed in all field areas. The participatory planning has encouraged communities to identify drinking water sources requiring proper drainage and repairing

Referral Services: Detailed Tracking and follow up of all kala-azar cases in project areas; consistent liaison with concerned PHCs. Our field functionaries have reported 22 cases so far and are tracking each of these weekly, ensuring checkups, medication and tests.

Nutrition, promotion: We have identified the ANMs, ASHAs and schools as the key catalyst for this purpose. Sensitized villagers have started adopting options to improve their nutrition and health, likes, green vegetable, diversified foods, etc.

Health Camps:

Health camps were organized to increase awareness about Kala azar wherein the mukhiyas of concerned areas also participated, health check-up and tests were conducted and medicines provided to the patients.

Health & hygiene promotion: organized meeting in villages and oriented villagers about importance of health and hygiene behaviors and practices. Adoption of sanitation and hygiene practices, likes, use of water of deep tube well, hand washing before meal, etc

- Community Meeting
- PRI's, ANM's, Anganwadi workers Meeting
- Meeting with PHC officials
- School Campaigning
- Liaisoning with State and District Level Health Officials
- Identification of Kala-Azar patients
- Ensuring required provisions for the patients of Kala-Azar from PHC's.
- Formation of a committee to fight Kala-Azar through Awareness.
- Follow up and hand holding activities in old villages
- Home Visit

Photographs of the activities



Rally at Jitwaria



Nukkad Natak at Ladura



Mobile van



Social and Disease mapping



Health Camp



Meeting with PRI Member

A Innovation

A state level Consultation Workshop was organized with the officials of health department, Government of Bihar to draw the attention of the state and advocate the issues related to Bihar.

IEC and BCC materials, developed by IDF on the Kala-azar issue in localized form has been launched and inaugurated by the State health Director, GoB and disseminated. The aim was to propagate on increasing awareness and promoting Behavioral Change amidst the stakeholders so as to bring them on the same platform to effectively work towards impacting Kala- Azar in Bihar. This also included the Launch of IEC materials (i.e. **FLIP Chart, Audio CD, Vinyl Posters**) on Kala-Azar (Nov 3, 09) to disseminate relevant information to the masses for impacting the same.

Achievements:

- Over 75 % (of 38600) Person are covered under the awareness program on Kala-azar and sanitation issue.
- 22 out of 91 cases referred to PHCs, tested positive for Kala azar, they were provided with full course medicine alongside counseling and they all fully recovered.
- 2470 people received checkups during health camps and 332 RK-39 tests conducted.
- During health camp -2470 people got health check up (general), 332 with RK-39 test of which 02 found positive;
- 18 VWSC (Village Water and Sanitation Committee) formed and meetings are being held on a monthly basis to discuss on WATSAN issues and ways to avail govt. schemes (eg. Installation of hand pumps)
- 2 Cleanliness drives conducted in all 18 villages has increased initiatives amidst the community cause of which status of cleanliness in the villages has improved
- 1330 people through community meeting and 1116 students through school campaign were made aware about importance of nutrition and about nutritional value of various food intake;
- Kala-azar patients are taking medicine from PHC on their own and getting cured;
- Behaviour of the PHC staff with patients/visitors has improved and their problems are being addressed.
- PRI member (Mukhiya) have begun extending their support to the project;
- Organizing state level workshop gave leverage to the program to implement program in all 3 districts. Effective relationship developed with the state level health officials

- IEC materials developed in the project has been given to the Govt. dept. for consideration for acceptance and it was accepted by the Govt.

People Speak:

"Balram Sharma, Jitwari, Kalanpur, Samastipur

hamlog nahi janta tha ke kala- Azar kaisa hotha ha aur sarkar kala-Azar ka marij ka-ka subida dati ha, jab sa aplog hamara gawa na ana suru kia hin uska bad hamlog kala-Azar bahut kuch jan gan han

CASE STUDY

Name: Ravi Shankar Kumar; S/O Mahendra Ram, Caste; Ravidas, Age: 22 Years, Village: RadhaNagar, Block: Mushari, Dist: Muzzafarpur.

Ravishankar is a landless labour, living in a kuchha house. During one of the community meetings, a member raised concern about the former's condition who had been suffering from high fever since the past 20-25 days and was being treated by the RMP without any significant improvement.

Thus on further discussion it was decided that he should be taken for checkup to the PHC, the members had to motivate him to visit the PHC as he was reluctant and had less faith in moving there. On continual requests he visited the PHC and tested positive for Kala azar. He was then provided with full course medicine and he finally recovered.



PROJECT-4

Name of the Project	Indian Villagers Learn Healthy Habits and Gain Better Care
Supporting Agency:	Geneva Global, India
Coverage: District: Population	Muzaffarpur (Minapur, Katra and Gaighat) in 47 Villages Direct- 15000, Indirect - 43000
Staffs No.:	Project Coordinators): : 1 Development Executive: :1 Female Development Associate : 1 Block Supervisors :3 FWs (Male: 2. Female: 14) :16

Objectives:

- To reduce Infant Mortality Rate.
- To reduce Mother Mortality Rate.
- To insure children's immunization
- To aware newly married Couples on Nutrition, Hygiene, RCH, RTI/STI/HIV/AIDS, and family planning.
- To aware adolescent (Girls) on Reproductive Health Issues, RTI, HIV/AIDS and hygiene issues
- To aware the women of deprived section on community health, nutrition, RCH, immunization, WATSAN & hygiene issues.

Process adopted to achieve the goal:

Community Mobilization and Sensitization:

Meetings were held with different targeted groups to sensitize them on health and hygiene issues.

MEETINGS:

Meetings With SHGs: The members of Self Help Groups (SHGs) of all 47 targeted villages got sensitized and aware on health & hygiene issues by the concerning project's personnel through fortnightly meetings. In these meetings they got aware mainly on hygiene measures, nutrition, balance diet, natal care, immunization, community health issues etc. During meetings demonstration was done to deliver the message in a more clear way. As a result, they have started taking care of themselves, their children and pregnant women of their families as well as neighboring also.

Meetings With Non SHGs Women: The women of deprived section who are not organized, less responsive and reluctant on health issues were also sensitized to take care of health issues and ensure better health care for their family members especially women & children through monthly meetings in all 47 villages of three intervention blocks i.e. Minapur, Gaighat and Katra. They got sensitized and further made aware through meetings by use of various types of IEC materials i.e. poster, flip chart, pictorial apron. The impact was greater as they have become more sensitive towards health issues of their own and that of their family members, thus leading to increase in immunization of children and increased access to available health services.

Meeting With Pregnant And Lactating Mothers:

Monthly meetings were held with pregnant and lactating mothers in all the working villages. During meetings they were informed about pregnancy test, registration process, natal care, proper child feeding & care, immunization, RTI, STI, spacing, family planning etc. As a result they have started taking better care of themselves and that of their children.

Meeting With Newly Married Couple:

Meetings with newly married couples were held in all the working villages on monthly basis. These meetings proved very helpful on spreading awareness to them on hygiene measures, RH issues, RTI, STI, HIV / AIDS, proper use of family planning methods etc. As a result, they have started to share their health problems with their family members as well as female CLAs. Their family members have also taking care of their health problems. Some of them have started using the family planning methods for delaying the births.

Meeting With Adolescent:

Adolescent girls have also got sensitized on hygiene promotion, immunization, anemia, RTI, HIV/ AIDS through monthly meetings in all forty seven working villages. They are acting as a catalyst in the community especially among the newly married women and other adolescent girls.

Meeting With Stakeholders:

The success of any programme depends upon the active involvement and sincere effort of all counterpart / stakeholders. For their sensitization quarterly meetings were held with them across all three project blocks. These meetings were attended by PRI members, ASHA, TBAs, AWW, ANMs etc.

In the meetings, following issues were discussed:

- Project concept and their role & responsibility
- Government schemes and provisions related to health
- Advocacy for better health services.
- Proper coordination among the service providers as well as all stakeholders.

PRI representatives showed their concern to advocate the health issues and also assured to cooperate in ensuring quality health services. Quacks, ASHA, TBA and AWW also assured that they will serve the community at their best.

Review Meeting:

Review meetings of project staff were held on monthly basis at the district office. These meetings helped to review the field activities and performance of the field staff. It also helped to upscale the knowledge of field staff and provided guidance to them. It helped them to ensure desired qualitative and quantitative outputs. Apart from monthly meetings, fortnightly meetings were also held at block level by the Block Supervisors with the CLAs.

Wall Writing:

Wall writing played a crucial role to sensitize and aware the masses. Keeping this in mind, altogether 47 wall writings were done in all 47 intervened villages of the three blocks. These wall writings were done at selected public places for maximum outreach for the community to receive the messages and act accordingly. The matter of wall writing included important phone numbers of PHCs & ambulance apart from various health messages. It proved quite helpful for the villagers.

Nukkad Natak:

Nukkad Natak is a powerful and lucrative medium of communication for reaching out to the rural masses. Therefore ten nukkad natak were organized and performed by IPTA, Muzaffarpur in various communities, highlighting health & hygiene issues i.e. hand washing, natal care, immunization etc.

Capacity Building:

TRAININGS:

Training To the Project Staff:

The success of any programme / project depends upon the capacity & capability of project staff. So, it becomes important to enhance their skill, problem solving ability, self confidence and instant decision making capability. Keeping this in mind, a three days residential training programme was organized for the project's personnel. In the training programme main focus was on effective means of communication, joyful techniques to address health issues among adolescent & newly married couples, mobilizing different stakeholders, establishing better coordination with the line departments, method of counseling and advocacy etc.

Training To the Health Worker (Swasth Saheli):

No. of trainings-4

No. of participants-105

In the remote rural areas the condition of basic health infrastructure and services are not very encouraging. In case of any health exigency, people find themselves in a hapless state especially at night due to absence of mode of communication. To minimize the gap and ensure that first aid is properly administered as that in itself can be a life saving measure before the patient receives medical help; health volunteers known as (Swastha Saheli) have been identified in various villages. They were provided with 2 days of intensive training pertaining to various health issues and techniques of administering first aid to patients based on the medical condition. Altogether 105 such swastha sahelies got trained in four batches.

Training to Peer Educators:

No. of trainings-3

To assist the community in increasing access to health service and facilities, peer educators were identified and were provided intensive training of 2 days on health & hygiene issues in order to capacitate them.

Training to Traditional Birth Attendants (TBAs):

Despite the fact that government has launched schemes to promote institutional delivery still maximum births are being carried out by TBAs in remote areas. In order to build their capacity to ensure safe delivery, 30 TBAs were identified and provided 2 days residential training on safe motherhood and natal care.

Training to Rural Medical Practitioner:

The scenario in the villages in relation to access to quality health care service is sparse, because of its remoteness the situation worsens during the floods and the patients are left in the hands of RMPs, who with their limited knowledge find it difficult to deal with various medical exigencies, thus leading to worsening of health conditions caused by them. Thus, 2 days residential training was organized to upgrade their knowledge and skills which would facilitate their functioning as practitioners and also help in providing better health service to the hapless villagers especially during exigencies.

ORIENTATIONS:

Orientation to Newly Married Couples:

The orientation to newly married couples focused on reproductive health issues, use of contraceptives, delaying, RTI, STI and other health issues so as to help them in leading a satisfied married life free from the fear of infections and diseases. This further instilled confidence into them to pose questions if they faced any difficulty or doubt related to sexual health.

Orientation to Adolescent (Girl):

The adolescents were oriented on issues of personal hygiene, anemia, RH, RTI, immunization, HIV/AIDS and other health issues, myths and doubts related to adolescents on health issues are also cleared so as to build their confidence in order to live and grow up freely. This also led them to take charge in disseminating information amidst their peers.

Liaison and convergence with government health department:

Meetings with Block Level Health Functionaries:

Quarterly meetings were held with block level health personnel / functionaries of all the three intervened blocks. These meetings were held to develop better understanding on health service delivery and ensure coordination & cooperation with each other. After such meetings, CLAs, AWW and respective ANMs, have developed a greater sense of co-operation in ensuring better health services in terms of immunization, health check up birth registration etc.

Health Camp:

No. of Health Camps-10 No. of Participants-1000

Health Camps were organized in all the blocks wherein free medical checkup and medicines were provided to children and expectant mothers of the marginalized section. The purpose of organizing such health camps is to increase the health seeking behavior amidst the members of the community so that they start availing the facilities provided at the health sub centers.

Learning

- Action oriented meetings of stakeholders proved helpful in achieving the project's goal.
- Joint meeting of field staff and health workers proved effective in ensuring better health services to the community members.

Achievements:

A. Qualitative:

- Increased accessibility to community health services
- Community members have begun taking initiatives to ensure health services.
- PRI members have made some effort to ensure the usage of Government Schemes for the welfare of the community.
- Community's increasing interest and involvement in birth registration and immunization process.

B. Quantitative:

- 874 adolescent (girl) got aware & earned capacity on different health issues.
- 515 newly married couples learnt about personal hygiene, delaying, RTI, STI and other health issues.

- 235 PRI members have been sensitized on various health issues, government schemes & provisions.
- 30 RMPs were trained on health issues.
- 2415 children got immunized against various diseases.

Story of Change

1. TITLE: No to Child Marriage

Name: Lalita Kumari Age- 17 yrs Sex- Female

Village: Baghakhal Block: Gaighat District: Muzaffarpur

Lalita lives in this flood affected village and is the eldest amidst her five siblings, her father is the sole bread winner of the family and thus making it difficult for the family to make two ends meet. She is a member of the adolescent group formed during the project and is active in all the group's initiatives which help in building their capacities on reproductive health, physical and mental changes that they encounter and other related issues. The trend in our society is that a girl is always associated with the family's prestige and thus the incidence of child marriage is present without realizing the threats that is posed in front of the adolescent as a result of it and cause of early pregnancy. Lalita faced a similar issue when she was scheduled to get married of at the age of 16 but she being a part of the adolescent group and having received information on the consequences of child marriage, she decided to convince her parents on the same. Her plea wasn't considered by her parents, it is then she asked the project staff to intervene, on continuous consultative meetings with the family and the community members. During the meetings pictorial and visuals on ill affect of child marriage and early pregnancy were discussed with them and then finally her family members agreed to get her married off after she reaches 18 yrs of age. After this episode Lalita has become the face of change in the village and with her increased sense of confidence she motivates the other adolescents to say "No to Child Marriage".

2. A MOVE TOWARDS BETTER HEALTH

Name: Rinku Kumari Age-14 yrs Sex-Female

Village - Basghatta Block-Katra District-Muzaffarpur

She belongs to a poor family and is younger amidst her siblings, her family's income is derived from a petty shop her father runs and lives in one of the flood prone and remote villages of the block wherein awareness level of the women and adolescents on Reproductive health issue is very low.

Lalita's menstruation began at the age of 13 yrs; initially she did not know what was going wrong with her body. She shared this with her mother with a slight hesitation and she advised her to cope with the situation and nothing was told to her on how to maintain hygiene and as time passed she got infected with RTI (reproductive tract infection). During this period, she became a part of the adolescent group wherein she received information on RH issues and also about symptoms of RTI. She shared her problem with the project staff wherein she was convinced that it is curable, after which she visited the PHC and took medicines prescribed by the doctor and got cured of the disease.

Since then she has become all the more active in the group's initiatives in motivating adolescents to practice better hygiene and also on related matters, thus leading the wave of change in her village.

PROJECT-5

Name of the Project	Integrated Nutrition and Health Project, NCE Phase
Supported By	CARE
Coverage	2 ICDS Blocks of Palamu District (Chainpur & Daltonganj Urban)
Staff No	Block Coordinators – 4 BCs

CARE and Integrated Development Foundation (IDF) entered into a partnership on 1st of October 2007 to implement Integrated Nutrition and Health Project (INHP-III) in Palamau district. The agreement stipulated CARE's engagement of IDF to implement INHP in seven identified blocks (Lesliganj, Bishrampur, Panki, Manatu, Chainpur, Hariharganj and Chattarpur). The direct beneficiaries of this project were pregnant and lactating mothers and children up to 3 years of age.

Objective

Reduction in infant mortality and child malnutrition (among 12-23 months old) in targeted areas by enhancing the ability of the community to demand services and exercise control over the processes by accessing decision making forums.

As a Category C district (by CARE assessment), Palamau could project limited capacities at the district and block levels to impact child malnutrition and infant mortality. This gap in capabilities existed more glaringly amongst the frontline workers and supervisory staff of both the ICDS and Health departments. The success of the partnership between CARE and IDF hinged on quality implementation of both the *Key strategy* 1 and 2 of INHP III. IDF played a key part in supporting CARE's role as a technical, managerial and operational supporter of ICDS at district and sub-district levels. Its inputs from the field visit monitoring tools greatly strengthened CARE's hand. Further, IDF, with its grass-roots reach, was expected to use this strength for demand generation of services. It was to put into effect "mechanisms to enhance capacities and opportunities for community leaders and organizations to hold service providers and programs accountable".

Operationalization of the implementation process

As per the agreement, 7 Block Coordinators (BC) and 1 Project Coordinator (PC) were hired by the IDF. The hiring process included written examinations and personal interviews. The selected personnel underwent 5- Day residential training at SDC, Ranchi organized by CARE.

During the project, activities were planned as per the phase out plan of the INHP III in the form of Detailed Implementation Plan (DIP). As per the plan, 3 blocks (Lesliganj, Hariharganj and Bishrampur) were phased out in the year 2008.

After the completion of the 11 months period of the initial contract, the new agreement stipulated coverage of Daltonganj Rural, Lesliganj, Patan, Bishrampur, Hariharganj and Hussainabad blocks for thematic interventions pertaining to community mobilization. A total of three staff was selected for work in these 6 thematic blocks, 2 blocks for each.

The processes involved in community mobilization:

Community mobilization enables people centered development to take shape. IDF's efforts helped in empowering local communities and vulnerable groups by enhancing their awareness levels on issues of health and nutrition. IDF had managed to systematically plan and execute this. Some of the methods employed were: holding community level meetings, communicating with community leaders and forming groups of these leaders, mobilizing women for the social cause, analysis of collected data and the use of the findings for decision making, organizing village level events such as 'Saas-Bahu-Pati Sammelan', AV shows etc.

PROCESS ADOPTED TO ACHIEVE PROJECT OBJECTIVES

Preparation of District Implementation Plan

A strategic planning workshop was held soon after the finalization of the agreement wherein, complete orientation was provided to the selected staff of IDF on the technical interventions and other interventions (ENA, NBC, and ANC, primary immunization, Cluster Approach, IYCF, NHD, home visits and community organization). On the last day of this training, Detailed Implementation Plan (DIP) was prepared based on the NGO log frame. Besides the initial training, the NGO staffs were also provided with opportunities of reorientation on these topics a number of times.

Cluster strengthening/meeting

In the initial stage cluster categorization was conducted based on the performance as reflected in the reports submitted by the ICDS and based on the observations made in the field by the BCs. The ICDS projects were supported by designing cluster roasters for at least 6 months. The BCs facilitated monthly cluster meetings and provided support by conducting ongoing CB on technical issues on the basis of CB calendar.

The BCs also provided support in conducting the analysis of the CC checklist and representing the data in the regular BLMC/CC meetings. They also conducted validation of the CC data during cluster meetings and field visits. For this all the BCs had to attend a minimum of 8 cluster meetings in their respective blocks at the village level on a monthly basis.

Efforts had been made by the BCs and the PC to ensure the participation of the ANM in the cluster meetings. Regarding this appropriate government orders had been obtained and from time to time its status had been shared during the BLMCs.

