ANNUAL REPORT
2012-2013

KARRA SOCIETY FOR RURAL ACTION
AHMAD COMPLEX FIRST FLOOR, DR. FATEHULLAH ROAD
RANCHI-834001
Towards Total Development
FROM OUR PRESIDENT

Dear friends,

I have great pleasure in presenting you the annual report of our organization for the year 2012-2013. Events and activities that were carried out during the year have been true to our objectives and goals and truly reflect our overall theme “TOWARDS TOTAL DEVELOPMENT”.

Our focus this year too, continued on our theme areas of Livelihood, health, building capacity of women self help groups and promoting network of like minded agencies on livelihood under SAFAL’s banner. KSRA has been able to relate all these activities with inspirations and need of the poor during the year with its team of dedicated professionals and field workers.

Another major initiative this year by KSRA through its newly formed State Alliance Network for accessing Livelihood with support from IGSSS, New Delhi The State Alliance has had several interactive Seminars and workshop on livelihood with its member organisations for building their capacity and providing inputs to enhance their skill on the project implementations. CINI continued its support to implement project on Participatory Communication Initiative for improving access to public healthcare services for rural communities in India under the National Rural Health Mission” in few panchayats in Karra Block of Khunti District, Jharkhand.

With funding situation becoming difficult with each passing day and with FCRA restrictions being perused, one need to rethink its strategy to go on smoothly in the development sector today. There is absolutely no alternative to hard and honest work in this sector, along with high level of professionalism. KSRA will continue to work towards total development in the years to come.

Prof. S.A. Ahmad, President

KSRA, RANCHI

Dated: 30th June 2013.
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ABOUT THE ORGANIZATION

Overview

MISSION:

To help build up self sustaining and self reliant communities with major thrust on the development of tribal in the region of Jharkhand.

VISION:

Building itself into an institution capable of building strong communities through their capacity building process, thus enabling them to take their own development initiatives towards Self reliant and self sustainable society

KSRA OBJECTIVE

Enhancing the most economically and socially backward rural/urban poor communities to the level of economic and social self-reliance through various integrated development initiatives.

All KSRA Programs and Project thus, are directed towards following outputs:

- Developing into effective support institution.
- Enhancing the quality of its projects towards its sustainability.
- Increasing numbers of small NGOs looking towards KSRA for support and quality enhancement.
- Focused directions and policies that are people’s sustainable development oriented.

LEGAL STATUS

<table>
<thead>
<tr>
<th>Name of Registered Organization</th>
<th>Karra Society For Rural Action (KSRA)</th>
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<tbody>
<tr>
<td>Registration with Income Tax Department Acts and Registration Number</td>
<td>OSD/VIII-3/88-89/3631-33</td>
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<td>PAN Number of the Organization</td>
<td>AAATKO878J</td>
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<tr>
<td>FCRA Registration Number</td>
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AREA OF INTERVENTION
KSRA has the mandate for working among poorest of the poor communities in rural as well as urban areas at the grass root level in whole of the Jharkhand State. It has well trained field staff and has been operational for over tow decades in Karra and Ranchi. At present it is working in Ranchi District Namkum Block, West Singhbhum District in Khuntapani Block and Khunti District (Karra, Khunti, Torpa, Murhu, Rania and Arki Blocks).

**KSRA has following locations for its operations:**

a) **Central office**

Ranchi Own Premises 1600 sq. ft. 4 rooms, 4 computers, 1 Laptop 1 gen - set, 1 Photocopier, 1 duplicating machine, overhead projector, mopeds, motorcycles, Jeep, furniture and other equipments.

(b) **Regional Centre**

Karra Block own building 1200 sq. ft. three rooms, 1 computer, 1 gen-set, public address system, slide projector, mopeds, motorcycles etc.

(c) **Project Offices**

At Namkum, Khunti & Khutpani, Blocks of Ranchi, Khunti and West Singhbhum, districts respectively.
# Projects and Programs

## Livelihood Project

**Supported by: IGSSS, New Delhi**

- Right Based Approach For Poverty Alleviation Through Livelihood And Credit Generation, Advocacy And Networking For Rights And Entitlements Among Poor Tribal Community.