BLMC/CC meetings

BLMC and CC meetings in all the blocks in Palamau, as matter of routine are conducted on the same day, at the block level. The BCs provided support to health and ICDS to streamline BLMC meetings every month and also in deciding agenda of the meeting beforehand in consultation with the block level managerial staff. In this, the BC was helped by the analysis of the PIT and home visits he had conducted. The BCs also shared cluster data, RI monitoring data and field observations. These meetings were used to discuss health and nutrition issues emanating from the field like, supply issues, cold chain management, micro-plan, growth monitoring, SNP, NHD status, due list, LO/DO etc. Behaviour change related information was also shared as it reflected the impact of various interventions on the target population.

Nutrition and Health Days (NHD)

IDF staff at the block level had played a pivotal role in constructing the NHD roaster and micro plan for RI. They had helped in incorporating the left out and hard to reach areas in the micro-plan document. They also facilitated in advocating the preparation and use of Due List at the

block and village levels. The BCs played an important role in matching AWW and ANM records during NHDs. They helped the AWWs in locating gaps in the SNP eligibility vs. coverage. They facilitated ANC at many places, after much struggling. At the end of these NHD sessions they administered NHD check list and RI monitoring formats.

The BCs did their utmost to improve the participation of the Community based Organizations (CBO) like the Mahila Mandals in the management of the NHDs. As part of their field visit targets, the BCs were required to monitor at least 8 session sites and to share their observations and findings in the CC/BLMC meetings.

Home Visits during AWC visits

The BC regularly administered PIT for understanding the behaviour change of the beneficiaries around the critical periods in the life cycle. During the cluster meetings, the BCs facilitated home visits by the AWWs. They provided supportive supervision to them, such as in the areas of prioritization of beneficiaries. They also supported the AWW in involving the left out communities through home visits during NHDs.

The BCs were also tasked with the responsibility of sharing the analysis of the home visits conducted at the CC/BLMC meetings.

BCC activities

Saas-Bahu-Pati Sammelan was organized to create awareness amongst the communities on NBC, IYCF, ENA and primary immunization. These were village level activities intended at changing or improving community behaviour for addressing child malnutrition and infant mortality.

Nukkad Natak was conducted by the Palash Films. The subjects dealt were: ANC, NBC, birth preparedness and immunization. The BCs provided support during this activity by planning these activities along with the ICDS projects and in monitoring them.

IDF's staff actively participated in the World Breast Feeding Week and National Nutrition Week celebrations, both at the block and district levels. They supported these activities by planning along with the ICDS staffs and also by participating in them.

Audio-Visual shows were organized by IDF to address issues on NBC and Immunization in Bishrampur block.

The BCs and the PC had ensured the use of the BCC materials by the AWWs/ANMs such as 'Mera Gaon, Mera Ghar', 'Char Mathuapurna Sandesh', 'Kuposhan ki Khai', and 'Essential Nutrition for different stages in the Life Cycle' (Hindi version). This had brought about a marked improvement in the beneficiary behaviour on issues such as NBC, IYCF, and Immunization etc.

DLMC meetings

BCs and the PC of IDF had supported CARE's Program Officer by providing field based observation reports and monitoring data emanating from RI monitoring, home visits, cluster meetings, CC/BLMC meetings, PIT analysis etc. This had helped in deciding agenda for the DLMC meetings.

Capacity Building

INHP staffs of IDF were closely involved in capacity building of Cluster Coordinators on consolidation and use of data. They had provided supportive supervision to AWWs and ANMs during visits to AWCs for RI monitoring, NHD observations, home visits for PIT and during cluster

meetings. IDF staffs were also involved in CB of *Sahiya* (Asha Worker) and SHG group members in community mobilization around health and nutrition issues.

Monitoring and review

During the project life cycle, a Mid-term review and an End term review were conducted and reports of these have been shared with all concerned in both the organizations. These were very fruitful exercises that had helped in consolidating and learning from the achievements and gaps during implementation of the INHP III.

Reports and documents

The BCs had submitted the NGO Block MPRs and plan and achievement reports regularly. IDF has till now submitted all the MFR, QFR, MPRs and monthly meeting reports.

PROJECT-6

Name of the Project	Behavior Change Communication (BCC)		
Supporting Agency	IPAS		
Coverage	District	Patna , Blocks: - Danapur, Phlwarisharif, Maner, Bihita, & Sampatchak	
		No. of Villages -	267
	Population	1007580	Direct 384480
			Indirect- 203389
Report Duration	March 2009 to June2009		
Staffs No.	DE (coordinators) Manoj Kumar DA (supervisors/Block level) 12 FWs (village/panchayat/cluster level)		

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 Primary health Care setting.

Goal

To increase women's ability to exercise their sexual and reproductive rights and to reduce abortion related injury & death.

Process adopted to achieve the goal

Target group village meeting

In all the 266 village of five blocks, two meetings were held in each village every month. In the beginning, the meeting was opposed at some places by the male members but when the issue of safe abortion and its relevance was discussed, they too supported the cause and became torch bearers in disseminating information to the community. IEC materials were actively used i.e. *Ek Nai kahani ghar ghar ki*, game materials which became acts as powerful tools in disseminating information at the village level.

Total No. of meeting - 2562

We have trained following stakeholders:- Anganwadi Worker-259, ASHA Worker-237, Self Help Group-174, SHG members-2211, ANMs-198

Nukkad Natak

Nukkad Natak was very effectively staged in all five intervention Blocks and it was ensured that script was simple and interesting so that maximum viewers could be pulled and thus spread the requisite message across the community.



Wall Painting: Wall painting is one of the major sources of message dissemination to the community; it has been done well in almost all the villages. The paintings were done in the most strategic locations so that it can be seen by all, the quality of the wall painting is maintained as pictorial messages have a wider outreach and is understood by maximum people.



Block Level Workshop

Based on the observation at the field level, workshops on Safe Abortion was organized in the five blocks of Patna District i.e., Bihta, Danapur, Sampatchak, maner and Phulwarisharif in order to strengthen the capacity of women for effectively taking decisions of their lives. In the workshops the participants were ASHA, ANM, IPC Volunteers, Doctors, SHG members and Block Coordinators.



We briefed them about the project and its objectives, legal and illegal aspects for the abortion were also discussed with them. They were also encouraged to tell the society about these two aspects. It was also very important for them to know that they were the major stakeholders of this project and without their help this project will never get close to its objective. All ANMs were told to motivate the women to visit Doctors who had received training on safe abortion. It was surprising to know that many ANMs did not know about the legal aspects of abortion.

Achievements:

1. **Regularly consistent interaction** with the community helps them get around the finer barriers to discussing difficult topics such as abortion and its related personal, familial and social aspects. We clearly noticed how **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.
2. Awareness of the legality of abortion as a personal choice and the MTP Act is extremely sparse across the local level health functionaries (ANMs) and this message was spread widely across the community.

Quote by the community members

Kalyani ke kahani mahilao ke bich kafi lokpriya hai jiske madhyam se hum sab asurakshit garvpat ke karan maut bhi ho ja hai janli "

Name and address of the persons: - Shyam prabha Devi, Painal Village, Bihta Block

PROJECT-7

Name of the Project	Reproductive and Child Health (RCH II)	
Supporting Agency	National Foundation of India	
Coverage	Palamu (37 Villages of Patan Block)	
Population	Indirect: 33189	
Staffs No.	DE (coordinators)	1
	FWs	2

Objectives:

- Percentage of pregnant and nursing mothers benefiting from improved maternal health knowledge and services have increased by at least 60% in the project villages by July 2010.
- Improved maternal knowledge of early child health (between 0-2 years of age) and use of early child health services increases by at least 70% in the project villages by July 2010.
- The number of adolescent boys and girls with improved knowledge of reproductive health and empowered to assume and exercise their reproductive rights increases by at least 60% in the project villages by July 2010
- Enhanced RCH status of the marginalized community
- Increased use of contraception (temporary method) for spacing by young couples (15-45) of the marginalized community
- Improving nutrition of the adolescent

Goal

Improved Health status of Reproductive and Child Health (RCH) in 37 Villages of Patan Block of Palamu District by July 2010.

Background

Integrated Development Foundation has initiated "NIRMMAN- Reproductive and Child Health Program" with the support of NFI in 37 villages of Patan block of Palamau district. Working on the issue for the last three years, it was experienced the need of handholding was felt for the sustainability of the program in the long term. So in this phase main focus was given on the hand holding process, the strategy was to facilitate the process & give space to the community to take up the issues in better manner.

Process adopted to achieve the goal

Micro Level

Cluster based Household Approach

Cluster based household approach was one of the key strategy for the direct target group i.e. the marginalized community which talks about dividing the target community into small cluster, which constitute 20 households in one cluster. This strategy helps us to cover each and every household especially pregnant mother, newborn children, and young couple of the target community and also proved helpful in follow up the progress.

Macro Level

Cluster Approach

Cluster approach became an important strategy for macro coverage. This strategy became helpful in to cover the specific target i.e. pregnant mother, mother with 2-year child, young couple of the larger community of the intervention village. For this 30 to 40-house hold formed a group of a cluster.

Common Approach

Environment Building

To sensitize larger community and to create a supportive environment to talk on ARSH issues as well as on community health, environment building is one of the effective tools, which was practically experienced in the first phase. Keeping this in mind, we adopt this tool to create positive environment for this issue in the new intervention villages.

Capacity Building

Capacity building through trainings was organized for different stakeholders at local levels- for project staff, service providers like ANM, AWW, Sahiyas, and RMPs to enhance their knowledge and upgrade their skills to disseminate information.

Strengthening of different existing Village level Institution

Convergence

For seeking better health services and to meet the demand, one of the most important strategies adopted for regular review and the sustenance of the programme was convergence with government agencies both at community as well as at the block level. This strategy helps the marginalized community to establish a relation with the government service providers so as to access their services.

Sustainability strategy of RCH Centre Process of handing over to the community

There are 3 RCH centers which have been established by IDF in project area. These three centers are in the village of **Barsaita Gajni Tola, Mahulia Bhuiya Tola, Golhna Jhariba Tola**. RCH centers are functioning in proper way. Regular meeting is being held in the community to ensure the proper functioning and sustainability of RCH Centre in future. Convergence meeting have been done by VHC, Sahiya, ANM, RMPs and SHGs to decide the modality of function of RCH Centre. All the registers & documents, related to RCH Centre have been kept in the RCH centre which is owned by the community. These RCH centers are almost working there as an Aanganwadi centre.

Activities

Formation and Meetings with Kishor and Kishori Clubs

To address reproductive health issues of the adolescents, it was important to have a common platform where the target group can assemble and interact. Formation of kishor and kishori clubs was facilitated just in order to organize them around a common platform & discuss the issues regularly. Monthly meetings of adolescent clubs were organized and the issues covered the following:-

- Objectives behind the formation of Club
- Adolescent age 10 – 19 year of Girls
- Adolescent Club – why, objective
- Adolescent stage
- Nutrition, Balance Diet
- Reproductive Tract infection, Health & Personal Hygiene

- Anemia, Diarrhea

Community meeting

To make the effort sustainable, community meeting was organized once in a month in left out village in which village leaders and Village health community members along with AWW and Sahiya attended.

Home Visit

Home visit is one of the activities which covered the direct as well as indirect target groups in all 37 villages of Patan block.

Convergence

Convergence is important for the sustainability as well as for developing a sense of accountability in the community. In the first phase of implementation, convergence with service providers, village level institutions and government line departments were done at village, block and district level. In the second phase the efforts were made towards maintaining the rapport.

Functioning of RCH Center

The centre has been established and services provided by the sahiya every month and even the ANMs give time to the centre during their visit to the village. The RMPs examined patients at these centers.

Meetings: Community meetings played a vital role in sensitizing the target groups in the community on issues at village and cluster levels.

- Meeting with TBAs & RMPs
- Meetings with village level institution (S.H.G.)
- Meeting with Pregnant & Lactating Mothers
- Meeting with Community
- Meeting with Newly Married Couple
- Meeting with Village Health Committee: Monthly meetings with the VHC were initiated in 8 new villages with members and Sahiya. The objective behind organizing the meeting with VHC was to:
 - To interact with each other and to know each other
 - To orient them with their role & responsibility.
 - Discussion on NRHM
 - Importance of Village Health Committee
 - Discussion on Government Health Program
 - Discussion the problems or other related issues of the community.
- Meeting with Local Healers
- Meeting with Religious Leaders: Regular meetings were organized with Religious Leaders. Issues taken up during the meeting were:
 - Briefing about the project
 - Discussion on RCH Program
 - Discussion on Health Facility by government
- Meeting with Mother of Adolescents: Regular monthly meetings were organized with Mother of Adolescents. Issues taken up during the meeting were:
 - Discussion on Rights of Adolescent
 - Discussion on RCH Program

- Discussion on Adolescent's Education
- Right age of marriage
- Immunization
- Community health issues e.g. safe drinking water, malaria, T.B. etc

Immunization Day: PC, CLC & CHW regularly observe Immunization Day at Anganwadi centre in the Project area. We provide support to ANM, Sevika, and Sahaika on Immunization day. Issues taken up during the meeting were:

- Importance of Immunization of children (0-5 yrs)
- Provide Knowledge about Jaccha Baccha Suraksha Card
- Immunization Schedule
- Child care for 0-5 years child
- Counseling

Monthly review and planning Meeting with Project Staff: As the area was new and the person involved in the program were also new thus fortnightly meetings were organized to:

- Orient them about the Program
- Regular field visit
- Make them understand the need
- To identify marginalized community
- Discussion on MIS Format
- Discussion on Monthly Activity
- Discussion on Field Follow up
- Issues oriented – Care during pregnancy, need to formation of Kishore and Kishori Club in new 8 village

Liaison with Line Department: Liaison with line departments i.e., health, ICDS and education were fostered at field and block level. There was an interaction with Headmaster of Schools, teachers, MOIC at block level to share with them the project objectives. At the village level, meetings with ANM and AWW were organized to share the project objectives as well as to regularize the services.



RCH Box of Barsaita Gajni Tola

RCH Centre Visit: Three RCH Centers were established in 3 villages' Barsaita, Golhana and Mahuliya with the objective to provide health facilities to the marginalized community.

We discussed with MOIC of Patan block to depute ANM at the RCH Centre on regular basis to meet the health needs of the villagers. The schedules of ANM's visit to the centre are:

Name of RCH	ANM/Sahiya/RMP	Time / Venue	Responsible Person
Barsaita Gajni Tola	Ms.Renu Kumari Ms.Sunita Singh Mr. Arun Mahto	10.00 a.m 1 st Saturday House of Chandradev Singh	Mr. Chandradev Singh
Mahuliya Bhuiya Tola	Ms. Lusiya Toppo Ms. Nasida Khatun	1.00 p.m Every Tuesday House of Shanti Devi	Ms. Shanti Devi
Golhana Jhariwa Tola	Ms. Sharmila Ms. Kanti Devi	1.00 p.m 1 st Friday House of Bigu Prajapati	Mr. Kalhat Prajapati



Kishori at AWC



Meeting at AWC



Meeting with Gulab Kishori Club, Saraiya



Health Camp at Bhusra

Learnings:

Through regular group meetings in which the importance of functional literacy in the family was discussed, the adolescents from Kishore and Kishori clubs began providing basic education to their family members, on seeing the effort put in by them even the family members have begun showing interest.

Achievements

A. Qualitative:

- Members of the community are actively participating in the functioning of the clubs and also in organizing various events along with the IDF staff..
- People's increased awareness on health issues has led to decrease in infant & maternal deaths, also a gradual decrease in child marriage,
- Increase in regular checkups of Pregnant & lactating mothers, increased intake of medicines incase of people suffering from RTIs & STIs.
- Increase in collecting and usage of sanitary pads by the adolescents provided at RCH centres.

B. Quantitative

- 85% of women having institution based deliveries.

- 130 RMPs have been sensitized and capacitated regarding appropriate care, risk and ethical responsibilities on RCH issues
- 414 children were fully immunized
- Lactating Mothers feeding colostrums
- 392 youth received training on symptoms of safe sexual practices and behavior
- 11 meeting with SHG group on anaemia implication in each village

Detail data on target achieved

Child Health: Aug 2009 to July 2010

S I	Child Health		S I	Child Health	
A	Neo natal Care	Total		Activity	Total
	No of babies of neo-natal period (0-28 D)	641		Malnourished (All Grade)	30
	Births Registered	489	D	Childhood Illness (2-5 years)	Total
	Weight of New Born (0-28 days)	Total		Diarrhea	12
	< 2.5 KG	431		Pneumonia	27
	> 2.5 KG	276		Malaria	23
	Initiation of Breastfeeding	Total		Tuberculosis	0
	Within first 1 hours	483		Measles	18
	BCG	494		Malnourished (All Grade)	20
	No of children received continued breastfeeding up to 2 years	2395	E	Immunization Services	Total
B	No of infants 0-1 yrs	Total		Exclusive Breast feeding(0-6M)	630
	Diarrhea	2		DPT 1	539
	Pneumonia	77		DPT 2	533
	Malaria	30		DPT 3	509
	Tuberculosis	2		OPV at birth	555
	Measles	27		OPV-1 dose	550
	Malnourished (All Grade)	9		OPV 2 dose	535
C	Number of Children of age 1-2 years	Total		OPV 3 dose	524
	Diarrhea	14		Measles	513
	Pneumonia	38		Fully Immunized	439
	Malaria	34		No of Immunization Sessions	389
	Tuberculosis	0		Measles	31

Family Planning

Aug 2009 To July 2010					
S.N	Activity	Total	SI	Activity	Total
A	No of Eligible Couple registered with the implementing partners for services			No of Couples Counseled	1889
	No of new couples enrolled	2264		No of Couples received full treatment through camp approach and follow up	140

	No of Counseling sessions held	3179		No of couples referred for treatment	766
	No of Couples Counseled	2965	D	HIV/AIDS	
B	Current Users of Family Planning			Number of individuals (male/female/pregnant women) referred to Integrated Counseling and Testing Centre for testing	1
	Condom	1418		Number of pregnant women tested for HIV and found positive	1
	Pills	389	E	Adolescents Health	
	Women accepted IUD	126		No of Peer Educators	776
	Female Sterilization	259		No of meetings organized by Peer educators for prevention of early marriage, hygiene practices, anemia , etc	4967
	Male Sterilization	4		No of Adolescents identified as anemic	246
C	RTI/STI Interventions			No of adolescents treated for anemia	311
	No of male identified with RTI/STI symptoms	4		No of adolescents identified with RTI/STI	61
	No of female identified with RTI/STI symptoms	468		No of adolescents treated for RTI/STI	34
	No of RTI/STI screening camps organized	2		No of adolescent girls married before 18 years	16

Quote by the community members

“ Pahile ta hamni sab ke kuchho jante naa rahee. Apne sabke dekh ke sochat rahee ki I sab ka batabai hathin. Gaon ke sab kharab kare aayeel hathin. Per apne ghar ke pareshani se samjhli ki raua sab thike kahi hathin. Jab hum janli ki hamar poti ke ihe umar mein kuch dikkat hayee , auro u sab tohani sab se baat karke batabai thalayee, tabe humara lagal ki na rauhani sab i bahut accha kam karyee thin. Ei kaam bahut achha hayee, hum sab rauhani ke sathe hi. Ab hum apn poti ke khude ANM didi ke pass le jaker oker tika dilayem auro dusro sab ke ei bare mein batayem.”

Old Lady, Village Bhusra

Story of Change

Name Awdhes Singh, Father-Samuder Singh, Age-21 Years, Club-Upkar Kisor Club, Village Kathautiya



Awdhes Singh, 21 Years, Kathautiya

Awdhesh was among the various members present at the health camp organized in March, 10. He seemed distressed and was constantly moving from one place to the other. It was then, Mr. Lawrence Kujur (Cluster level co-ordinator) called on him and tried to address his problem. Consequent upon the persuasion, he said that he was there to see a doctor. On further probing he lamented his problem “Neend mein hamara bistar gila ho jata hai, ghar mein sabhi gussa kerte hai ki is umar mein bhi ye bistar gila kerta hai.