Project Accomplishment:

<table>
<thead>
<tr>
<th>Expected Results</th>
<th>Activities planned for results</th>
<th>Accomplishment status</th>
<th>How these activities and methods contributed in the achievement of the results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Formation of functional, dynamic and community based democratic people’s organisations supporting the rights based approach for livelihood enhancement.</td>
</tr>
<tr>
<td>No. of strong CBOs who are well equipped with knowledge, information and capacity to take action on the issues related to livelihood enhancement</td>
<td>Capacity building training for CBOs to take action on the issues related to livelihood enhancement</td>
<td>20 strong CBOs who are well equipped with knowledge information and capacity to take action on the issues related to livelihood enhancement.</td>
<td>Prepared Micro Plan Gram Sabha Minutes Interview with PRI.</td>
</tr>
<tr>
<td>No. of CBO develop micro plan at village level are submitting in gram sabha for approval</td>
<td>Development of Micro plan</td>
<td>10 CBOs develop micro plan at village level are submitting in gram sabha for approval</td>
<td>Minutes of meeting, Interview, Observation, Focus Group Discussion,</td>
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<tr>
<td>No. of Community leaders emerged from CBOs who are taking initiatives pertaining to their community</td>
<td>Training of Trainers for CBO members on PRI system</td>
<td>25 community leaders emerged from CBOs who are taking initiatives pertaining to their community</td>
<td>Photographs</td>
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<tr>
<td>No. of CBOs will be able to mobilize Government schemes related to agriculture, land and irrigation</td>
<td>Interface meetings with Panchayats/Govt. Dept with specific agenda of village development.</td>
<td>15 CBOs able to mobilize government schemes related to agriculture, land and irrigation.</td>
<td>Progress Documentation and Photograph.</td>
</tr>
<tr>
<td>Ensure Food Security through increased access and opportunities of government programmes, and integration of local adaptation and coping mechanism in the context of climate change</td>
<td>Refresher course(Capacity building )of CBOs/PRI/Gram Sabha, Village Committee representatives on understanding and implementation of Social Security Schemes</td>
<td>1820 families who are able to benefit through various social security and livelihood schemes.</td>
<td>Minutes of meeting, Interview, Observation, Focus Group Discussion, Photographs</td>
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<td>No. of Coping mechanism adopted so that change in climatic condition and cropping pattern has least effect on food production</td>
<td>Capacity building of Farmers on Vegetable cultivation/winter agricultural cropping/SWI in the project areas of Khundpani.</td>
<td>112 coping mechanism adopted so that change in climatic condition and cropping pattern has least effect on food production.</td>
<td>Document and Case study and Photograph.</td>
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<tr>
<td>Promotion of forums, networks, sharing, innovative models for lobbying and advocacy on the issues related to dignified and sustainable livelihood opportunities</td>
<td>Specific Training on Social Audit</td>
<td>8 CBOs involved in social audit</td>
<td>Document and Case study and Photograph.</td>
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<tr>
<td>No. of strong CBOs forums/federation formed</td>
<td>Promotion and CB of District Level Network of all NGOs/ CBOs representatives, SHG Clusters, resource full institutions/intellectuals/</td>
<td>4 Strong CBOs forums/federation formed</td>
<td>Minutes of meeting, Discussion, Photographs</td>
</tr>
</tbody>
</table>
CHALLENGE FACED:
- In spite of panchayat election, not much progress made due to lack of power to panchayats.
- Naxal problems continue to disturb the project work.
- Middlemen continued to create obstacle in the process of development.
- Harassment of beneficiaries by govt workers continued on issues such as pension, MNREGA etc.
- Climate change remains the biggest challenge.

LESSONS LEARNT:
- Community mobilization and their participation in the development process at village level.
- Community participation and their continued interest in the activities such as Green house, nursery and seed bank remains visible.
- Community well exposed to SRI, SRI, RTI and adaptation of these techniques by them.
- Financial inclusion of good number of SHGs through ban credit linkage.
- Income generation training on candle making, soap making, and pickle making helped many SHG women to earn their livelihood.
- Scholarship helped good number of students to establish themselves in their respective vocations.
- Community got exposed to interact with various development department at Block and District and get benefit.