Mujhe samjh mein nai aata aisa kyu hota hai. Apni taraf se puri kosis hoti hai ki aisa na ho, lekin kya karu. Mujhe kisi se baat karne ka man nahi hota, man me ek dar sa baitha hai ki kya ho raha hai or kab or kaise isse chhutkara milega”.

After discussing the issue with him at length it came out to be that it was an issue of nocturnal emission (night fall). It was then explained to him “This is called nocturnal emissions or wet dreams, which is an

ejaculation of semen experienced by a male during sleep. This is most common during teenage and early adult years. However, this may happen any time during or after puberty. The ejaculation may happen with or without an erection, and it is possible to wake up during, or to simply sleep through, the ejaculation. This discharge is invariably preceded by a sexual dream. It is a normal, natural and uncontrollable response to sexual tension that gets built up within the body. There is no reason to be worried, frightened or feel guilty about a wet dream. It happens with all men and is not a disease. It is completely harmless and has no ill effects on one's health.

Awdhesh seemed relaxed and happy after the discussion as his fear had subsided but he showed his willingness to counsel his peers who were facing similar problem. Thus, he became a member of the Kishore Club and began helping teenagers in his area and presently he has become the president of the club.

2. Name- Sabita Kumari, Age 15 Years. Father Uday Mehta, Club-Kushboo Kisore, Village Bhusra



**Sabita Kumari, 15
Years, Bhusra**

Sabita kumari along with many other adolescents on being oriented about RTI in their school by the Cluster level coordinator learnt that they were suffering from the infection. All of them approached the CLC who told them about ways to deal with it and asked them to visit the Anganwadi centre, wherein they would be provided free treatment along with adequate medicines. The girls went back home and discussed the issue with the family members, on which the grandparents got furious that RH issues were being discussed in schools and asked them to stop attending school.

On Immunization day, when the girls didn't turn up at the Anganwadi centre, the project staff reached their homes and of knowing the reason oriented their family members on RH & their children's condition. After which their parents realized that it was for the betterment of their children and due to ignorance they were harming their own children.

Amidst them one elderly woman mentioned that "Ye to bahut accha kam hai, jo baat hamari bachiya(girls) humko nai batayi wo baat IDF ke madhyam se hum sub ko pata chala, hum sab bhi ye sab nai jantey the. Ab hum apna or aas pass ke baccha sab ko iske bare mein batayenge bhi or sab ko Aanganwari Kendra bhi leker jayege."

This has led to spread of further awareness through these family members in their neighbourhood and adolescents being sent to become a part of the Kishori club so that they gain knowledge on issues pertaining to their health.



**Reshma, 15 years,
Village- Bhusra**

Name of the Project	:	Capacitating Community on DRR, Climate Change Adaption for Sustainable Development		
Supporting Agency	:	Oxfam India		
Coverage	:	District Muzaffarpur		
		40 Villages of 4 Blocks (Gaighat, Katra, Aurai and Minapur)		
Population	:	Direct - 13350	and	Indirect-58230
Staffs	:	Project Coordinator: 01	Supervisors/Block level: 04	
		FWs (cluster level):- 12	LSS Coordinator: - 03	

Objectives:-

1. To enhance the emergency response capacity of the community based institutions and volunteers.
2. To promote and replicate alternative livelihood options with special focus on agriculture & allied activities for flood prone areas
3. To integrate public health in DRR including local schools involving children and larger community
4. To generate awareness and build the capacity of the community to understand climate change adaptation
5. To develop collaboration and strengthen coordination among NGOs partners/ government/INGOs

Goal

Increase resilience of vulnerable women, men and children living in four recurrent flood prone blocks of Muzaffarpur through promoting appropriate DRR measures and livelihood promotion

Process adopted to achieve the goal

Community mobilization and Sensitization

The Community has been mobilized and sensitized through SHGs, VLCs, Kishan kosh and Adolescent groups as they became a prime tool for facilitating the entire process of preparedness and promotion of livelihood program within the project. These CBOs are formed and nurtured to respond effectively in most community oriented development initiatives.

Nurturing and Strengthening of CBOs

Different CBOs i.e SHGs, VLCs, Kishan kosh and Adolescent groups formed under the program were capacitated on various issues i.e. Health and Hygiene, Disaster Risk Reduction, Climate Change Adaptation and Livelihood Promotion through Meetings, Orientations, Exposure visit and Trainings.

Strengthening of Lok Sahyog Sthal (LSS)

During reporting time all the Six LSS were strengthen and capacitated to provide a base to the community for accessing the information and services related to health & hygiene, flood preparedness, agricultural etc. Altogether Six LSS has been established so far. Community members receive benefits in terms of emergency item i.e. O.R.S, Bleaching powder, I.E.C materials, Ropes, Torch, radio and other essential materials.

Promotion of Modern techniques of flood friendly agriculture practice:

IDF has been promoting modern techniques and methods in agriculture to minimize the problem of low productivity and limited cropping in flood areas. In this regard, this year block wise Demonstration plots were prepared in each of the four intervention blocks. The concept of demonstration plot was a trend setter in many ways as it not only changed the mind set of target community to do vegetable cultivation but also gave them an option to opt for mixed cropping. There are plenty of good examples where farmers opted vegetable cultivation and earned more in comparison to the cultivation of traditional crop.



IDF also promoted wheat cultivation through SWI method with the support of PRADAN on the suggestion of Oxfam-India under this activity. Rational of adopting wheat cultivation through SWI method were as follows:

Wheat has become the main staple food of this area due to major decline in the paddy cultivation because of flood and erratic rainfall. The farmers have been transferring their traditional methods of cultivation from one generation to another. However, the recent phenomenon has forced them to re-think about the farming pattern as to decrease the input cost and get higher yield. SWI method seems helpful to bridge the gap whatsoever.

Promotion of Health and Hygiene measures

Cleanliness drive: - Health and hygiene promotion in form of cleanliness drive was carried out in ten different spot by involving VLC members, local youth and SHGs members. The staff of IDF and community together made efforts to clean their respective hamlets by removing garbage and spreading bleaching powder in all the villages.

During the event, community was also made aware about the ill effects of open defecation and waste management.

Installation of Model H.P. Installation of model deep bore hand pump at 10 different spot was carried out with the view to demonstrate a model hand pump which is effective and useful for the community in all the season including flood. The model has the feature of having high platform with stairs and proper drainage. Earlier procurement of materials such as PVC pipes, heads, filter etc was procured at District level and transported to field areas where drilling work was done. In the selection of sites it was taken care that the spot should be an up land and could be accessed by maximum people. These hand pumps caters to the need of more than 800 persons per day and it is expected to cater to many more during flood periods.



Training to Swastha Saheli

No. of trainings-6 To focus on health and hygiene issues at hamlet/village level, each SHG was asked to identify and select a **Swastha Saheli (Health Educator)**. The idea behind doing so

was to make the community independent to tackle primary health issues on their own. In this connection one- day training was conducted at six different places with the following objectives:

- Capacitate the identified Swasthya Saheli on first aid
- To develop them as a change agent to aware the local community on importance of Physical hygiene and reproductive Health

Convergence with NGO partners and Line up departments:-

Two unit of District level workshop one each on MNREGA and SUSTAINABLE AGRICULTURE was held at Muzaffapur District where large number of Community members, Media Person, Government Staff, NGOs representative participated and shared view. The following are the details:

One-Day District Level workshop was organized on **National Rural Employment Guarantee Act: - Understanding, Achievement and Reform** on 12th Of March 10 at Hotel Park, Muzaffarpur with the objectives of:-

- To understand effectiveness of implementation of NREGA from the poor villagers 's perspective
- To identify institutional and other bottlenecks at different level and pave the way forward

During the event, following contents were covered:-

One day District level work shop on” **Sustainable Agriculture Practice in Flood Prone areas”**

was held on 20th March, 2010 at Hotel Park, Muzaffarpur with the objectives:-

- To over view the agriculture scenario of flood prone areas
- To acquaint rural community about flood friendly farming
- To establish a collaborative effort to address the issue at a bigger platform



PDS Signature Campaign

As per project proposal PDS signature campaign was conducted in the field area of partner organization. The purpose behind doing so was to track out the real situation of Public Distribution System and this regard following are the findings

1. Anpoorna, Antodaya schemes are normally in existence
2. Irregular Distribution of materials
3. Inferior quality of Rice and Wheat
4. No schedule of opening and closing of shops



Earlier to this a meeting was held at IDF office where the campaign was designed. In the meeting a format was developed and it was decided to conduct village level meeting to get relevant information. In the meeting it was also decided every partner organization would prepare a memorandum citing all the bad practices related to PDS and give it to the concerned BDOs for further action.

Initiatives

Apart from DRR activities, which got stronger, with increased community ownership a major change came about with farmers in the identified 6 villages adopting the SWI method which has led to increased interest of other farmers to adopt the new technique. Increase in resource mobilization from both community and government agencies in the project area has led to increase in basic services reaching the areas.

Achievements

A Qualitative:

- Volume of savings and average loan size increased
- Inculcation of saving habit and credit management skills among new SHGs is increasing gradually.
- Accessing health and other services for themselves
- Mutual support enabling women to manage their own affairs
- Increased self reliance and self confidence to address flood related problems at different forum
- Improvement in level of services received by women from bank and line departments
- Practice of innovative flood friendly farming has been adopted by the farmers with good results

B Quantitative: -

- **2280** women have been organized and nurtured around DRR issue in **160** SHGs in four target blocks of Muzaffarpur district under the project.
- **Rs 20,44,538** as Group savings, **Rs 36,77,188** as Group loaning and **Rs 20,69,333** as Group repayment.
- Representation of SHGs member in PRI, ASHA, Anganwari.
- Initiatives taken by the VLCs on following issues with positive outcomes

Issues Addressed	Numbers	Outcome
Rescue from drowning	35	32 Out of 35 got new life
First aid of Snake bite victim	30	27 out of 30 survived
Construction of flood shelter	14	Community benefitted during flood
Advocacy and demand for bridge/road construction over the river.	20	10 out of 12 bridge/road were constructed that includes Rs. 50 lack project of bridge construction at Dahila village of Gaight block
Facilitated EYE CAMPS	05	More than 400 patients got free check up and free medicine, Over 112 patient availed free cataract operation.
Blanket, Clothes Distribution.	02	Over 500 families got blankets and cloths mobilized from Ram Krishna Mission in 2009 January Cold wave.
Liaison with Line up department to get emergency items	125 K.G of paddy Seeds, 500 sachet ORS were procured
Supporting SHGs	160	More than Rs. 2 million fund base and managing for their livelihood, consumption and emergency needs
Supporting in preparing papers related NREGA and other work	400 approx	Labors especially from SCs community got Job cards and work under NREGA worth Rs. 1,75,000 (Approx)

- **26579 KGs** of grain have been saved out of it **26751 KGs** have been in loan whereas **21975 KGs** have been repaid.
- **250** volunteers from community got capacitated on Rescue measures techniques applied during emergencies
- A team of **20** members consists of Project staff and community got exposure on various aspects of relief and rescue operations with special attention on water related disasters

- from Orissa based organization
- **1439** School children got orientated on hygiene issues
- **10 units** of Model Hand Pump were installed at ten different places ensuring Safe water for 800 Households.
- At **10** Different places more than **500** person were mobilized through Signature Campaign on PDS issues
- **75** Farmers adopted SWI method in wheat cultivation and reaped a good yield

Paving the way for survival

Name: Poonam Devi

Husband's name- Late Umesh Pandit

Sex- Female Age-40 yrs *Village-Basghatta*

Panchayat- Baraitha. Block-Katra



She lived with her husband who was a wage laborer and her four children who included three daughters and a son. The family barely made ends meets with her husband as the lone bread winner but in the year 2003 even this means was snatched away as her husband passed away in a road accident. After his death the family went through difficult times as they came under severe financial crisis.

Through one of the villagers she came to know about SHGs being facilitated by IDF and on 28th May,2005 became a member of Chandni Mahila Samiti and began attending the group meetings on a regular basis. She also got selected and became a Swastha Saheli and received trainings wherein she learnt about health and hygiene issues. During one of the group meetings she came to know about NRHM and learnt of a vacancy of ASHA and showed her interest to apply for it. Though she was very nervous as there were many contenders for the same post, she developed a sense of confidence as the other members of the group believed that she would get selected.

She faced the interview and got selected for the post of ASHA, got involved in Pulse Polio Programme too. Now she earns around Rs 750-1500 per month which has come handy in providing education to her children.

She mentions-"I am not saying that I have won the battle of life but my financial and social condition is improving gradually and I am happy with my small family. I thank IDF and the entire team without whom I could not be able to achieve such a position".

2. FINDINGS WAYS FOR LIVELIHOOD

Name Subodh Ray Sex- Male Age- 50 yrs

Village-Sahnauli. Panchayat -Changel. Block-Katra

He is a farmer who lives with his wife and his three children and has been a victim of floods He has 2 Acres of land, most of which is in a low lying area resulting in low productivity and maximum destruction during floods due to which his life has been a constant struggle. Despite having land he finds himself in a sad state as he is unable to ensure food security for his family members. In the year 2008, he associated with the Farmers Group facilitated by IDF and out of curiosity visited a Demonstration Plot on vegetable cultivation in Dumri and also interacted with the agricultural expert. On regular consultation with IDF personnel and VLC members he got motivated to initiate vegetable cultivation, he began with it on a portion of his land and on receiving good yield spread it to the rest, thus making it a new livelihood option.



Name of the Project	Emergency Preparedness in Bihar
Supporting Agency	Water Aid India
Coverage	57 Villages in five blocks of 5 districts of North Bihar
Districts:	1. Muzaffarpur-Aurai 2. Madhubani-Jhanjarpur, 3. Darbhanga-Kewoti 4. Samastipur-Kalyanpur 5. Sitamadhi-Belsand
Staffs No.	2-DE (coordinators) and 4-BC (Block Coordinator)

Background: The state of Bihar has been facing recurring incidence of flood with loss and damages of crops, assets, cattle and also washes away agricultural land in higher intensity for last 4-5 years. In the mean time IDF developed a mind set to do something beneficial for the community of the flood prone areas. The concept of EPB Program came in 2008 after discussion in a meeting with Bihar State Disaster Minister. And consequently, IDF with support of an international agency, Water Aid India, incepted a programme called "Emergency Prepared Programme" in 2008 to work for 5 districts of the state, Bihar namely, Muzaffarpur, Darbhanga, Samastipur, Sitamarhi and Madhubani. In flood situation water level rises, community faces lots of problems that compels them to adopt unhealthy and unhygienic practices – drinking of unsafe water, open defecation which results into various contaminated diseases like diarrhea etc. Women and child are affected the most during flood and post flood situation. Existing toilets and hand tube wells go beyond use. To meet out the need of drinking water some hand tube wells were installed and also few community toilets. Besides, other inputs like water tank, water filter, rescue kit, tarpaulin sheets along with IEC materials that were utilized in some selected flood prone villages to reduce the sufferings caused by flood.

Objectives of the project:

Base on the consequences of flood situation as studied in previous years objectives as set are as below:

Under Emergency Preparedness:

- To set up models of flood preparedness in 25 villages in 5 districts, formulation by the Government and other agencies
- Develop IEC Materials for the Government to promote on a large scale
- Contribute the WASH Section to the Government Document on Disaster Preparedness

Under Emergency Response:

- To address water and sanitation related issues in the mega camp. (Relief)
- To ensure health and hygiene practice among the people. (Relief)

Process adopted to achieve the goal

- 1. Rapport building:** The project team made a good rapport with the community and also paid a number of visits to motivate and orient the community about the emergency preparedness. In a bid to develop rapport with the community, Meetings with village level youths, PRI members and the end beneficiaries were held. Village level volunteers were identified to involve them in rescue and relief operations.

2. **Site selection & construction** of community toilet: Site selection for construction of community toilet was crucial as it involves lot of factors to be considered like, high location, centre position of the targeted families, among others. However, all these were decided with discussion and consent of the community people. Final decision was taken in meeting with the community in presence of PRI members. A user-group was also formed in the same meeting where roles and responsibilities were defined among the members of the community.

Construction of community toilet is considered to be one of the major components of this project. Objective of this activity is to provide sanitation facility for as many people as possible especially during floods. In this year 24 units of toilets were constructed in different location of the intervention area.



Community Toilet

Design vs cost: During the first phase, first phase it was found that cost of community toilet varies with changes of its model beside lack experience with project personnel. The model mostly depends of the technical feasibility criteria require to follow. During the current year i. e. on phase II, design and model of community toilet was decided very critically and costing was made logically.

Maintenance of existing assets:

Maintenance and repair is required for smooth functioning of any asset and an ongoing observation of the community toilets and raised hand pump were maintained to record its performance status. In many cases minor repair were required following which they functioned effectively.

Raised Hand Pump Installation:

Raised Hand Pump is done with the aim of fulfilling the need of clean drinking water even during floods when the remaining handpumps are submerged and its water unfit for drinking purpose and these handpumps are raised in proximity but maintaining safe distance from the toilets constructed.



Software related activities:

Selection of volunteer:

Community members were mobilized in order to identify volunteers from different villages to support the ongoing disaster preparedness activity, this was done giving preference to youth, having minimum functional literacy, past record of voluntary work and good interpersonal skills.

Volunteer training: 96 volunteers were imparted training on emergency preparedness and they were provided with the rescue bag containing the essential commodities to cater to the need of the people during emergency. These volunteers were trained on the use of rescue bag and its content in accordance with the needs of people regarding health & hygiene.

Emergency Kit

This year many villages of the intervention blocks got affected by flood. And the volunteers in respective areas came forward to support with the rescue bag. The response of the community regarding the Emergency Kit has been good as it has provided timely assistance. The rescue bag contained ORS, Sanitary napkins, Medicines and other essentials for use during emergency.

Orientation of community and schools on use of water tanks and filters: No. of Orientation- 24 To make safe drinking water available within the reach of community and schools during flood situation, provisions of watertanks and water filters were made by placing those at strategic locations. Members of the Community and schools were made aware on proper use of water tanks and water filters through orientation programmes organized at various locations.

Orientation of Animators: The field level animators were oriented towards Programme concept, community toilet model designing & cost analysis, procedure of organizing community meeting, procurement processes and programme sustainability. The orientation has led to increased knowledge/skills to effectively implement the project as well as in maintaining desired behavior and attitude required for the purpose.

Village level meeting: No. of meetings- Before the onset of monsoons 44 village level meetings were organized to increase awareness on pre-flood preparedness and post-flood consequences in order to take collective action in responding to flood situation, information about govt. provisions and also in establishing better co-ordination and co-operation amidst the community and with govt. line departments.

Refilling of rescue bag: This year rescue bags were refilled with materials to ensure that volunteers are well equipped.

Monthly meeting with staff: monthly meeting with all project staff is held every month at IDF Patna office to Review monthly programme performance and next month's planning

Wall Writing: 48 no. of Wall paintings/ writings were done at strategic locations to draw maximum attention of the community and spread awareness on health and sanitation issues in context of floods.