**SHG STATUS REPORT**

<table>
<thead>
<tr>
<th>SL. No.</th>
<th>NAME OF SHG</th>
<th>VILLAGE</th>
<th>SAVING IN BOX</th>
<th>SAVING IN BANK</th>
<th>SAVING IN CLUSTER</th>
<th>INTER LOAN</th>
<th>TOTAL SAVING</th>
<th>REVOLVING FUND</th>
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<td>1500</td>
<td>4500</td>
<td>-</td>
</tr>
<tr>
<td>52</td>
<td>Dega depeng m.s.</td>
<td>Gindimundi</td>
<td>3500</td>
<td>-</td>
<td>-</td>
<td>1000</td>
<td>4500</td>
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<tr>
<td>53</td>
<td>Milaan Sahara m.s.</td>
<td>Banamgutu</td>
<td>820</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>820</td>
<td>-</td>
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<tr>
<td>54</td>
<td>Sakhi saheli m.s.</td>
<td>Kumbram</td>
<td>3000</td>
<td>6000</td>
<td>600</td>
<td>1100</td>
<td>10700</td>
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<tr>
<td>55</td>
<td>Vikash m.s.</td>
<td>Ruidih</td>
<td>800</td>
<td>2500</td>
<td>-</td>
<td>2800</td>
<td>6100</td>
<td>-</td>
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<tr>
<td>56</td>
<td>Balesagen m.s.</td>
<td>Ruidih</td>
<td>3140</td>
<td>11000</td>
<td>100</td>
<td>500</td>
<td>14740</td>
<td>25000</td>
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<tr>
<td>Sl.</td>
<td>Particulars</td>
<td>Pre project status (2009)</td>
<td>Change in status after PEARL I, PEARL II, PEARL III &amp; PEARL IV</td>
<td>Source</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>No of families having BPL cards</td>
<td>960</td>
<td>1604</td>
<td>Baseline Survey, Primary data</td>
<td></td>
<td></td>
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<tr>
<td>1.2</td>
<td>No of families applied for BPL cards</td>
<td>600</td>
<td>382</td>
<td>Baseline Survey, Primary data</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1.3</td>
<td>No of families got new BPL cards</td>
<td>Under Process</td>
<td></td>
<td>Baseline Survey, Primary data</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1.4</td>
<td>No of Villages conducted Social audit and public hearing on food security schemes</td>
<td>0</td>
<td>0</td>
<td>Baseline Survey, Primary data</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1.5</td>
<td>No of Schools are providing Mid-day Meal as per entitlements</td>
<td>1440</td>
<td>1854</td>
<td>Baseline Survey, Primary data</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.6</td>
<td>No of ICDS centers functioning well as per entitlements</td>
<td>175</td>
<td>269</td>
<td>Baseline Survey, Primary data</td>
<td></td>
<td></td>
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<tr>
<td>1.7</td>
<td>No of PDS shops Functional as per entitlements</td>
<td>2</td>
<td>7</td>
<td>Baseline Survey, Primary data</td>
<td></td>
<td></td>
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<tr>
<td>1.8</td>
<td>No of families received pensions (Old age + Widow + PWD + other)</td>
<td>658</td>
<td>821</td>
<td>Baseline Survey, Primary data</td>
<td></td>
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<tr>
<td>2.1</td>
<td>No of existing Farmers Clubs</td>
<td>3</td>
<td>6</td>
<td>Baseline Survey, Primary data</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2.2</td>
<td>Families with increased food security (6 months to 9 months in the year)</td>
<td>897</td>
<td>1224</td>
<td>Baseline Survey, Primary data</td>
<td></td>
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<tr>
<td>2.3</td>
<td>No of families Promoting sustainable agriculture (using Vermin compost, SRI/SWI etc.)</td>
<td>78</td>
<td>98</td>
<td>Baseline Survey, Primary data</td>
<td></td>
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<td>2.4</td>
<td>No of families Promoting kitchen gardens</td>
<td>0</td>
<td>0</td>
<td>Baseline Survey, Primary data</td>
<td></td>
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<tr>
<td>2.5</td>
<td>No of families received agricultural schemes/Inputs</td>
<td>Under Process</td>
<td>Baseline Survey, Primary data</td>
<td></td>
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<tr>
<td>2.6</td>
<td>No of families obtaining horticulture</td>
<td>0</td>
<td>0</td>
<td>Baseline Survey, Primary data</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Promote and strengthen community based institutions and food security system</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3.1</td>
<td>No of Vigilance committee on food security</td>
<td>0</td>
<td>0</td>
<td>Baseline Survey, Primary data</td>
<td></td>
<td></td>
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<tr>
<td>3.2</td>
<td>No of existing SHGs</td>
<td>45</td>
<td>60</td>
<td>Baseline Survey, Primary data</td>
<td></td>
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<tr>
<td>3.3</td>
<td>No of SHGs got Bank Linkage</td>
<td>0</td>
<td>31</td>
<td>Baseline Survey, Primary data</td>
<td></td>
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<tr>
<td>3.4</td>
<td>No of SHGs started New enterprises</td>
<td>4</td>
<td>11</td>
<td>Baseline Survey, Primary data</td>
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<td>3.5</td>
<td>No of existing CBOs</td>
<td>7</td>
<td>10</td>
<td>Baseline Survey, Primary data</td>
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<td>3.6</td>
<td>No of grain banks and seed banks functioning well</td>
<td>1</td>
<td></td>
<td>Baseline Survey, Primary data</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td>Mobilisation of community to demand access to NREGA and other govt. schemes of employment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td>No of families migrated</td>
<td>0</td>
<td></td>
<td>Baseline Survey, Primary data</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4.2</td>
<td>No of Families Received job card</td>
<td>1460</td>
<td>1782</td>
<td>Baseline Survey, Primary data</td>
<td></td>
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<tr>
<td>4.3</td>
<td>No of families got More than 50 days of work</td>
<td>17</td>
<td>42</td>
<td>Baseline Survey, Primary data</td>
<td></td>
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<td></td>
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<tr>
<td>4.4</td>
<td>No of Assets created through NREGA (All villages total)</td>
<td>8</td>
<td>32</td>
<td>Baseline Survey, Primary data</td>
<td></td>
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<td>4.5</td>
<td>No of Families with increased annual income (Rs)</td>
<td>1636</td>
<td>2462</td>
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<td></td>
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<tr>
<td>5</td>
<td>Land entitlements</td>
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<tr>
<td>5.1</td>
<td>No of families got Forest land pattas</td>
<td>19</td>
<td>52</td>
<td>Baseline Survey, Primary data</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>5.2</td>
<td>No of families got revenue land pattas</td>
<td>1840</td>
<td>2412</td>
<td>Baseline Survey, Primary data</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>Gender empowerment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.1</td>
<td>No of families who got land patta in the women name (both forest and revenue)</td>
<td>0</td>
<td>0</td>
<td>Baseline Survey, Primary data</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.2</td>
<td>Percentage of women participation in gramma/palli sabhas</td>
<td>18%</td>
<td>30%</td>
<td>Baseline Survey, Primary data</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.3</td>
<td>Percentage of girl child going to High school (above 6th class)</td>
<td>1498</td>
<td>1852</td>
<td>Baseline Survey, Primary data</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Livelihood Alliance Project

Supported by: IGSSS, New Delhi

Networking For Rights And Entitlements Among Poor Tribal Community.
Jharkahnd State Alliance for Accessing Livelihood (SAFAL)

SAFAL Background

SAFAL has been created to address unattended livelihood issues. This alliance is comprised of
civil society organizations, academicians, social activists, renowned individuals, representative of
electronic and print media to raise the issue for public debate.

SAFAL Mission & Vision

(a) Mission: SAFAL is a consortium of Civil Society organizations and individuals in
Jharkhand for the promotion of livelihood for poor and marginalized people with more
focus on ST, SC, Women and other backward sections for realization of their social
security entitlements through collective approach. SAFAL will promote livelihood
opportunities to all as a core values in the state.

(b) Vision: SAFAL aspires for a
society which is inclusive and
ensuring sustainable livelihood
options leading to dignified life of
derived and marginalized
communities in Jharkhand”

Core value of SAFAL

➢ Gender justice in livelihood
support.

➢ Food security to all irrespective to
Caste, Creed, Sex and Religion.

➢ Participation of all partners in the endeavor.

➢ Justified distribution of livelihood support to poor and marginalized.

Our MANTRA for harnessing core value

➢ Creating forum of individuals, social scientist, educationists, renowned citizens, agencies,
retired officials, community leaders and all others having similar understanding on
SAFAL and its philosophy.