Volunteer training: Selected volunteers were given training to make them aware about the disaster scenario of Bihar and capacitated on ways to act as flood preparedness measures in their respective villages. Following aspects emerged in the training:

- Understanding of Disasters in Bihar
- Understanding of Community based Disaster Preparedness
- EPB's strategies
- Preparedness for flood Disaster
- Mapping & Resource Analysis
- Concept of Volunteerism
- Role and Responsibility of Volunteer
- Formation of Health and Sanitation Committee
- Briefing Mock Drills & its benefits
- Presentation of Mock Drill
- Phase Out / Withdrawal Mechanism (sustainability aspect)



Asset handing over process: As planned in the project

community assets (community toilet, raised hand pump and others) were handed over to the community in 51 villages of 5 district- Samastipur, Muzzafarpur, Darbhanga, Madhubani & Sitamarhi under EPB in Bihar supported by Water Aid India, launched in 2008. During the handing over process, the community was made aware about the proper usages of above mentioned facilitated and information in demonstrative manner in presence of PRI members and key persons of the community.

Achievements:

A Qualitative:

Developed a cadre of trained Volunteers: Each village is equipped with 4 trained volunteers and they coordinate with volunteers in other villages and with the Govt. line departments and IDF.

Capacity building of Project Staff: All project staff are capacitated with knowledge and skills for the best implementation of the project.

Sensitized community: Community people with focus on SC who have poor education and awareness is adequately sensitized about the issue, and areas/importance of their participation/role in the programme.

Positive attitude amidst the community: A very positive attitude has developed among the community members towards IDF as they have experienced the need based approach of the organization in responding to flood situation.

Increase in Community awareness on health and hygiene: Different IEC materials were used in activities over the period to increase awareness on health & hygiene issues.

Increased Community ownership: As all assets under this programme have been handed over to the community, a sense of increased ownership has developed amidst them.

Initiatives by PRI members: As PRI members actively participated in the programme and rendered their cooperation, they got convinced about the usage of community toilet and raised hand pump and thus approached to the Govt. line depts to channelize fund for the same.

Behavioral change: community people have gradually begun adopting good practices regarding health/hygiene and sanitation during and even after the floods.

B Quantitative: -

S N	Activity	Madhubani	Darbhanga	Samstipur	Sitamadhi	Muzaffarpur	Total
1	Community Toilet	4	4	5	5	6	24
2	Raised Hand Pump	4	2	6	3	10	25
3	Rescue kit	16	16	20	20	24	96
4	Water Tank (500 Lt)		2	2	3	2	9
5	Tarpaulin	16	8	20	12	24	80
6	Water filter	4	4	5	5	6	24
7	Life Jacket	7	8	8	7	10	40
8	Wall Painting	12	12	15	15	18	72
9	Training To Volunteers	17		23	24	26	90

Quote by the community members

"IDF sanstha kai dwara diya gaya kit kai madhyam sai meri beti ki jaan bach gayi us kai paira mein gahuman sanpa ne kaat liya tha. Wo Jo kalla wala kit hai usme jo i sanppa katne wala dawai hai wo bahut kargar hai"

Dinesh Kumar, Chatwan Goat, Darbhanga

A story of Life saving

Name : Ajay Das, Age-35 years, Residing at - Vill Joki, Aurai, Muzaffarpur

As Ajay Das entered his home, he felt something entering his left foot, no sooner did he realize that it was a snake bite. On seeing his condition, his family members who were aware of the anti-venom (laxin) present with the IDF volunteer, living in Bagaina and Sunder Khauli lies mid way to Joki Village. Thus , it was decided that Ajay das be brought to Sunder Khauli and the volunteer too reached there, thus saving time. After which he was administered the medicine which saved his life.

Name of the Project	:	Community action for water and environmental Sanitation initiatives
Supporting Agency	:	Water Aid India (RON)
Coverage	:	15 New Villages, in Maner of Patna District
Population	:	21000 SC direct population 617
Staffs No.	:	DE – Project Coordinators 01 DA - Supervisors/Block level 02 Field Workers 09

Objectives:

1. To educate and mobilize the community on health and hygiene in the new areas and propagate rights to Water & Sanitation issue in the region
2. To increase the usages of sanitary latrines and safe drinking water
3. To create and capacitate a peoples' organization for the entire management of the programme and could network with government, Panchayat, Federation, NGOs
4. To reduce the incidence of diarrhoea and other water and sanitation linked diseases.
5. Create replicable model on WSH issue and advocate for effective implementation of TSC in the intervention panchayats and leveraging resource
6. To develop capacity of the staffs on more technical and education aspect

Goal

Reduction in Diarrhea by 50% by the year" 2011 project intervention areas

Activities

Conversion of existing well in to sanitary ones:

The wells identified for the purpose were in dilapidated condition and were virtually neglected by the community. FGDs were held with the community in relation to renovation of the wells and for it to be maintained adequately. The masonry work commenced after the process of desiltation, the inner wall of the well was repaired with brick lining and after its completion a platform was constructed with 2.5 ft circumference & raised to the same height of the encircled structure. After which an identification mark was embossed on the outer structure of the encircled wall.



Installation IHHL:

During the period of intervention concerted efforts were made in the direction of motivating individual households for its installation and sensitizing them about the vitality of proper sanitation without which their problems related to defecating in the open would never cease.

Installation of new hand pumps: The installation of new hand pumps came as a boon to those particularly having to fetch water from unsafe sources, as it would provide them with safe drinking water thus also preventing them from related water borne diseases such as Jaundice, Typhoid, Dysentery etc...

Installation of Force and Lift hand pumps:-

These pumps along with 4 taps and a wash basin has been setup in all the existing schools in the intervened villages which has led to a major behavioural change i.e. hand washing among children before & after their meals and also after using toilet facilities.

Capacity Building

Training of VWSC members:

No. of members trained-80

The Village Water Sanitation Committee (VWSC) has been constituted in all the 15 intervened villages. Each committee comprises of 15 members and meet on a fortnightly basis to discuss issues as per the agenda fixed with the facilitation of Community Hygiene Promoter (CHP) The training of VWSC members have assisted them to develop their capacities in upgrading the social monitoring mechanisms, networking at the panchayat, block level and other relevant Govt. departments (PHED) as well as pooling funds at the local level for construction of low cost toilets for the poorest of the poor.

Training to Female hygiene chain (FHC) members:

No. of trainings-4, No. of members trained-150

The training of FHC members has led to their developed capacity so as to be in a position to disseminate the gathered information to their neighbors as well as the larger community and also sensitize them to adopt better hygiene practices.

Orientation to marginalised/ excluded groups:

No. of trainings-4, No. of members trained-150

The orientation to *dalits* on WATSAN issues was provided so as to facilitate their understanding of the vitality of the concerned issues in terms of helping them and their families lead healthier lives and thus aiming to enlist their participation in promoting best practices in their community.

Events Organised

Clean house competition:

This competition was organized with a dual objective, firstly to provide the FHC members a hand on experience to observe the houses in the villages and get inspired by the positive changes due to her initiative on WATSAN issues, secondly- a way to fuel the motivation of villagers through this competition as reward certainly impacts the learning process. The identification of 80-90



houses were done on the basis of home visits conducted by FHC members, after which a group discussion was conducted amidst the selected participants, out of which 45 members were rewarded for adopting better hygiene practices.

Hygiene Promotion Activity

No. of Campaigns-3 No. of participants-600

These activities include Campaigns and Competitions involving school children floating with the idea to "Catch them Young" so as to induce good hygiene practices not only in schools but also become stakeholders in bringing about a shift in hygiene practices at home through the knowledge gained in such forums. This also instills confidence in the minds of the young as they march as change agents in the community.

Achievements:

With the aforesaid objectives, the project team's consistent effort along with the community members has gone a long way in achieving it, such as

A. Qualitative:

- ✓ Trained cadre of hand pump mechanics and masons for providing requisite services
- ✓ The village WATSAN committee, FHC members, SHGs/Federation members are in a position to realize the water, sanitation and hygiene with the service providers i.e. government and other relevant agencies
- ✓ Consciousness on the issues of water quality, safe usage and practices of handling drinking water as the project staff have developed knowledge/skill of doing WQT within community
- ✓ Open defecation is gradually on the decline
- ✓ Leveraging with TSC in process which blind down or being obstructed due to sluggish approach of government (Dept. of PHED)
- ✓ Knowledge Attitude and Behavioural Changes
 - Meaning of safe drinking water and what are the safe sources
 - 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 as well as before food consumption. Why and how to keep cooked food free from contamination which leads to ailments such as diarrhoea and other stomach related disorders
 - How waste and stagnant water can cause many life threatening disease
 - That human excreta is source of many disease
 - Enhanced level of information on low cost toilets and how it is durable and cost effective and caters the specific needs of the poor community
 - Number of open defecation cases reducing in the surrounding area.
 - After defecation and before handling food , hand washing has become a normal practice in the community
 - People have started using soap/surf for hand washing after defecation
 - People have started keeping cooked food covered and elevated from the ground level. Community members have come forward to construct soak pits/garbage pits for the solid and liquid waste disposal
 - Community members have joined hands for the construction of the platforms around hand pump to prevent under ground water from contamination.

B.Quantitative

S.No	Activities in 17 Villages	Unit
1	New Hand pump	6
2	San-Well	12
3	H.P. Platform	40
4	IHHL	40
5	Nadep (Compost-Pit)	28
6	Force&Lift Hand Pumps	7
7	Hand pump Repairing	37
8	Wall Painting	10
9	Nukkad-Natak	20

Case Story

TURNING A LEAF

Name- Binda Devi, Sex-Female, Age- 35, Village- Lodipur

Binda Devi's daily clock revolves with carrying out domestic chores (which includes cooking, fetching water, washing utensils, clothes etc) and grazing pigs. During the visits of the project team and ongoing orientation to community on WATSAN issues, she would always come and stand in a corner and listen to all the key information being passed in relation to water, sanitation and hygiene issues. She would also pop up with questions on diarrhoea and skin related problems in relation to herself and her family members. She was further convinced with the hygiene educator that by following safe sanitation practices she could skip the burden of expensive treatments.

Thus, began her endeavour to propagate safe sanitation practices amidst her family members and also began to spread the knowledge gained amidst other members of her community. Further convinced she also started visiting Aanganwadi centres, schools and other community centres to disseminate information on the same, initially she did face hiccups as people's attitude were indifferent but her persuasion and passion for the cause has started turning the tables in the community.

With this she began understanding the vitality of education and thus began sending her children to the adjacent school and her perseverance led other families of her community also to send their children to schools. Thus, turning a new leaf in her's and that of the community members.

Lesson Learnt

In Nagwan village of Sadikpur panchayat where 34 households reside in the Yadav Tola, they have been fulfilling their water needs through a 15 year old govt. hand pump and the incidence of diarrhoea has been high here without realizing the actual cause. The worst condition arose when a 12 yr old son of Haggi Rai fell prey to the condition and passed away. On this the Project staff keenly observed the WATSAN status in the area and arrived at the conclusion that the ill-maintained hand pump's water was the main cause. Thus, the platform around the hand pump was raised and the community was involved to upkeep its maintenance so that no other person ever falls prey to a similar condition ever again.

Name of the Project	:	Child Centric Community Development Project
Supporting Agency	:	Plan India
Coverage	:	22 Villages of Rajapakar block in Vaishali district
Population	:	52433 (Male 25492) / (Female 24662) / (Children upto 18 year (boys):- 11500) / (Children upto 18 year (girls):- 8710)
Staffs No.	:	DE (coordinators) : 05 DA (supervisors/Block level) : 0 FWs (village/panchayet/cluster level) : 14

The CCCD approach is to keep child in a center and ensure the holistic development of the surrounding community with converging all the sectoral interventions which create child friendly environment and contribute overall development of a child with dignity and their rights.

In the CCDP al together 6 projects has been conceived to integrate the community process for the holistic development of the children in the intervention project area.

Goals

Following are the goals of each project converging towards the child well beings

1. 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."

2. Education Program Goal:

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

3. 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."

4. 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."

Process adopted to achieve the goal

Child Right:

- Awareness generation among the children, families and communities on child protection issues, prevention of child abuse and child trafficking etc. by community meetings, campaigns, child consultations and by IEC.
- Formation/strengthening of Child Protection Committee (CPC) at village level.

- Capacity building of children, staffs and duty bearers like parents, community members, CBOs, panchayat representatives and child protection committee members etc. on child right, child protection and the govt. scheme/ICPS etc. to prevent social evils like child abuse, early child marriage, female feticide and gender discrimination etc.
- Involvement of children groups members as change agents for disseminating information among their peers and create awareness on Rights of child, leading to the wellbeing of all children.
- Establish linkages with Govt. department e.g. Women & Child Department, Welfare department, Child welfare committee and Justice Board, NGO, INGOs and other local agencies to mobilize their support on protection issues.

Community Governance:

- Formation of children's groups.
- Training to children's group members on personality development enabling them to express their views and interact positively with others in appropriate platform against the issues affecting their lives.
- Work with the communities/CBOs, panchayats and duty bearers, build their capacity on child rights and child participation by organizing awareness generation activities/IEC program, meetings and workshop etc.
- Capacity building of partner staff, women's group members and children's group members on child rights, gender equity and role & responsibilities of local self governance.
- Networking and Liaison with other stakeholders.

Education Program:

- Awareness generation on importance of education.
- Capacity building of teachers, PRIs, VECs, PTAs, child club members.
- Awareness generation and sensitization on learn without fear, safe and violence free learning environment in schools.
- Advocacy at all levels to promote inclusive quality education and safe environment. Advocacy being done to promote primary schools in 08 villages where there is no school.
- Working together with government officials and the Sarva Shiksha Abhiyan (SSA) to ensure education for all with a special focus on girl's education, enrolment, retention and learning levels.
- Working to create safer schools by sensitization of parents and teachers on corporal punishment and the need for child friendly environments that nurture a child.
- Improving teacher's accountability to children especially with regard to learning levels through the training on low cost TLM development.
- Promote bridge schools in 08 villages where there is no school for short duration. Phase out plan: Schools will be either handed over to government or closed once the government schools will be open in the respective communities.

Health Program:

- Develop and promote health communication strategy such as IEC at community level and continue efforts for strengthening children and women groups on basic health care.
- Improve knowledge & awareness of community members, adolescent girls, women, expectant mothers etc. on safe motherhood and other reproductive health related measures.

- Facilitate capacity building of PRI members and community based organizations (CBOs) including ANMs, ASHA workers, to enhance their knowledge on various endemic diseases so that they can tackle the cases in their respective area.
- Enhance the immunization coverage emphasizing on community level data on new born children and work together with service provider like ANM, AWW, ASHA workers to make them accountable for complete immunization of every child by way of collaborating with PHC.
- Training program to the field staffs and community volunteers on various components of health and improve their skills for effective monitoring of the project activities.
- Establish linkages with government to make accessible the basic health care services to the community.

Household Socio-Economic Security:

- Capacitating the human resources to carry on the interventions through various training programs, ToT and exposure visits. The staff will conduct SHG/CBOs training on regular basis at community level as part of regular group meetings.
- Work with SHGs to improve access to financial services through establishing linkages with bank and MFIs; improve market linkages; helping them in overall value chain (ensuring backward-forward linkages).
- Identify the actual situation of food security through vulnerability & situational study on Food security.

Water Environment & Sanitation:

- Awareness generation/IEC program in community and schools to sensitize the children, families and community on WES issue.
- Building capacity of children's group , women solidarity groups and adolescents on WES components enabling them maintain good hygiene/sanitation practices in their families and in the community.
- Setting up Village Water & Sanitation Committee (VWSC) and organize meetings with them including the village panchayat members to make the community clean and avoid open defecation.
- Sensitize the teacher & students on health, hygiene, and sanitation in school.

Innovations

- Child protection policy introduced at organizational level
- Annual Participatory Progress Review (APPR) conducted in intervention areas
- Due to quick initiatives dozens of children's lives saved from Chicken pox diseases in Damodarpur Village. Government health department appreciated our initiation

Achievements:

b Quantitative:

Child Right Program:

<i>Name of the Activity</i>	<i>Objective of the activity</i>	<i>Outcome</i>
Training on Birth registration & prevention of female foeticide for partner staff (frontline workers & Project coordinator / children group members / community members at partner level	Facilitate to increase birth registration of children at least the new born in the communities	32 partner staff trained on birth registration & prevention of female foeticide

One day birth registration camp at block level	Facilitate to increase birth registration of children at least the new born in the communities	152 members of community sensitized on importance of birth registration
State level stakeholders workshop on the status of child rights and protection in Bihar	Ensure that plan's child protection policy is followed in plan communities to prevent and deal with child abuse, physical & mental violence, negelect & negligent treatment and exploitation	
District level workshop on child rights and protection issues	<ul style="list-style-type: none"> Do - 	22 district official and members of CBOs informed about IDF and Plan project. They were sensitized on child rights and protection issues
Child rights campaign at block level by children	Sensitize the children, families, communities and the partner staff on child rights and make them understand the need for child protection from all form of physical or mental violence, trafficking abuse and exploitation	315 members of children club sensitized on rights and protection issues
Awareness generation programme on child rights issues (Nukkad Natak)	<ul style="list-style-type: none"> Do - 	200 to 250 community members sensitized in each show on child rights issues
Wall writing	<ul style="list-style-type: none"> Do - 	Created awareness among community members on child rights and protection issues

Community Governance:

Name of the activity	Objective of the activity	Outcome
Printing of News paper developed by children (1650 copies)	Facilitate to bring the children (6-18 years) together and encourage them to speak, express their views freely and participate in decisions that affect their lives.	03 units of newspapers developed by children and it is process in printing
Training on for children's group members on basics of governance at Partner leve		30 children trained on basics of governance
Training on Gender Module to children group members / youth / community members at Partner level		73 children group members / youth / community members trained on gender module
Training on child rights/UNCRC and RTI Act. for PRI /community members at Partner level		22 PRI / community members trained on child rights / UNCRC and RTI Act
Training on Local self governance for Community members/ women /SHGs members at community level		94 Community members / women / SHGs members trained on Local self governance
Personality Development Training for children's group members at Partner level		50 members of children group trained on Personality Development
Cartoon Training to Children's group members at Partner level		31 members of children group trained on Cartoon Training
District level workshop on child participation in Governance and the Role of Local Self Governance in		To facilitate district level officials on child participation in Governance and the Role of Local

promotion of child rights	Self Governance in promotion of child rights	Governance and the Role of Local Self Governance in promotion of child rights
Awareness generation programme on child participation in governance issues (Nukkad Natak)	To promote the best interest of the child and enhance their personal development	12 units (36 shows) nukkad natak completed in project area.
Wall Painting		06 units wall writing completed in the project area

Education Program:

Name of the activity	Objective of the activity	Outcome
Sensitization workshop/ seminar with teachers and headmasters, VEC members regarding inclusive education for all and positive discipline (LWF) in schools at District level	To capacitate teachers towards improving quality in education.	82 teachers, headmasters and , VEC members sensitized on inclusive education for all and positive discipline (LWF) in schools
Visioning exercise for PRIs, teachers and headmasters on education for all (every village *15 participants per village) once in every community	To strengthen Village Education Committee & Parent Teachers Association and develop the capacity of PRI members to create learning environment in the school	5 to 17 Participants participated in each exercise. 5 to 6 participants were from SC families
Consultation with CBOs(SHGs, Children club, PRIs) on improving access to education at village level once in every community		556 members of SHGs, Children club, PRIs sensitized during consultation on improving access to education
Sensitization seminar with parents, teachers and headmasters regarding model school and safe environment (LWF) at partner level.		55 parents, teachers and headmasters sensitized on model school and safe environment (LWF)
Awareness generation/ IEC programme on importance of education for all & education for girls at community level by wall writing once in every community	To sensitize the family and communities about the importance of education especially girl child	Wall writing completed once in every community
IEC Materials / wall painting to promote right to education & learn without fear environment once in every community		22 units wall painting completed on the issue of promote right to education and 22 units wall paintings completed on the issue of learn without fear
Iron Hording to promote right to education & learn without fear environment once in every 2 community		11 iron hording installed on the issue of right to education and LWF
Training of teachers and headmasters on ROC, the importance of quality education, its components and importance of girls education and inclusion of the left outs and drop outs with special focus on differently abled children and victims of natural calamities	To strengthen Village Education Committee & Parent Teachers Association and develop the capacity of PRI members to create learning environment in the school	23 teachers and headmasters trained on ROC, the importance of quality education and importance of girls education