Having regular interaction among such members of SAFAL to garner innovative ideas,
suggestions, action plans to promote livelihood among the poorest communities of the State.
Compile such innovative ideas, suggestions, action plans into recommendations and forwards the same to State government with follow up.

Create forum representation for regular interaction with government officials on the issues of livelihood.

Regular exchange of experiences, research studies and findings and to attend National and International meet on Livelihood issues.

**Objective of SAFAL**

To build the capacity of 40 SAFAL members on prioritized issue related to livelihood in Jharkhand

To link our initiative with state functionaries and update them about the field realities and required changes at state level.

To enhance the credibility of SAFAL at state level as core alliance on Livelihood.

To share various component of livelihood with other stakeholders like govt functionaries, support agencies, civil society organizations, academic institutions, electronic and print media etc.

To enhance the area of linkages primarily in Kolhan areas and later on in the state during this project period.

**Our Core Committee members**

<table>
<thead>
<tr>
<th>SL No</th>
<th>Name of the representatives</th>
<th>Designation</th>
<th>Organisation with address</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Fr. Halan Bodra</td>
<td>Director</td>
<td>SJVK</td>
</tr>
<tr>
<td>02</td>
<td>Mr Manas Kumar Das</td>
<td>Secretary</td>
<td>TRCSC</td>
</tr>
<tr>
<td>03</td>
<td>Mr S.A.Ahmad</td>
<td>President</td>
<td>KSRA</td>
</tr>
<tr>
<td>04</td>
<td>Mr. Nazish F.Akhtar</td>
<td>Secretary</td>
<td>SHARE</td>
</tr>
<tr>
<td>05</td>
<td>Fr Christudas</td>
<td>Director</td>
<td>SIGN</td>
</tr>
<tr>
<td>06</td>
<td>Prof Ramesh Sharan</td>
<td>Professor</td>
<td>Ranchi University</td>
</tr>
<tr>
<td>07</td>
<td>Fr Ranjit Toppo</td>
<td>Asst Director</td>
<td>XISS Ranchi</td>
</tr>
<tr>
<td>08</td>
<td>Mr A. K. Singh</td>
<td>Director</td>
<td>LEADS</td>
</tr>
<tr>
<td>09</td>
<td>Sr Rosily</td>
<td>Directress</td>
<td>HCSSS</td>
</tr>
<tr>
<td>10</td>
<td>Mr Deepak Upadhayay</td>
<td>Consultant</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Ms Anima Baa</td>
<td>SVWST</td>
<td>Secretary</td>
</tr>
<tr>
<td>12</td>
<td>Dr. Suranjeen Prasad</td>
<td>Consultant</td>
<td>NRHM/US AID</td>
</tr>
<tr>
<td>14</td>
<td>Mr. Arif Nadeem</td>
<td>Principal</td>
<td>ATDC</td>
</tr>
<tr>
<td>15</td>
<td>Mr. S.N.Pandeya</td>
<td>COO</td>
<td>JSLPS</td>
</tr>
</tbody>
</table>
## Activity Report for the Period November 2011 to September 2012