TLM development Training for primary school teachers - Core group at Partner Level		24 members of children groups trained on Teaching Learning Material (TLM)
Capacity building of partner staff on Concepts of inclusive and quality education and learn without fear at PU Level		19 staffs of partner trained on concepts of inclusive and quality education and learn without fear
Capacity building of teachers on LWF and its components at partner level		32 teachers trained on LWF and its components
Poster to promote right to education and girls education (02 types of posters will developed 1 on RTE and 01 on girls education)	To sensitize the family and communities about the importance of education especially girl child	02 types of posters developed on RTE and girls education
Orientation of PRI, and other CBO's (members of child clubs, SHGs) on Quality education and LWF at village level	To strengthen Village Education Committee & Parent Teachers Association and develop the capacity of PRI members to create learning environment in the school	671 members of PRI and other CBO's (members of child clubs, SHGs) oriented on quality education and LWF
PRI, VEC members sensitisation workshop on ROC and education for all at district level		122 PRI, VEC members sensitized on ROC and education for all
Orientation of PTA/VEC on PME(participatory monitoring and evaluation) and on the components of SSA and other government schemes at partner level	To sensitize the family and communities about the importance of education especially girl child	62 members of PTA / VEC oriented on PME (participatory monitoring and evaluation) and on the components of SSA and other government schemes
Reporting by Child Media Club	To enhance the capacity of members of children group to express their views	One unit reporting by child media club
Children's IEC campaigning on education for all and LWF at village level (children club members will participate)	To sensitize the family and communities about the importance of education especially girl child	60 to 70 children participated in each IEC campaign
Promote bridge schools in villages where there is no school	Create non formal education facilities where the villages doesn't have the school	Bridge school in Rasulpur Bakhari established

Health Program:

Name of the activity	Objective of the activity	Outcome
Development & Printing of Health communication materials (one unit)	Strengthen children and women groups on basic primary health care.	Posters developed and published on Kala-azar
Awareness generation programme on various health issues	Promote safe motherhood and other reproductive health related majors	08 units (24 shows) Nukkad Natak conducted on various health issues and 200 to 250 community members became aware
Training of ANM / Asha / AWW on all components of Safe motherhood and child survival at partner level	To build capacities of ANMs, ASHAs, PRIs, CBOs to tackle the cases of various endemic diseases Promote accessibility to the basic	32 ANM / Asha / AWW trained on all components of Safe motherhood and child survival

	health care services among community	
Capacity Building of partners staff (10 from each partners) on various components of health and HIV / AIDS at PU level	To build capacities of the partners staff and community volunteers on various components of health and required skills for effective monitoring	63 project staff capacitated on various components of health and HIV / AIDS
Two day workshop with all staff on different Monitoring formats at Partner level	-do-	33 project staff oriented on different Monitoring formats
Training of women at child bearing age, on all components of Safe motherhood and child survival at partner level	Strengthen children and women groups on basic primary health care	91 women trained at child bearing age, on all components of Safe motherhood and child survival
Training of community volunteers/PRI members on HIV/AIDS at block level	Promote safe motherhood and other reproductive health related measures	78 community volunteers / PRI members trained on HIV/AIDS
Immunization, ANC/PNC camps at community level with support of ANM	Enhance immunization coverage	679 women / adolescent / children immunized in 24 ANC/PNC camp
Nukkad Natak on HIV/AIDS	Strengthen children and women groups on basic primary health care	04 units (12 shows) nukkad natak conducted on HIV/AIDS. 200 to 250 community members benefited in each shows
Wall writing/Painting on HIV /AIDS	Promote safe motherhood and other reproductive health related majors	02 units wall writings / paintings on HIV / AIDS completed
Awareness camp on HIV/AIDS at block level (1 unit)	To build capacities of the partners staff and community volunteers on various components of health and required skills for effective monitoring	220 community members became aware on HIV/AIDS
Iron Hording (HIV/AIDS IEC)		03 Iron Hording installed on HIV/AIDS
Celebration of World AIDS day at district level		70 stakeholders and children benefited from celebration
One day Interface workshop with Government Officials at district level	Promote accessibility to the basic health care services among community	83 Government Officials participated
Wall writing/Painting on health issues		04 units wall writing / painting completed on health issues
Awareness camp on Health issues at block level		517 members of community / PRI / children / CBOs on health issues
Iron Hording		06 units iron hording installed on health issues
Quarterly convergence meeting with ICDS, PHC and CBOs at block level		41 government officials oriented about IDF-Plan and shared findings
Capacity Building of Adolescent boys on various components of health and Family life skills at partner level	To build capacities of the partners staff and community volunteers on various components of health and required skills for effective monitoring	53 adolescent boys trained on various components of health and Family life skills

Capacity Building of Adolescent girls on various components of health and Family life skills at partner level		85 adolescent girls trained on various components of health and Family life skills
---	--	--

Household Socio Economic Security:

Name of the activity	Objective of the activity	Outcome
Staff (PM & PC) orientation on HES training module at PU level	To improve household's food security to ensure all children have adequate nutrition all year round	22 project staff oriented on HES training module
Printing of books of accounts for new SHGs	Increase the access of poor households to Micro finance services especially the women's access	Books of accounts printed
IEC material	To improve household's food security to ensure all children have adequate nutrition all year round	Wall writing happened across area and wall paintings happened in 10 villages
Job oriented vocational training for youth (50 females) at PU level	To increase young people's access to job oriented / market demand driven vocational skill	35 female members trained on different trades under vocational training e
Job oriented vocational training for youth (50 male) at PU level		38 male members trained on different trades under vocational training

Water, Environment & Sanitation Program:

Name of the activity	Objective of the activity	Outcome
Water quality test Kit	Improve access to safe drinking water for the children and families from all social groups and increase households for water security to avail adequate portable water all year round	Total 04 Water quality test kit purchased
Training on Water Quality test kit to community volunteers/Staff	Improve access to safe drinking water for the children and families from all social groups and increase households for water security to avail adequate portable water all year round	25 community volunteers/Staff trained on water quality test kit
Training of Youth/VWSC/PRI members on WES at community level	Generate demand by the community people through the village water and sanitation committee for toilet construction under total sanitation campaign	199 Youth / VWSC / PRI members trained on WES
Training of women/Adolescent girls on home based sanitation at community level		264 women / adolescent girls trained on home based sanitation
Training of children on WES at School Level	Ensure sanitation facilities are available in schools as well as personal hygiene practice (for example hand washing) is maintained properly	1035 children trained on WES at School Level
Disease surveillance system in Schools.	Improve access to safe drinking water for the children and families from all social groups and increase households for water security to avail	

Disease screening camp for the school children	adequate portable water all year round Ensure sanitation facilities are available in schools as well as personal hygiene practice (for example hand washing) is maintained properly	1197 school children benefited from disease screening camp
Awareness generation programme on water, environment and sanitation issues	Motivate the community people to feel the need of stopping open defecation practices Generate demand by the community people through the village water and sanitation committee for toilet construction under total sanitation campaign	06 units wall writing and wall paintings completed in the intervention areas
Celebration of World Toilet Day		205 community members became aware about open defecation and safe drinking water
Celebration of World Water Day	Improve access to safe drinking water for the children and families from all social groups and increase households for water security to avail adequate portable water all year round Ensure sanitation facilities are available in schools as well as personal hygiene practice (for example hand washing) is maintained properly	Approx 300 community members became aware about safe drinking water and water born diseases

Quote by the community members

"Hum bade log bachhone ko khane se pahale aur toilet ke baad sabun yaa taji raakh se haath dhone ki siksha deten hain lekin yahan par main dekh rahi hun ki_yahi bade log bina haath dothe nasta karne lage"

(This bold comments made by a very young girl during State level workshop which was organized by IDF-Plan at Patna)

Name and address of the persons: Ms. Ragini Kumari, Kalyanpur Chausiwan, Rajapakar, Vaishali

A Story of child initiative

Dheeraj Kumar S/o Chhabila Sahani aged 13 yrs was a child labour working in a brick kiln to support his family as his family due to poverty were unable to send him to school. The children of (Suraj kishore samuh) formed under the project came to know about it. They visited Dheeraj's home spoke to his parents and due to constant effort in motivating his parents and him simultaneously to get him back to school.

The effort bore fruit as Dheeraj is presently continuing his studies in his village i.e. Middle School, Chausima Kalyanpur and has also become a member of the children's group and together has pledged to get more children out of labour and back to school.

<u>Name of the Project</u>	DEEP Project <i>Empowerment of Schedule caste rural Women through Self Help Group by promoting livelihoods - under Special Component Plan</i>
<u>Supporting Agency</u>	Bihar State Women Development Corporation, (GOB)
<u>Coverage</u>	District Patna. Blocks: Bihta & Maner Villages 34 Population: 114650 Direct: 5850, SC women : 1124
<u>Staffs No.</u>	DE (coordinators) 01 DA (supervisors/Block level) 01 FWs (village/panchayet/cluster level) 18

Objectives:

1. Provide confidence and mutual support for women striving for social change.
2. Serve as a forum in which women can critically analyze their situation and device collective strategies to overcome their difficulties.
3. Provide a framework for awareness raising, confidence building, dissemination of information and delivery of services, and for developing communal self-reliance and collective action and
4. Engage in thrift and credit activities and undertake economic activities to raise their incomes.

Goal

- To make women self reliant.
- To create an atmosphere where women become vocal, confident and united.
- Developing habit of saving among them & Undertake economic activities to raise their income.
- Increase exposure of families and communities to key message around breastfeeding, hand-washing use of toilet, girls' education, HIV/AIDs and immunization etc.
- Self-reliance through clusterisation
- Converging the SHGs into Federation

Process adopted to achieve the goal

Group Stabilization Linkages

Group meeting: SHG meetings- SHG meetings were held twice in a month on fixed days. As per norms set by the SHG members, meeting dates were mutually decided and adhered to by all of them. These meetings have served as platform for convergence, bank linkages, loans/ credit, discussion on key income generation activities, defining roles & responsibility of every member, health related matters, society related role & responsibility, political issues etc. Proceedings of these meetings were recorded in the SHG meeting register, better known as KARWAHI PUSTIKA.



Proceedings of these meetings were recorded in the SHG meeting register, better known as KARWAHI PUSTIKA.

Record Updating – The record of most of the SHGs is up-to-date; more over in some cases, group leaders maintain savings register by themselves or with the help of educator, CBK and Cluster coordinator.

Cluster meeting The main objective of cluster meeting is to provide a platform for interaction with each other and the selection of cluster leader was done with consent of other members. Meetings are organized every month in each cluster during which members introduce themselves by mentioning their name, group's name, their village and the problems faced by their group, in turn identifying a solution collectively.

Capacity building on special component to Cluster coordinator and Leaders

Formal Training- For Capacity building of CC and CBK, as they play a vital role in strengthening the SHG members on various aspects of group formation which has been a regular feature in the DEEP project .IDF has imparted formal training on following topics to the CC and CBK , each topic dealt separately which are as follows:-



Group Procedure and Norms – It provided clarity regarding the basic concept of SHG and process of conducting SHG affairs. The target women are the leader of SHGs who manage the affairs of the group.

Book Keeping- This training is provided to the members keeping in mind the phase of withdrawal. The participants are taught about the book provided in their group and the process of recording in it in a simplified manner.

Gender Sensitization / discrimination- The objective of the training is to reduce instances of gender discrimination prevailing in the community by sensitizing them on the issue. The training has led to such members becoming more independent as they become aware of their own rights and stand as an example for other members to follow.

Health and Hygiene – The purpose of this training was to inculcate healthy habits in the community through members of 62 SHGs who received necessary information regarding general health care, mother and child care which in turn helped in spreading healthy habits.

Networking and Convergence

Networking and convergence always play a principal role in success of the project as more the beneficiaries involve in the process they increase sustainability of the project. The DEEP project showcased this well by proper linkages between SHG members through formation of a number of clusters and regularly held cluster meetings.

IGA/MED - During this period SHGs has been capacitated on different issues through various interventions, but IGA/MED intervention is needed to strengthen the groups further. More focus is needed to link groups with financial institution to meet backward linkages of groups. Being SHG member and staff especially CC, CBK need to be capacitated in identifying IGA/MED needs, training and forward linkages to further strengthen groups.

Achievements

A. Qualitative

- Increase in income and savings and consumption expenditure.
- SHG women have become more vocal and aware of their civic rights.
- With improvements in women economic opportunities and their ability to take collective actions, there has been a significant decline in gender based problems

- Members of SHGs have begun motivating other non-members which has led to formation of new SHGs.
- The women members have begun visiting banks on their own and are confident in dealing with the bank officials
- Increased self-reliance and self confidence had improved the ability of women to mobilize various public services for their benefit.

Quantitative:

- 90% groups started the process of Inter-lending.
- More than 50 % SHGs Women began participating in social activities.
- 60 SHG women received book keeping training.
- 44 SHGs 1st Bank Grading
- 44 SHGs CCL Linkage.

People's Speak

"Maduri devi, SHG member of Ajad Deep, Ajad Nagar, Maner- "Samooch banabe se hamni ke bahut chiz ke jankari holai hai. Koi halat me hamni samooch na tute debai bhaiya. Samooch banaba sa hamni ka amadani brahliha aur hamni ghoti ghoti jarurat lgi dusara ka pas na ja hi .

Story of change

CHANDNI DEEP MAHILA VIKASH SAMITI

IDF-Patna has been implementing DEEP Project supported by WDC ,Bisambharepur is a village in Bihta block in which a group named CHANDNI DEEP MAHILA VIKASH SAMITI, is functioning wherein the members have taken initiatives on their own to increase livelihood option by taking loan for the purpose, and have been a source of inspiration for each other as a number of members have taken similar initiatives which has led to major support to their families in reducing their vulnerability. They have become a face of change in the community as they have broken gender stereotype of -only males have the capacity to run business ventures. This is a major shift which has led to an increased self confidence and passion to help others to help themselves.

Status of group member

<i>Name of member</i>	<i>Activity</i>	<i>Average income per month</i>
Hiramani Devi-	Sattu making	1000/-
Susma Devi	Sattu making	1000/-
Saroj Devi	Sattu making	1000/-
Puspa Devi	Sattu making	1000/-
Sona Devi	Shop	1000/-
Sabita Devi	Shop	1000/-
Kausalya Devi	Shop	1000/-
Bindiya Devi	Shop	1000/-
Munni Devi	Agriculture	1000/-
Sona Devi	Agriculture	1000/-
Poonam Devi	Agriculture	1000/-

Group Status (Financial) - June 2009 - March 2010

Blocks	Total Groups	Villages	Panchayat	Total member	Bank Accounts	Total Saving
MANER & BIHTA	86	30	17	1135	86	75850

Name of the Project	Mukhya Mantari Nari Shakti Yojna
Supporting Agency	Bihar State Women Development Corporation
Coverage	Patna, Block- Maner in 38 Villages
District Names	Direct 10810 (Approx)
Population	Indirect 27000 (approx)
Staffs No.	DE (coordinators) 01
	DA (supervisors/Block level) 05
	FWs (village/panchayet/cluster level) 02

Objectives:

- Provide confidence and mutual support for women striving for social change.
- Serve as a forum in which women can critically analyze their situation and device collective strategies to overcome their difficulties.
- Provide a framework for awareness raising, confidence building, dissemination of information and delivery of services, and for developing communal self-reliance and collective action and
- Engage in thrift and credit activities and undertake economic activities to raise their incomes.

Goal

To make women self reliant by

- Creating an atmosphere where women become vocal, confident and united.
- Developing habit of saving among them & Undertake economic activities to raise their income.
- Increased no. of exposure of families and communities to key message around breastfeeding, hand-washing, use of toilet, girls education, HIV/AIDs and immunization etc.
- Self-reliance through cluster formation
- Converging the SHGs into Federation

Process adopted to achieve the goal

Background: As we had formed 50 Groups in Swablamban Phase-I and 50 Groups in Swablamban Phase-II. In this project we had to nurture 100 groups, and also form another 100 Self Help Groups.

To form 100 SHGs certain activities have been performed in the intervention area which are as follows:

Group meeting-In all groups meetings, were held regularly i.e. weekly meetings were held with an average attendance of each group standing at 90%. Now members of the group are realizing the importance of group meeting. Besides groups related issues different social Issues are also discussed among the group members- like -Health & hygiene, HIV AIDs, Breast feeding, Different Govt. schemes etc.

Group saving:-834 of 1217 SHG members have begun regular saving @ Rs 20 per member with a total Saving of Rs. 650905/-and rest of the members are also motivated to develop the habit of regular saving..

Cluster Meetings:- There are 12 clusters in Maner Block under MNSY Project comprising of 100 Self help Groups. In the presence of project coordinator, Training Coordinator, Book keeper and Cluster Coordinator cluster meeting is held once in a month on fixed date in which three members from each SHG participate including two among three representatives i.e. President, Secretary and treasurer and one member from the group on revolving basis.



Convergence of SHGs into Federation: - Now most of the members of the groups are aware about the benefits and the strength of the federation. More than 50 percent of the members have also become the members of the federation by paying Rs. 110/-.



Internal lending: - 57 SHGs conducted inter loaning. 479 SHGs members taken the consumption loan of Rs. 157300 and 23 SHGs members taken production loan of Rs. 49000/-.
Up till Now the status of Inter- loaning are as follows :

	<i>Amount</i>	<i>Members</i>
✓ Consumption Loan	157300/-	479
✓ Production Loan	49000/-	23
Total	206300/-	502

Learning:

- Discussion at the cluster level is helpful in solving disputes.
- Decision making on any issue become easy.
- Social problems also discussed in the meeting.
- In cluster Meeting 3 members from all groups are not attending the meeting. More than 3 members from one group are coming in cluster. Some time not a single member from any group participates in the meeting.

New innovation:

Every Month Orientation Meeting with Cluster Coordinator was organized to make strategy to make active SHGs, which became defunct due to lack of proper guidance in Maner field.

1. Simple MIS format were developed and time to time informal training were given to Cluster Coordinator which help them to compile correct information related to SHGs.
2. SHG women of MNSY developed as resource persons and helped in group formation in the second phase.

Achievements:

- ✓ SHG Women have become bold and confident and can address a large crowd.
- ✓ Increased self-reliance and self-confidence have improved the ability of women to mobilize various public services for their benefit.
- ✓ Increase in income and savings and consumption expenditure.
- ✓ They do not hesitate to go to bank and talk with the respective officers.
- ✓ The social horizons of the members have also widened and have made many friends thus becoming more popular and socially active.
- ✓ The illiterate and semi literate women have increased sense of self confidence—as they have become more productive members for their families.
- ✓ The high self - esteem has enhanced their capacity to work under various circumstances.
- ✓ With improvements in women economic opportunities and their ability to take collective actions, there has been a significant decline in gender-based problems such as domestic violence, dowry, polygamy etc.
- ✓ Interestingly some of them are motivating other women to form SHGs so that they also can reap the benefits.
- ✓ Transaction from Banks has been started by SHG members.

SHG status

Sl. No	SHG status	Total / Number
1.	Number of SHG	160
2.	Total number of SHG members	2002
3.	Bank Account opened	160
4.	Cluster formed	12
5.	Number of members acquired functional literacy	1389
6.	SHG member link with PRI	07
7.	Number of SHG linked with different Govt./Non-Govt. Schemes	1566
8.	SHG group started transaction with bank	102
9.	No. of SHG member enrolled in Federation	690
10.	% of Groups covering Social Issues	100 %
12.	No. of Subcommittees in Clusters	24
13.	No. of SHGs women Working as Cluster Coordinators	10

Story/case

Helping Hand in exigencies

Anita Devi of Mukhya Mantri Nari Shakti Samooh belongs to Sadikpur village of Sadikpur Panchayat of Maner Block of Patna District. Her husband Mr. Nagina Rai is working in Patna Central School as a security guard. One day at 5 A.M. she received a call from the school that her husband was admitted in Barnawal Nursing home, Patna as he had met with an accident. She immediately rushed to the hospital and saw that her husband was severely injured, she was asked to deposit Rs. 1000/- in the nursing home for her husband's treatment. She returned to Sadikpur and told her group members about the incident, an emergency meeting was called wherein the group provided a loan of Rs 1000/= to Anita Devi. She reached the nursing home and deposited the money and her husband received the treatment and recuperated. This further bolstered the fact for each group member and others who heard the tale how being member's of SHGs provides assistance in case of exigencies.

Name of the Project:	Jharkhand Tribal Development Programme		
Supporting Agency:	Jharkhand Tribal Development Society, IFAD Assisted		
Coverage	District	W. Singhbhum, Block:- Khuntpani Villages:-8	
	Population:	4877	
Staff	Coordinators:	1	Supervisors- Social Sector: 3
	Supervisors- technical:	2	Field Animators: 16

Objectives:

The objective of the program is 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.

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.

Process adopted to achieve the goal

Preparation of Gram Sabha resource management plan through participatory method in which issues were addressed in relation to various components such as Micro finance, Aquaculture, Farming System, Forestry and fodder development, Land and water management, Health, Livestock.

Achievements

SHG at a glance in Khuntpani block till March 2010

Number of SHG's	36
Number of Members	676
Type of SHG's	Female
Total Savings	Rs 409685.00
Total Internal Loan	Rs 687170.00
Total Repayment	Rs 501755.00
Total Interest	Rs 29168.50
Total Interest From bank	Rs 2584.00
Total Other Income	Rs 8536.50
Total Expenditure	Rs 14122.00
Seed Capital Received	Rs 34000.00

Details of IGA, (2008-09) Khutpani

Village	Type of IGA	No of members involved	Investment/loan for IGA	Income(Rs)
Matkubera	Vegetable selling	4	2000.00	4000.00
	Piggery	3	1500.00	4000.00
	Fish selling	25	5000.00	8000.00
	Bamboo work	30	10000.00	20000.00
Ruidih	Sabzi	4	1500.00	5000.00
Torsinduri	Jharu selling	1	6000.00	18000.00
Kayadchalam	Rice selling	10	2000.00	2500.00
Patrapusi	Ranu selling	12	3600.00	7000.00

Progress in Livelihood and Production System Enhancement

Land and Water Management

(Matkubera village)

Phase - 1

Plan No /	Name of the Activity	Amount Received by JTDS (in Rs)	Total Approved Amount			Previous Workdays	Current workdays	Cumulative Workdays	Total Expenditure (Rs)			
			labour	Material	Total				Labour	Material	VDF	Total
1	Pond reparing	300000	141917		141917	2177		2177	117125		19360	136485
2	New pond		326657		326657			0				0
3	Diversion canal-1		4752		4752	50.75		50.75	2778		457	3235
4	Diversion canal-2		17542		17542	200		200	10960		2000	12960
5	Earthen Dam-1		11293		11293	113		113	6185		1017	7202
6	Earthen Dam-2		5647		5647	86		86	4678		774	5452
7	Farm fund and leveling		59635		59635	875		875	104672		18235	122907
8	New well		11774	59750	71524	332.5		332.5	17719	48889	2971	69579
	Sub Total	300000	579217	59750	638967	3834	0	3834	264117	48889	44814	357820

Phase - 2

1	Farm fund Len-9899m	400000	121676		121676	1824	51	1875	102920		18750	121670
2	New pond,Basagora		71478		71478	515	588	1103	61465		11030	72495
3	New pond,Dumbigora		71478		71478	526	575	1101	60555		11010	71565
4	New pond,Kudasol		108673		108673		1671	1671	91905		16710	108615
5	New pond,Dababasa		71478		71478	915	184	1099	60445		10990	71435
6	New pond,Desauli		71478		71478			0				0
7	Pond rep.Edeltola		61952		61952		327	327	17920		3270	21190
8	Pond rep,Mahanti		76791		76791		1181	1181	64955		11810	76765
9	Pond Rep,Zhanduka		76791		76791		1180	1180	64658		11800	76458
	Sub Total	400000	731795		731795	3780	5757	9537	524823	0	95370	620193

Phase - 3

1	Farm Bund	300000	120819		120819		1296	1296	74520		12960	87480
	Sub Total	300000	120819	0	120819	0	1296	1296	74520	0	12960	87480
		1000000	1431831	59750	1491581	7614	7053	14667	863460	48889	153144	1065493

Name of Village – **Ruidih Phase – 1**

Plan No/	Name of the Activity	Amount Received by JTDS	Total Approved Amount			Previous Workdays	Current workdays	Cumulative Workdays	Total Expenditure (Rs)			
			labour	Material	Total				Labour	Material	VDF	Total
1	New pond	200000	106475		106475		1238	1238	66627		12260	78887
2	Com.pond repairing		66762		66762			0	53302		8925	62227
3	Farm Bund& land lev		39550		39550			0	30762		5248	36010
	Sub Total	200000	212787	0	212787	0	1238	1238	150691	0	26433	177124
Phase - 2												
1	Farm Bund	300000	127694		127694		1876	1876	108128		18760	126888
2	Farm Bund		105585		105585		1446	1446	87140		14460	101600
3	Farm Bund		90243		90243		702	702	40349		7020	47369
4	Farm Bund		103501		103501		481	481	27647		4810	32457
9	Diversion Canal		80924		80924		191	191	10982		1910	12892
	Sub Total	300000	507947	0	427023	0	4505	4505	263264	0	45050	308314
	Grand Total	500000	720734	0	639810	0	5743	5743	413955	0	71483	485438

Name of Village – **Bunumda**

Plan No	Name of the Activity	Amount Received by JTDS	Total Approved Amount			Previous Workdays	Current workdays	Cumulative Workdays	Total Expenditure (Rs)			
			labour	Material	Total				Labour	Material	VDF	Total
	Phase - 1											
1	Farm Bund	75000	87845		87845		950	950	52003		8550	60553
	Phase -2											
2	Diversion Canal	100000	67465		67465			0				443
	Sub Total	175000	155310	0	155310	0	950	950	52003	0	8550	60996

Phase - 1

Plan No	Name of the Activity	Amount Received by JTDS	Total Approved Amount			Previous Workdays	Current workdays	Cumulative Workdays	Total Expenditure (Rs)			
			labour	Material	Total				Labour	Material	VDF	Total
1	New Pond,Sosobasa	100000	71478		71478		1092	1092	59784		10920	70704
2	New Pond,Duchapi		71478		71478		570	570	31241		5700	36941
	Sub Total	100000	142956	0	142956	0	1662	1662	91025	0	16620	107645

Name of Village – Kayadchalam

Plan No	Name of the Activity	Amount Received by JTDS	Total Approved Amount			Previous Work days	Current work days	Cumulative Workdays	Total Expenditure (Rs)			
			labour	Material	Total				Labour	Material	VDF	Total
Phase - 1												
1	Farm Bund	100000	88437	0	88437	0	1018	1018	54739	0	10180	64919
2	F.Bund&Strengthening		137996	0	137996	1629	0	1629	87332	0	16290	103622
Sub Total		100000	226433	0	226433	1629	1018	2647	142071	0	26470	168541
Phase-2												
1	Farm Bund	230000	714471	0	714471	0	0	0	0	0	0	0
2	F.Bund&Strengthening		126062	0	126062	0	1309	1309	75260	0	13090	88350
Sub Total		230000	840533	0	840533	0	1309	1309	75260	0	13090	88350
Grand Total		330000	1066966	0	1066966	1629	2327	3956	217331	0	39560	256891

Name of Village - Torsinduri

Plan No	Name of the Activity	Amount Received by JTDS	Total Approved Amount			Previous Work days	Current work days	Cumulative Workdays	Total Expenditure (Rs)			
			labour	Material	Total				Labour	Material	VDF	Total
Phase - 1												
1	Farm Bund	100000	111233		111233	1486	160	1646	88439		16460	104899
Phase - 2												
1	Farm Bund	250000	107046		107046		1565	1565	89953		15650	105603
2	Farm Bund		116221		116221		1706	1706	98058		17060	115118
3	Farm Bund		138866		138866		183	183	10520		1830	12350
4	Farm Bund		24623		24623			0				0
5	Diversion Canal		28624		28624		389	389	22356		3890	26246
6	New Pond(Kuwar Hembrom)		77320		77320		524	524	30176		5240	35416
7	New Pond(Soma)		120274		120274			0				0
Sub Total		250000	612974	0	612974	0	4367	4367	251063	0	43670	294733
Grand Total		350000	724207	0	724207	1486	4527	6013	339502	0	60130	399632

Name of Village - Patrapusi

Phase - 1

Plan No	Name of the Activity	Amount Received byJTDS	Total Approved Amount			Previous Work days	Current work days	Cumulative Workdays	Total Expenditure (Rs)			
			labour	Material	Total				Labour	Material	VDF	Total
1	Farm Bund	100000	123049		123049		1807	1807	98916		16263	115179
	Sub Total	100000	123049	0	123049	0	1807	1807	98916	0	16263	115179

Phase - 2

1	Farm Bund	200000	132957		132957		1155	1155	67993.5		11550	79543.5
	Sub Total	200000	132957	0	132957	0	1155	1155	67993.5	0	11550	79543.5
	Grand Total	300000	256006	0	256006	0	2962	2962	166910	0	27813	194723

Name of Village - Saligutu

Phase - 1

Plan No	Name of the Activity	Amount Received byJTDS (Rs)	Total Approved Amount			Previous Work days	Current work days	Cumulative Workdays	Total Expenditure (Rs)			
			labour	Material	Total				Labour	Material	VDF	Total
1	Farm Bund	100000	23798		23798		276	276	15108		2484	17592
2	Murum Road(manhusai)		29030	9458	38488		357	357	19232	14700	3570	37502
3	Murum Road(Barusarang)		74873	24116	98989			0				0
	Sub Total	100000	127701	33574	161275	0	633	633	34340	14700	6054	55094

Grand Total 8 Villages	2855000	4625711	93324	4638111	10729	25857	36586	2178526	63589	383354	2625912
-------------------------------	----------------	----------------	--------------	----------------	--------------	--------------	--------------	----------------	--------------	---------------	----------------

Details of grains utilization, till March 10

Sl.no	Name of Village	Received	Utilisation	Transfer	work days	Beneficiary	
						Male	Female
		Rice	Rice	Rice			
1	Bunumda	14670	2750	7057	916	87	116
2	Patrapusi	12196	8914	3179	2971	238	191
3	Ruidih	20801	7517	13284	2505	190	134
4	Torsinduri	7426	7426		2475	115	116
5	Bhoya	2431	2430		810	26	25
6	Kayadchalam	15342	10395	4963	3465	217	178
7	Saligutu	9847	1699	8147	566	50	41
8	Matkubera	42237.925	33858.655	8379.27	11286.218	520	342
	Total	124955.03	74991.13	45011.11	24996.478	1443	1143

Details of status of HH food security,

Name of village	Total no of HH	No of HH attaining food security for the period			
		0-3mts	4-6mts	7-9mts	10-12mts
Matkubera	255		170		
Ruidih	224	100			
Torsinduri	84	60			
Bunumda	35	35			
Saligutu	78	25			
Bhoya	331	70			
Kayadchalam	179	70			
Patrapusi	76	50			

Details of initiatives for Community Forest Management

- Formation of CFM committee comprising 11 representatives in the village Matkubera
- Micro plan has been made for the plantation in 5 acre area

Details on initiatives and achievements in Farming System

Type of crop cultivated	No of Farmers benefited	Seed quantity Cultivated area	Cultivated Area	Total yield	Total Income
Wheat	7	440	14	224 quintal	2300.00
Beans	3	3	4acr	800kg	15000.00

Details on achievements in livestock management,

Animal Health Camp

Village	No. of animal health c	No of vaccinated animals	HH benefited
Kayadchalam	1	122	45
Saligutu	1	70	11
Ruidih	1	235	75

Details on achievements in Aquaculture

Village	No of fish seed stocked	No of beneficiaries	No of ponds
Ruidih	11000	5 individual+ community	6
Bunumda	9000	35 HH	1
Kayadchalam	35000	179HH	15
Patrapusi	4000	2 individual+ community	3

Details on initiatives and achievements in gender and equity

- Through several meeting of GS,SHG- initiatives were taken on the part of awareness building on equal opportunity to female and marginalized.
- 3 training conducted on the area about gender and equity.
- 1 training on legal awareness (especially on female cases and their remedies)

Details in initiatives and achievements in health and nutrition

- 5 health camp done in the area.
- about 450 members were benefitted from this camp

Capacity Building, till March 2010

Sl.no	Trainings	Training No	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	Traiditional 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

Activity Photographs



Gram Sabha



Discussion with SHG Members by Mr DEEP JOSHI



Discussion with PEC Members

Bihar &
Jharkhand



Director IDF addressing to SHG members at village Digilota, Sonua

Name of the Project:	Dalit women empowerment through Self Help Group Initiative and Micro enterprise
Supporting Agency:	Lutheran World Relief(LWR)
Coverage	<i>District:</i> Vaishali in 25 Villages of Rajapakar Block <i>Population</i> Direct 4500 Dalits Indirect : 27500
Staffs No.	Project Coordinator - 01 Credit and Livelihood Coordinator – 01 Cluster Level Animator –05 Tara Literacy Instructor - 04

Objectives:

1. To organize 650 women from 25 villages into 45 Self Help Groups and strengthening their Capacities in functional literacy, micro- credit management and leadership by 2012.
2. To increase awareness among the target (650) women SHG members and their male partners on Gender, Panchayati Raj (local governance) systems, accessing existing government services (Health care, safe drinking water) and government sponsored programs by 2012.
3. To train 4551 women SHG members from 45 SHGs on feasible income generation activities/enterprises and its management (animal husbandry, bamboo craft, collective agriculture on Lease land, banana stem thread craft, Clothes business, Spices making
4. To increase women's access (650 women) to credit for IGP /enterprise activities by Revolving Capital support to SHGs by 2012.

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."

Process adopted to achieve the goal

The project strategies are critical element, which guides the project to meet its desired objectives. The project identifies that there is a need to pursue an integrated development approach with livelihood component for sustainable impact. To achieve set goal following process has been adopted by organization:

Community Mobilization Process

i. Community Meeting - Organization has its presence in the region for the last four year through village planning process. Village mapping was done for the identification of the target village and target group. This has ensured the level of association with the organization and the community zeal to participate in the development process. The activities were carried out in more than 35 villages in which 106 village level meetings were conducted.

ii. Involvement of Stake holders – Major stake holders such as Mukhiya's, Ward members, School teachers, community leaders (decision makers), ANM, ASHA, Anganwadi, etc were involved in the community meeting. They were briefed about the organization and the project objectives.



iii. Formation of Local Resource Group in each village, who would act as a peer support group for the Self Help Group. The group would consist of the members from SHG, their partners, Teachers, Anganwadi, ASHA, Ward Member, Mukhiya, ANM, etc

Empowerment and Capacity Building Process

i. Capacity Building approach to build capacity of SHGs on management aspects to run the groups and participate in the implementation of various developmental initiatives. Every group is conducting weekly meeting, regular savings, inter-loaning and discuss social issues like health, water and sanitation, education, government schemes etc

ii. Promotion of Self-help Group activities: to strengthen the social capital base and reduce financial vulnerability of Self help Group and to initiate livelihood activities, Revolving fund to group has been supported by IDF for 5 SHGs to improve access to credit.



iii. Formation of 45 Self Help Groups: With the community mobilization process and in depth discussion with the major stake holder, beneficiaries were identified and thus were organized into the fold of Self Help groups. Altogether 45 Self Help Groups consisting of 657 women were formed.

iv. 50 Leaders from 18 Self Help Groups have been trained on Group Management Norms, Saving and Credit and Banking Procedure: These trainings have helped the leaders in identifying their potential and are willing to take a lead role in leading the groups. The training has not only enhanced their inner capacities but also increases their capabilities to do something for the society and groups. It was also observed that these leaders have developed clear visionary ideas to excel and lead the group. When follow up activities was conducted it was seen that these leaders have shared their learning's within the group. This has helped the group in developing some group norms and bye-laws for their groups.

v. 72 Leaders from 25 Self Help Group have been trained on Leadership and Roles and Responsibilities

The training was organized in the conducive environment and the same module was followed with minor rectification in such a manner that the women participants could co-relate themselves

with the training sessions and it was kept participatory and simpler. The session was kept very short and the message was reflected through Games, Case – Studies, Role Play, Pictorial Presentation etc.

vi. Orientation to rest of the 39 women SHG members from 4 SHG's on group management by SHG leaders. Orientation to the rest of the 39 members was given by the SHG Leaders with the support of the cluster level animators. This has helped in not only capacitating members in imparting training but also the staff.



Major outcomes of this training were as follows;

- ✓ The leaders relate much with the games and role play and stories which they had learnt during their training.
- ✓ Wider scope of discussion is open up for the formation of Groups Norms and consensus is reached.
- ✓ Members are able to understand group norms and have started formulating groups norms for themselves.

vii. 17 women have completed 30-day course of literary classes. Literacy sessions for the members were conducted to make them functionally literate and there was good response from the community and the members. The batch was kept small of 8 members only so that special and individual attention could be given to each member. In each batch two members were grouped together so that they could promote each other for learning and competition among them could be promoted for their better learning.

viii. Formation of 4 Local Resource Group: Several round of meeting with the community was held for the formation of Local Resource Groups, the members from the SHG's were consulted on the inclusion of the members in the groups. Before formation of the Local Resource Groups the members of the SHG's were oriented on the stakeholders involved in the delivery of services such as government schemes – widow benefit, old age pension, health services – Janani and bal suraksha yojna, immunization, water and sanitation, nutritional supplement provided by the Anganwadi centre etc. Based on these orientation and discussion different names were suggested and include such as Teacher, Anganwadi worker, ASHA, Ward Members, Community Leaders.

Innovativeness

The project has a in-built component to support the overall development of the members. The formation of Local Resource Groups would act as peer support to the SHG's. The identification of Village Resource Person on the identified trade would help in making the livelihood initiative viable to the member. The success of the demonstration unit would certainly inspire the member to take up these activities which would enhance their financial strength. The literacy component would certainly empower the women in helping them in decision-making process.

Sustainability

The project has adequate capacity building activities for the community members and representatives of local governance. The project also has provision of revolving funds to support

the groups for the production purposes. The Self Help Groups would be federated at the Block level which would continue their support in nurturing the SHG's.

Efforts will be there for replication of best practices/innovations through partnering and advocating Government and other agencies. Innovations on various interventions would be demonstrated to share the positive outcomes.

Achievements

A. Qualitative

- √ Leaders have a clear understanding on group management.
- √ Leaders have understood the importance of saving and Inter-loaning with timely repayment.
- √ Leaders have agreed to open their group account in the nearest bank
- √ Leaders are now able to understand group norms and this has been percolated in the groups and all agreed to abide by the new formulated bye-laws
- √ Groups have developed their own Norms and bye-Laws for smooth functioning of the groups.
- √ Groups Repayment rate is very encouraging with 46% of the cumulative loan.
- √ *SHGs'* Leaders are now able to understand group norms and this has been percolated down among other members
- √ SHGroups have developed their own norms and bye laws
- √ Leaders have identified their roles and responsibilities and have started taking actions in mobilizing the members of the group as well as community.
- √ 2 Groups have now identified book keepers to maintain the books of accounts
- √ 6 Groups are maintaining their books of accounts by themselves
- √ 4 Groups are maintaining their books of accounts with some support from the cluster level animators

B. Quantitative:

- √ 48 groups have been formed in 25 villages
- √ 647 women have been organized into the fold of Self Help Groups
- √ 48 groups have developed group norms and bye-laws for the basic functioning of the groups.
- √ 48 groups are conducting meeting and saving on weekly basis.
- √ *Rs1,65,044/- has been saved by 647 members of 48 SHG's.*
- √ *Rs 1,59,755/- have been inter- loaned among the members of the groups (cumulative)*
- √ *Rs 74280/- have been re-paid by the members.*
- √ *72 Leaders from 25 Self Help Group have been trained on Leadership and Roles and Responsibilities*
- √ *50 Leaders from 18 Self Help Groups have been trained on Group Management Norms, Saving and Credit and Banking Procedure*
- √ *53 Leaders from 18 Self Help Groups have been trained on Group Accounting*
- √ *17 women have completed 30-day course of literary classes.*
- √ *40 Members comprising of SHG members, spouse of SHG members, Teacher, ASHA, Ward member, Anganwadi Worker, etc*
- √ Dairy and Goatry have been identified as potential trade.
- √ Person have been identified under the various trades-

- √ Agriculture - Fatehpur Fulwaria and Berai
- √ Basket Making – Berai
- √ Vermin Compost – Rajapakar South
- √ 14 member from 04 SHG's have received Rs 25500 as Revolving fund

A Quot by the community

"Abb hamko mahajan ke samne haath nahi jodana padta hamko samooh se karja asani se mil jata hai"

Lalita Devil, Sakhi Mahila Sawamsahayat Samuh, Dharmapur

A story for change:

WE ARE NOW UNITED

Chinta devi of 51 years living in Dharampur village of Rajapakar block of vaishali member of laxmi self help group, before joining self help group she used to take loan from local village moneylenders for her small household need and she used to pay heavy interest on loan, she was forced to take money from other because she do not have any saving system.

When she joined SHGs regular saving becomes her habit she understood the importance of saving in life, one day her grandson became seriously ill she took loan from group at the rate of rupee 2, slowly-slowly she repaid to group within time without paying huge amount of interest.

At present she is actively participating in group meeting doing her saving and also planning for her future livelihood.

A small Step towards light

Asha devi aged 34 resident of village Laxmipur Bakhri, block rajapakar of vaishali she is Member of Om mahila self help group ,she and her family was surfing for bread in her village although her husband was working as daily wages labour within village but the earning of her husband was not more than 50-70 rupee a day in that small amount she had to feed her entire family.

One day a meeting was organized for dalit women in her village she participated in meeting in that people were talking about on Self help group and importance of group, she thought if join in the group it might change her present life instead of sitting idle at home she might learn new thing and she joined in group in group meeting she put proposal of petty shop to group, she took loan from group and started patty shop in village at present she earning from her shop more than 50 household taken grocery from her shop, her economic and social status has upgraded people called her Samooh ki Didi.

She is running her shop successful in future she will take loan from group to make big shop

A Study

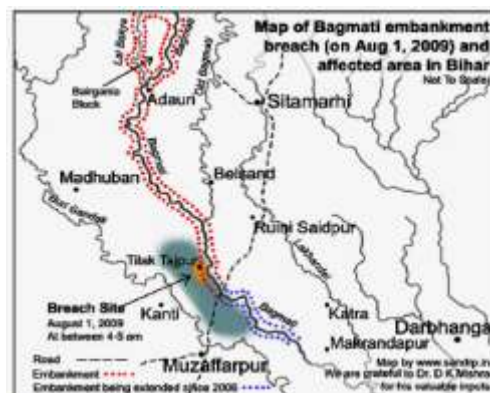
PROJECT-16

Name of Study :	Vulnerability Assessment (VA) Of Selected Villages of Katra in Muzaffarpur District
Supporting Agency:	Dan Church Aid
Coverage	<i>District:</i> Muzaffarpur

Flood Situation in Study Area

Katra is one of the most remote blocks of Muzaffarpur district. It is situated at the distance of 35 Kms in the north east of the district head quarter.

In Aug. 2009 Lakhandei, swelled by swirling flood waters of turbulent Bagmati, breached the embankment in a stretch of over 200 metres near Tilak Tajpur in Sitamarhi district early on Monday. The water also destroyed its embankments at Baraitha Masjid and another place under Katra block in Muzaffarpur district late last evening. Flood waters submerged over 75 villages under Katra, Gaighat and Bandara blocks in the district, affecting a population of around three lakh.



During flood most of the villages loose its connection from the district head quarter and suffer a lot. Like Katra, the villagers of this block have very limited livelihood opportunities here too and poverty level is very high. Huge number of male migrates for search of job out of the state here too.

In most cases the target group, marginal and small farmers, invests money in agriculture for food security rather than for cash business. Many of them take loans from local money lenders for such investments and in case of flood they incur huge losses led them to huge debts. Livestock is another important source of livelihood for them but during flood, lack of fodder and proper shelter, many of them either loose the assets or sell it in distress. Bad living condition, unhygienic atmosphere and lack of food and safe drinking water make them more vulnerable thereby increase the incidence of common diseases such as diarrhea, cholera, flu, skin disease etc. The situation gets even worse for pregnant women and old aged persons during the flood as the support from health service providers get severely affected at the displaced area or in the inundated villages. The situation of physically challenged people also matter of concern as they suffer the most.

DESIGN OF VULNERABILITY ASSESSMENT EXERCISE

Context:

Keeping in view the above situation of the area, Integrated Development Foundation has started working in 10 most floods affected villages of Katra block on Disaster Risk Reduction (DRR) with following objectives:

1. To create a strong citizen's network at regional and state levels who perpetually face flood in north Bihar in next 3 years.

2. To sensitize policy makers, stakeholders and civil societies against the plight and devastation of flood and climate change in north Bihar.
3. To advocate the issues of poor and marginalized people with special reference to women of flood prone areas.
4. To influence the planners and decision makers for flood friendly structures and infrastructures in the flood prone areas.
5. To organize and capacitate community on DRR to improve their quality of life and replicate in other parts of flood prone areas in north Bihar.

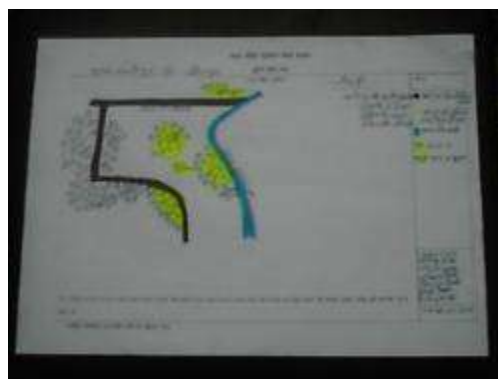
Vulnerability Capacity Assessment (VA) exercises was conducted in all the 10 villages; list Annexed (Annexure: 1) where DRR initiatives have been taken by the IDF. The primary purpose of a vulnerability and capacity analysis is its use as a diagnostic tool to procure analytical data to support better informed decisions on the planning and implementation of risk reduction measures. The objectives of the assessment were:

- To find out the causes of the disaster
- To find out the extent of vulnerability caused by the disaster with special reference to the excluded community.
- To assess the capacity of excluded community to cope with the disaster risk.
- To find out the existing coping mechanism.

Transect Walk: The facilitators developed a work plan for the transect walk (Date, Time and Place), selected villagers as their guide who have good knowledge about the village, built rapport with the people as soon as they entered the village and asked people which way they should take a walk to get a clear picture of the local natural resources, land use, plantation etc.



Social mapping: was done to collect information on settlement pattern, HH, population, social and civil amenities available in the village. There the houses of vulnerable people were also identified. It was done through a participatory method which was crucial to PRA. It revealed different aspects of the rural life like social issues, resources, literacy, social stratification and forms or livelihoods. In the process around 100 people including PWDs, and women participated. The houses were numbered and types of houses were marked. It described the location within the village in terms of roads and rivers, the characteristics and condition of the households. It brought ownership among them. Much information came like name of the head of the HH. The Social map of the Kalasimuli village is reproduced in figure. The total No of families residing in the Kalasimuli village is 325 and the total population is around 3000. By analyzing the social map we can identify who are vulnerable and what are vulnerable, the capable people and other assets and capabilities with the community members, which will help us during planning for disaster preparedness and coping strategies.



Resource mapping: In this process various resources were identified with the help of villagers. Those were common property, available in the village. It made the villagers understand about the resource systems they own and use. Important resources that were identified were lands, prawn farms, RCC buildings, market places, plantations, water bodies, rivers, sand dunes, high raised places, embankment, fishing boats etc., which are the real resources of the village. The involved community members consisted of vulnerable people including PwDs of various age groups was assigned the responsibility of preparing the resource map. All the members seemed to take interest in preparation of the map as it was a new experience for them. While analyzing the resource map with the community, we identified that the resources and ensured its availability from its owners that could be used to plan and make future strategies to cope with and recover from the forthcoming disaster. Many resources like tube wells, roads and high raised platforms are inaccessible for the PwDs.

Hazard Map:

The villagers identified the Hazards that generally the community faces. They mentioned certain things like the origin of the hazard and from where it comes from. How often do the hazards occur, its speed and the people affected after the hazard strikes, and its severity?

After identifying the sources of hazard and the area that will be affected by, we can plan to minimize the impact of the hazard and reduce risk on the community of that particular area.

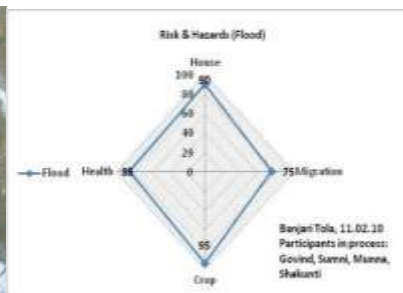
During the exercise it was found that the river Subarnarekha and its tributaries are the main element of disaster. High tidal waves made the sea shore more hazard prone which were placed in the hazard map. The villagers had drawn the sources of hazards, keeping in view their probable impacts on the community and the area that might be affected by specific hazard. The process of identifying, assessing and analyzing Hazards, Risks, Vulnerability and Capacity was owned by the villagers.

Seasonal Calendar: In that process the facilitator group convinced the villagers about the seasonal calendar where they have to identify different things like; occurrence of disasters, cropping pattern, employment opportunities, migration etc. Chart paper was used where the villagers marked the months of the year on the horizontal and vertical axis. The people found out the months. The facilitators analyzed it by linking different aspects of the calendar like; how the disasters affect sources of livelihood, coping strategies and change in gender roles and responsibilities during times of disasters. After analyzing the seasonal calendar coping strategies can be made for different seasons.



Disaster & Hazard Analysis

This exercise was done in community separately for each type of disaster and its related risk and impact through Evaluation Wheel four indicators were identified by the community as major risk involved the finding are as follows:



Hazard type	Causes of the hazard	Warning signs (What indicates that a hazard will occur?)	(How long is it from warning signs until the hazard really occur?)	Speed of onset (Does the hazard occurs suddenly or frequency)	(How often does the hazard occur?)	When Does the hazard often occur?	Duration (How long does the hazard often last?)
Flood	<ul style="list-style-type: none"> • Paucity of village to the river Bagmati • Breach in embankment • Heavy precipitation 	<ul style="list-style-type: none"> • cloudy weather with continuous rain • Colour of river water 	3-4 hours	Generally slowly but sometime suddenly	twice	July-Nov	3-4 Months (July-Sept)
Cold wave	<ul style="list-style-type: none"> • Lack of sunny weather • Western wind 	• Fog in the morning	10-20 days	Slowly	Once in two years	Dec-Feb	One month

People were asked when there is attack of flood how many houses goes into the flood water. The responses were around 90% houses were affected and the water level was 5-7'. The reason behind, that the canal is connected with Baghmati River. When the main river starts over flowing, than flood water enter into the hamlet within four five days.

It was asked that how much crop gets damaged. It was revealed by the community that approx 95% crop gets damage almost every year. The reason is continuous water logging for 3 months.

During flood 85% people especially children gets ill many water borne and skin disease affect them. The reason is lack of pure drinking water in flood situation.

Around 75% labourers especially from Mahadalits migrate to other state for wage employment the reason is lack of employment opportunity in agriculture.

Assessment of Loss & Damage:

During the study it was tried to assess the loss and damage during last five years caused by different kind of disaster/ natural calamity and it was found that on an average 1830 household gets affected by flood and approx 300 houses get damaged. More than 250 livestock got affected and paddy crop in



Village : Rajadih Panchayat : Sonepur

In 2005 flood came as curse for Bilas Ram. One night he went for sleep after having diner but he slept for ever that night due to snake bite. After the bite he cried, neighbors were gathered and tried to help him and take him to a doctor, but they failed because the water level was 5' and no boat was available. The villagers become helpless and leave Bilas Ram on the mercy of god. The affect of poison spread in his body slowly and he finally got a very languishing death.

Similarly the case was with Md. Murtuza (30 years) S/o- Md. Yusuf and Daya Ram (12 years) S/o- Yogendra Ram in 2004 flood.

6555 acre also got damaged which cause a huge loss for the local community. During the assessment it was also reported that during the cold wave in recent past (Jan 2010) approx 467 household and potato cultivation in approx 1100 acre was damaged. The community member did not reported any other form of calamity like fire and sunstroke etc.

Apart from the damage of house, livestock and crop, loss of human being was also reported. In year 2007 Bhulla (6 years) S/o Panchkauri Majhi died in flood water. His death could not be reported in time due to lack of boat and his family could not get any relief from government.

In 2007 flood Ghuntun Manjhi (12 years) S/o Ugan Manjhi died in flood water the case was informed to Katra P.S. and Thana said to give funeral to dead body and did not register any F.I.R. Hence the family could not get any relief for Govt. in this regard.

In 2007 flood Gayatri (7 years), D/o Shobhit Manjhi and Pramila Devi (28 years) W/o Chandra Kishore Kumar died due to snake bite. Death of both the person was reported to block through Mukhiya of Sonapur Panchayat after the flood but due to delayed reporting no relief was given to family community member of this hamlet said that they are not getting any benefits from govt. they do not have cloth to wear and food to eat.

It was found that temporary shelter is available in 7 villages only in school and community building with a capacity to accommodate approx 1800 people which is not sufficient considering the population affected by flood.

Villages & Vulnerability

Village Wise of Loss & Damage in Flood (2004-09)

Village Name	Total Household	Average HH Affected Per Year	% Household Affected Per Year	Average House Damaged Per year	% House Damaged	Total Livestock Damaged (in 5 yrs)	Crop Damaged (Acre)
Sonepur Gotouli	300	10	3.33	7	70.00	17	70
Sonepur	492	222	45.12	37	16.85	28	1800
Katra	424	343	80.94	31	9.09	24	1120
Devgan	515	211	40.97	15	7.01	10	540
Sakri	887	217	24.46	24	11.06	18	375
Bakhri	255	65	25.49	23	35.38	25	250
Siswara	678	140	20.65	43	30.57	30	1800
Rajadih	358	351	97.93	34	9.58	33	300
Madhopur	369	134	36.31	38	28.36	19	180
Katra Dargah	208	136	65.38	39	28.82	23	120

Conclusion

In the background of above analysis it is concluded that situation is very much pathetic. Excluded especially Mahadalits are most vulnerable in the village. There is complete lack of inclusive planning and programme implementation. There is lack of capacity among vulnerable community to cope with the disaster and no early warning system exists at the ground. There is social discrimination in availing the facility of boats provided by the government. There is no compensation victim's families who lost their lives during flood. There is lack of employment and livelihood opportunity for the excluded community. High rate of migration to other states for labour.



The rich become richer and the poor become poorer is a cry heard throughout the whole civilized world. Johann Friedrich Von Schiller(1759-1805)

RECOMMENDATIONS

- Based on the conclusion drawn above, it is recommended that:
- There is need to establish early warning system at village level and proper evacuation plan.
- There is need to build capacities of vulnerable community around disaster mitigation.
- As we have find out that coverage of various social security schemes and housing programme have not reached up to level it is desired therefore this is recommended that coverage of these scheme must be increased with reaching more beneficiaries from the Mahadalits and PwDs.
- We have seen that there are lots of anomalies in implementation NREGS therefore it is suggested to increase more and more job opportunity for the excluded communities. Apart from this there is a need to create community assets instead of rural connectivity and repair of embankments.
- There is need to increase more number of SHGs among vulnerable communities link them with the ongoing credit from the commercial banks so that they can start their micro enterprises to get reed of vicious circle of poverty.
- It is also evident that there are losses of life during flood but due to lack of timely FIR in local police station the deceased family could not get proper relief from the government
- Boats are only means of transport during the flood it is also reported there are discrimination in availing the facility by the affluent section of the society. Therefore this recommended that ample boats needs to be provided by the district administration particularly for the most vulnerable villages.
- All the community buildings should be constructed at high piece of land and it should double storied so that more people can get temporary shelter during emergencies.
- Community need to be empowered in order to assert for their rights and entitlements particularly in case of accidental death during

Coordinating Networks at the State level

PROJECT-17

Name of the Network:	RH Network (Information Resource cum Advocacy Center)
Supporting Agency:	International Institute for Education
Coverage	<i>State of Bihar</i>
Staffs No.	Project Coordinator - 01 Project assistant - 01

Background

Information Resources and Advocacy Centre (IRAC) supported by LDM Program is a guild of RCH leaders from different parts of the state who have been working in the field of development in various capacities and have contributed significantly in one way or the other. They were identified and selected for intensive training program across the world to future promote their leadership capabilities so that they become capable of understanding and analyzing the socio-political and cultural contexts and enhance their capacities to address issue of concern with special focus on population and reproductive health.

Information and Advocacy Resource Centre serve as a common platform of RCH fellows and is truly developed as resource for fellows to access information & education related to RH issues and as a forum which they uses in larger platforms. It is a structure, which gives a shape to the pool of resources created by the fellows giving them an identity and strengthened their efforts by collecting them together.

Today the Reproductive Health Leadership Network has around 60 fellows in Bihar. Some of the fellows have shifted to different parts of the country and some out of country. They are from different organizations and diverse sectors including program implementation, service delivery, law, media, research, policy makers and advocates. They are heads of organizations, community change agents and health practitioners. They come together in a vibrant network to exchange ideas, share experiences and knowledge, and support each other in their work. There is an active E-network as well as thematic working groups where Fellows actively promotes specific reproductive health issues in their regional areas.

Under LDM program, network had been one of the strongest strategies for ongoing leadership development of fellows. With the shift from individual leadership to organizational and sectoral leadership, networks has helped fellows in providing increased visibility, legitimacy, learning, active cooperation with regional, national, international fellows and other stakeholders and greater access to resources- information and educational materials, financial resources. All of this is resulting in creating an enabling environment for forwarding the country specific agenda of increasing RH options. Effective leaders are able to influence positive change.

Focus Area:

- Promoting Family Planning Measures
- Improving Maternal Health Status in the state with special focus in Rural Area
- Preventing Unsafe Abortion
- Helping to Control Sexually Transmitted Diseases (STDs) and Reproductive Tract Infection (RTI's)
- Improving Adolescent Reproductive and Sexual Health Status

- Reproductive and Sexual Rights.
- Gender Issues
- Advocacy for ARSH in the State

Activities

General Body meeting

General body meeting is a regular activity at the resource centre organized on 2nd of every month. If needed an urgent meeting is also called, e.g. in the month of May'10 there was an intermediate meeting. The major agenda for discussion during these meetings were:



Experience sharing

Experience sharing from the fellows' field IRAC network is a platform for all fellows to learn from each other's work, experience. In sync with this, the fellows regularly shared their work area, modalities and any events, which they organized in their respective organization. Fellows also participated in each other activity. In case any fellow attends any training/workshop then sharing of learning other fellow members is done during t these GB meeting -Binod Kumar Ojha shared his learning from his HIV/AIDS training in Indonesia.

New fellows incorporated in IRAC network.

In the month of Feb'10 some new people (along with some of the old fellows) received leadership training at Bodhgaya. These people have been awarded fellowship from IIE and have received letter of confirmation also. IRAC network extends a warm welcome to all the new fellows. Network whole, heartedly welcomed those new fellows in the umbrella of IRAC.

Workshops and Seminars:

1. LPI workshop:

Training on LPI was organized by IIE at Ranchi where fellows from Bihar and Jharkhand participated. During the training, Mr. Babul Prasad volunteered to conduct a similar training for those fellows in Bihar who could not attend this training.

A one days workshop was organized at SDI Patna on 14th Dec' 10 for those who has not attended the previous LPI training. Mr. Babul Prasad conducted the workshop and approx 15 fellows participated.

The objective of the workshop was:

- To describe the five practices of exemplary leadership.
- Relate how the five practices apply to our leadership.
- Use the LPI feedback report to identify the leadership strengths and weakness.
- Choose action for improving our ability as a leader
- Commit to action we will take in next three weeks

The workshop ended with the closing Johari window exercise and with a verbal and written evaluation session and vote of thanks.

2. The Reproductive Rights and Policies of PCPNDT and MTP Act:

Lawyer's forum, one of the five Core Thematic Group of Information Resources and Advocacy Centre (IRAC)-Bihar, organized one day Workshop on the issue of "The Reproductive Rights and

Policies of PCPNDT and MTP Act” on 22 August, 2009, in the auditorium of SCADA Business Centre, Patna

Objective of the workshop:

- To sensitize the administration on issues of women rights
- The benefits of the 'Rights Based Approach' (RBA) and limitations of 'Policy- based approach'.
- The effectiveness of the existing laws that address some of the issues that impact MMM, i.e., Child Marriages (Restraint) Act, 1929, Medical Termination of Pregnancy Act, 1971



3. Workshop on Safe Abortion with IPAS

Objectives:

- To orient the participants on MTP act and importance of legal abortion services in Bihar.
- To explore the possibility of collaborative mutual partnership with IRAC/Fellows.

RH fellows from different areas participated in the workshop.



Way Forward:

The workshop paved the way for assessing the NGOs strength as well as interest to work for the issue of safe abortion in their respective operational area, so that Ipas can explore future collaboration with them. For e.g. if 'X' Needs some IEC material to advocate for the issue or provide training to its beneficiaries, then the two organizations can join hands. With this objective all the participants organizations were asked to submit the details in the following Performa:

1. Name of the organization
2. Geographical operational area
3. Focus issue of the organization
4. Community outreach
5. Support required from Ipas in taking the issue of safe abortion in their operational area.

Achievements

- Negotiation with government on Nutritional Policy (Draft is ready but lack of follow - up)
- Regular meeting of fellows at IRAC office(Challenge: Really hard to increase the participation)
- Mentoring: Need to revive this activity. Out of 6-7 who received the training,2-3 are continuing this activity.
- Credibility alliance: A meeting is scheduled on 22nd Feb'10. IDF is the convener for Bihar Chapter; Mr. Manoj Verma would invite organization of IRAC fellows.
- Collaboration in pipeline
 - Community Leadership Programme (SDTT supported): Interested fellows can be involved as Resource person
 - IPAS
 - NRHM and
 - Unicef

Name of the Network:	VISWASH (A State Network for Water Sanitation and Hygiene)
Supporting Agency:	Water Aid
Coverage	<i>State of Bihar</i>
Staffs	Project Coordinator - 01

IDF is leading and coordination VISWASH – A state level network of the civil society organizations is dedicated to work on Water Sanitation and hygiene issue affecting the poor and marginalized people of Bihar. VISWASH believes that water and sanitation is basic human rights and every citizen of India must realize it strive to amplify the voice of poor and excluded community so that adequate measures are taken by the all the stack holders concerned towards helping people realize their rights to drinking water sanitation and health benefits.

Objective:

1. Support NGOs, Institutions, individuals aimed at propagating and advocating the water and sanitation issues at the state and at regional level.
2. To establish itself as learning cum information and knowledge dissemination center, well equipped with resource material, IEC material and latest innovations with regard to water and sanitation.
3. To facilitate individuals, organizations, institutions and scholars access to water, sanitation and hygiene and its gender related literature including IEC/BCC (information Education & Communication and Behavioral Change Communication) for knowledge and skill up gradation.
4. To create and develop a strong, functional and dynamic strategic alliance of CBOs, VOs, NGOs, INGOs and Institutions which are directly or indirectly working towards actualization of the purpose of water, sanitation and hygiene initiatives.

Major activities in the financial year 2009-2010.

Water and Sanitation Policy for the State.

- Preparatory workshop was organized by the network to discuss and elaborate the draft water policy of Bihar state on 16th November 2010.
- CSO consultation on draft state Water Policy were discussed on 18th November 2009 which was attended by Hon'ble Minister PHED and many government officials of related departments, media persons, NGOs and civil society representatives.



- Workshop on Drinking Water & Sanitation Policy (draft) of the state was organized in Vidhan Sabha Annexe on 12 March, 2010 where large number of MLA, MLCs, Media Persons, PHED and Water Resource Department Officials, NGOs, National and International Agencies working on the sector participated. Chief Minister, Speakers of both the houses and many Cabinet Ministers took part in it. Technical session was also organized and many experts from different Institutes made their presentation. Based on the recommendations to the house, policy was redrafted on 13th March and submitted to the PHED Ministry for final approval by the Cabinet.
- Chief Minister along with his cabinet team had made a sanitation chain and taken oath to have sanitation facility in every household of the state. Program was attended by large number of School Children, Civil Society Representatives, NGOs and Government Officials etc. in Gandhi Maidan, Patna. Program was well appreciated by the Chief Minister.



Workshop on the occasion of World Toilet Day "Round Table on Sanitation Status, challenge and way forward" was organized on 19th November 2009 in Patna in which PHED minister participated. He also announced the state drinking water and sanitation policy proposal during the workshop.

Supporting IEC in Gram Gaurav Yatra

To begin with people's awareness on water & sanitation as human right and to initiate and influence PHED to formulate a policy on Drinking Water & Sanitation, a proposal was shared with Government of Bihar by WaterAid/VISWASH. According to which Gram Gaurav Yatra was planned in two phases 2009 and 2010. VISWASH partners effectively supported the program and organised Nukkad Natak throughout Gram Gaurav Yatra to disseminate and mobilize the community.



The yatra completed on 20th February followed by State Level Swachhata Mahotsav at Bhagalpur which was inaugurated by Hon'ble Governor of Bihar and closing ceremony was presided over by the Chief Minister of Bihar. Mahotsav was attended many of the Cabinet Ministers, Government Officials; sector Experts from different reputed Institutes of the country, Civil Society Representatives, NGOs, INGOs and School Children.

During the Mahotsav a historic seminar on boat in Ganga was organized on the theme "Water and sanitation and Environmental affect to control pollution of River Ganga". Number of resource

personnel's / experts from different Institutes of the country contributed their expertise in making Drinking Water and Sanitation Policy of the state.

Other Initiatives

- VISWASH has taken initiative to advocate EPB activities as state level, hence made a visit to EPB project areas.
- 26th March 2010 – Attended a workshop organized by Mandan Bhartiya Jagriti sansthan on Water & Sanitation as Child right.
- 27-28th March 2010 - Attended a district consultation on "Integrating Water & Sanitation with shelter for better quality of Life" at Kishan Bhawan, Jhanjharpur, Madhubani.
- VISWASH members have attended a World Water Day celebration and strategy planning for next 5 years at Delhi organized by WaterAid.
- To have better understanding with partner organizations we made a visit to the partners organizations like of Adithi, GSSG, BJUP, GENVP, NIDAN, SAKHI, IDF etc. for different purposes.
- VISWASH has facilitated the study team of WaterAid on "Sanitation Sector Financing Study" during 2nd week of March 2010.
- 30th March 2010 - at SCADA to attend the Urban Civil society forum meet organized by NIDAN.
- A meeting of VISWASH members was organised on 25th May 2009 at IDF to discuss the strategy for VISWASH.
- A meeting of VISWASH members was organised on 3rd September 2009 to discuss the bylaws of the network.
- VISWASH brochures updated (500 copies)

Financial Status of the Organization

Income & Expenditure

for the period ended as on 31st March 2010.

INCOME		Current Year 2009 2010
Grant/ 2009-2010		24402932.31
Donation		406669.43
Membership Fees		9000
Other Receipts & Advance		77373.00
Interest and Other		215464.00
Deficit During The Year		279560.29
Total Rs		25390999.03
EXPENDITURE		
Programme Cost	Training/Capacity Building	1843391.00
	Orientation	322919.00
	Need /Base Line Assessment	29064.00
	Direct Action With Coomunity/Community Mobilization/Cluster Level Coordination	2110988.00
	Water and sanitation	2777356.17
	Advocacy and Networking	1404753.50
	Awareness Building	2125832.00
	Stakeholder Meeting	67889.00
	Solidarity Events	191579.00
	Cluster Level Meeting /VLC Meeting	72900.00
	Review Meeting	95222.00
	Workshop	758507.00
	Village Micro Planining/Micro Level Planining	41930.00
	IEC/ Material Printing	951568.50
	Capital Input/Revolving fund/	1337751.00
	Livelihood Promotion Initiatives	818403.00
	Flood Relief	310982.00
	Exposure Visit	121300.00
	Study on CL utilization	25000.00
	Disaster Plan	20000.00
	Consantancy Fees	23300.00
	Community Action for Water & Sanitation	66873.00
	Watsan	742.00
	Water Drum	22581.00
	Water Filter	68180.00
	Salaries	Salaries and Benefit
Recurring Cost and Overhead	Implementation Support ,Operational expences and Administrative Cost	1220933.50
	Programme Support	873049.50
	NGO Administration Cost/Overhead/Misce.	661584.20
	Recurring Cost	35418.00
	Bank Charges	14190.66
	Contingencies	246880.00
IDF Non FCRA		25019.00
Payable		857937.00
Depreciation		491663.00
Total Rs		25390999.03

Balance Sheet - As on 31st March 2010

ASSETS		Current Year 2009 2010
Fixed Assets		1688408
Current Assets		
Loan & Advances & Receivable		4958726.58
CASH IN HAND		60380.55
CASH AT BANK		5613774.18
Total Rs		12321289.31
LIABILITIES		
General Fund		9871081.73
Current Liability		1802395.58
Community Reivolving Fund Payable		647812.00
Total Rs		12321289.31

Receipts & Payment A/C

for the period ended as on 31st March 2010.

Receipts		Current Year 2009-2010
Opening Balance	Cash In Hand	47957.05
	Cash at Bank	5981398.23
Grant		24407837.31
Donation		406669.43
Membership Fees		9000.00
Other Receipts & Advance		1019841.08
Interest and Other		215464.00
Total Rs		32088167.10
Payment		
Programme Cost	Training/ Capacity Building	1843391.00
	Orientation	322919.00
	Need /Base Line Assesment	29064.00
	Direct Action With Coomunity/Community Mobilization/Cluster Level Coordination	2110988.00
	Water and sanitation	2777356.17
	Advocacy and Networking	1404753.50
	Awareness Building	2125832.00
	Stakeholder Meeting	67889.00
	Solidarity Events	191579.00
	Cluster Level Meeting /VLC Meeting	72900.00
	Review Meeting	95222.00
	Workshop	758507.00
	Village Micro Planining/Micro Level Planining	41930.00
	IEC/ Material Printing	951568.50
	Capital Input/Revolving fund/	1337751.00
	Livelihood Promotion Initiatives	818403.00
	Exposure Visit	121300.00
	Community Action for Water & Sanitation	66873.00
	Watsan	742.00
	Livelihood Promotion Initiatives	818403.00
	Flood Relief	310982.00
	Water Drum	22581.00
	Water Filter	68180.00
	Study on CL utilization	25000.00
	Disaster Plan	20000.00
	Consantancy Fees	23300.00
Payable	543173.90	
Salaries	Salaries and Benefit	5355313.00
Programme Supportive Equipment		
Recurring Cost and Overhead	Assets	1164161.00
	NGO Administration Cost/Overhead/Misce.	661584.20
	Recurring Cost	35418.00
	Implementation Support ,Operational expences and Administrative Cost	1220933.50
	Programme Support	873049.50
	Bank Charges	14190.66
Contingencies	246880.00	
Loan & Advance	MNSY	42127.00
	Simavi	33309.44
	JTDS	60166.00
	WAI	136160.00
	Care Snehal	990.00
	CLP	26385.00
	TDS	42471.00
	IDF FCRA 2008-2009	44899.00
	IDF Non FCRA	259353.00
	Dan Chruuch Aid	97.00
Loan & Advance	44340.00	
By Closing Balance		
	CASH IN HAND	60380.55
	CASH AT BANK	5613774.18
Total Rs		32088167.10

Foreign Visit By the GB Members

Kathmandu Visit:

The Director Mr. Manoj Kumar Verma has visited Kathmandu to attend a Platform Meeting in DRR followed by HAP (Humanitarian Accountability Partnership) training at Kathmandu on 6th-9th July 2009 organized by the Dan Aid Church in June 2010. The focus of the program was to develop strategy on emergency response and preparedness plan on DRR with HAP process. Since IDF has the rich experience on Flood and working in the flood prone area DCA has plan to make partnership with IDF.

Mr. Babul Prasad, Chairman and Mr. Mahendra Dy. Director have visited Kathmandu to attend Regional DRR Project Partner Platform and Climate Change Meeting at Kathmandu on 22nd-27th March 2010. The major focus was to strategise the DRR with the Climate Change and develop an understanding on the local issue contributing to the said issue.

The entire cost of the foreign visits was born and reimbursed by the Dan Church Aid.

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.

<i>Name of the Board Member Getting Honorarium from thire respective projects</i>	<i>Designation</i>	<i>Total amount paid in last financial year</i>	<i>Form of payment Salary/Honorarium)</i>
1. Manoj K Verma <i>(from 7 different projects)</i>	Director	Rs. 386475/=	Honorarium against the time commitments under different respective Projects ONLY
2. Niraj Kr. Sinha <i>(from 6 different projects)</i>	Treasurer	Rs.254100/-	Honorarium against the time commitments under different respective Projects ONLY
3. Babul Prasad <i>(from 2 projects)</i>	Chairman	Rs. 166000/-	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	80	62	142
5,000 – 10,000	17	2	19
10,000 – 25,000	15	2	17
25,000 – 50,000		0	1

Total Expenditure in Travel

(local, Field, national, International) of all the 179 staffs/board members and volunteers is **Rs.873049.00 in the year 2009-2010**

Amount Reimbursed to the Active Board Members in the financial year 2009-2010

1	International Travel	Rs. 61032=00
2	Domestic Travel	Rs. 52914=00
3	Local Conveyance	Rs. 156512=00

Highest and Lowest Honorarium paid

Head of the organization: (including honorarium)	Rs. 386475/- per year
Highest paid Full Time regular staff:	Rs. 216000/- per year
Lowest paid Full Time regular staff:	Rs. 42000/- 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, Dibadih 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 Projects Undertaken

1. Project	Women's Empowerment through Convergent Community Action strategy UNICEF	8. Project	Integrated Nutrition and Health Programme CARE
Supporting Agencies	5 Years	Supporting Agencies	1 Year
Duration	5 blocks in Patna of Bihar	Duration	2 Blocks in Patna district
Area	4 Blocks in Palamu and 4 Blocks in Garhwa of Jharkhand	Area	
2. Project	Facilitating attendance in schools through economic empowerment. UNICEF	9. Project	Operation Research on A Community Based Approach to Improve Utilisation of Health Care Services in Favour of Women Reproductive Health UNICEF
Supporting Agencies	3 Years	Supporting Agencies	4 Year
Duration	4 Blocks in Palamu and 4 Blocks in Garhwa of Jharkhand	Duration	1 Block in Patnadistrict
Area		Area	
3. Project	Water and Environment Sanitation initiative UNICEF	10. Project	Survey/Research work on the existing status of the knowledge and practices of Adolescent youth and Reproductive Health PATHFINDER INTERNATIONAL
Supporting Agencies	1.5 Years	Supporting Agencies	3 Months
Duration	2 Blocks in Patna district	Duration	Patna, Nalanda and Nawada
Area		Area	
4. Project	Community Based Hand Pump Mentainance System PHED + UNICEF	11. Project	Stree Shashaktikaran, A Dalit women targeted Project ACTION AID
Supporting Agencies	1 Year	Supporting Agencies	1 Year
Duration	4 Blocks in Garhwa district	Duration	1 Block of Madhubani
Area		Area	
5. Project	Women's Empowerment for Sustainable Action AUS-AID (Australian High Commission)	12. Project	Gram Swaraj Abhiyan ACTION AID
Supporting Agencies	2 Year	Supporting Agencies	1.5 Years
Duration	2 Blocks in Patna district	Duration	2 Blocks of Garhwa District
Area		Area	
6. Project	Community Based Safe Drinking Water Project CONSULATE GENERAL OF JAPAN	13. Project	Swashakti Jharkhand Women Development Societies
Supporting Agencies	1 Year	Supporting Agencies	3 Years
Duration	1 Block in Patna district	Duration	1 Block of Ranchi District
Area		Area	
7. Project	Integrated Women Development Program THE HUNGER PROJECT	14. Project	Child Care and Immunization FORCES (NOVIB)
Supporting Agencies	1 Year	Supporting Agency	1.5 Years
Duration	1 Block in Muzaffarpur	Duration	1 Block of Patna District
Area		Area	

15. Project Prachar Project

Supporting Agencies **PATHFINDER INTERNATIONAL**
Duration 5 Year
Area 2 Block in Patna district

16. Project Swawablamban

Supporting Agencies **Bihar State Women Development Corporation**
Duration 5 Year
Area 2 Block in Patna district

17. Project

Supporting Agencies **DISHA (Adolescent & Reproductive Health) Project ICRW**
Duration 6 Year
Area 2 Block in Patna district

18. Project

Supporting Agencies **Flood Relief Program Water Aid**
Duration 3 Months
Area Araria (Forbishganj)

19. Project

Supporting Agencies **Food and Non Food Assistance to 2500 Families affected by Kosi Flood Oxfam HK**
Duration 6 Months
Area Araria (Raniganj)

20. Project

Supporting Agencies **Swashakti Bihar State Women Development Corporation**
Duration 2 Years
Area 2 Block of Muzaffarpur

21. Project

Supporting Agencies **Sustainable community Action Through Local Resources/Self Governance and Convergence PACS-DFID**
Duration 6 Year
Area 4 Block in Bihar
2 Block in Jharkhand

22. Project

Supporting Agencies **Capacity building of Elected women Representative and functionaries of PRI UNDP**
Duration 4 Years
Area 5 Block of Palamu District

23. Project

Supporting Agency **Village Micro Planning initiatives FORCES (NOVIB)**
Duration 1 Years
Area 1 Block of Patna District

24. Project

Supporting Agency **Village Micro Planning initiatives UNICEF**
Duration 1 Years
Area 1 Block of Patna District

==XX==