<table>
<thead>
<tr>
<th>SL No</th>
<th>Activity</th>
<th>Activity Date and Venue</th>
<th>No of Participants</th>
<th>Session Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Quarterly meeting of Core team.</td>
<td>2 core committee meeting conducted in SAFAL office on 10th December 2011 and on 9th January, 2012.</td>
<td>8 Participant</td>
<td>Quarterly meeting with core team members</td>
</tr>
<tr>
<td>1.2</td>
<td>Capacitation of members on General thematic issues.</td>
<td>3 days program conducted for the members with 40 participants on dated 17th January and 27th &amp; 28th January in SDC Ranchi.</td>
<td>40 Participant</td>
<td>Village microplan and consultation meeting</td>
</tr>
<tr>
<td>1.3</td>
<td>Annual Meeting of General body</td>
<td>March 2012.</td>
<td>All SAFAL Member and Core committee members</td>
<td>AGM</td>
</tr>
<tr>
<td>1.4</td>
<td>Folder publication (Multicolor) &amp; Safal Stationery</td>
<td>1000 Copies of SAFAL Brochure and 2012 Calendar Published and distributed among the SAFAL members and other state stake holders. Office letter head, envelops, stamps etc were also printed.</td>
<td>1000 copies</td>
<td>Brochure and calendar etc</td>
</tr>
<tr>
<td>1.5</td>
<td>Documentation of important case study for sharing issues.)</td>
<td>4 Case study documents prepare.(Namkum and Karra block)</td>
<td>4 case study</td>
<td>Case study</td>
</tr>
<tr>
<td>1.6</td>
<td>Thematic Workshop with State officials/CSOs on various gaps in livelihood programmes</td>
<td>One day Thematic workshop conducted with State officials/CSOs on the issues of Mall Nutrition in Jharkhand on dated 30th January 2012 at Hotel Capitol Hill.</td>
<td>80 participant</td>
<td>Thematic workshop on the issue of Mall nutrition in Jharkhand</td>
</tr>
<tr>
<td>1.7</td>
<td>SAFAL Core group visiting and evaluating four key government implemented livelihood schemes in the select areas..</td>
<td>One Case study completed on the issues of MGNREGA and document being finalized.</td>
<td>4 short case study</td>
<td>4 short case study</td>
</tr>
</tbody>
</table>
### Activity Report for the Period October 2012 till March 2013.

<table>
<thead>
<tr>
<th>SL No</th>
<th>Activity</th>
<th>Activity Date and Venue</th>
<th>No of Participants</th>
<th>Session Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Core committee meeting for general review and developing prospective plan of SAFAL.</td>
<td>19th December 2012, Hotel Accord Ranchi</td>
<td>15 Participants</td>
<td>Review and Strategy planning</td>
</tr>
<tr>
<td>1.2</td>
<td>Annual General body meeting of SAFAL for taking stock and endorsing prospective plan.</td>
<td>9th March, 2013 SAFAL State office Ranchi</td>
<td>Core and General members of SAFAL Approx= 40</td>
<td>Review , Strategy Planning and constitution of core group for the year 2013-14</td>
</tr>
<tr>
<td>1.3</td>
<td>State level Interactive workshop with SAFAL members on Leveraging water and sanitation schemes of Govt of Jharkhand.</td>
<td>21st December, 2012 Hotel Accord Ranchi</td>
<td>SAFAL, 30 Participant</td>
<td>About the Water and Sanitation Schemes, Process of Govt conversion and Process of Application making.</td>
</tr>
<tr>
<td>1.4</td>
<td>State level refresher workshop for accessing various NRLM schemes by SAFAL member Agencies,to be launched shortly by JSLPS Department of RD, Govt of Jharkhand.</td>
<td>22nd December, 2012, Hotel Shivalik blue (Tentative)</td>
<td>Core and General Member of SAFAL Approx=40 Participant</td>
<td>About the accessing various NRLM schemes to be launched shortly by JSLPS Department of RD, Govt of Jharkhand.</td>
</tr>
<tr>
<td>1.5</td>
<td>District level Consultation on Nutrition and linkages with MNREGA for providing nutrition facility with wages received from MNREGA (West Singhbhum Dist).</td>
<td>19th February, 2013, (West Singhbhum Dist).</td>
<td>General Member of District level alliance, Approx= 30 Participants.</td>
<td>About Consultation on Nutrition and linkages with MNREGA for providing nutrition facility with wages received from MNREGA.</td>
</tr>
</tbody>
</table>
Health Project

CHIN – Communication for Health India Network CHANGE - Communication for Health Awareness & Networking for Grassroots Empowerment

Specific Goal & Objective:

The Project is a Participatory Communication Initiative for Improving Access to Public Healthcare Services for Rural Communities in India under the National Rural Health Mission.

Supported by: Child In Need Institute (CINI), Kolkata.

Area of Operation: Karra Block of Khunti District.

The Project is a Participatory Communication Initiative for Improving Access to Public Healthcare Services for Rural Communities in India under the National Rural Health Mission. This was a pilot project which was started in June 2010. The project activities extend to the entire block covering all the 178 revenue villages. The primary objective of the project was to create a potential demand for the government health care services as laid by the National Rural Health Mission through participatory communication. Aligning with the objectives of the project various awareness generation programs and workshops were conducted with different stakeholders through participatory approaches. Stakeholders from all levels i.e. Village, Panchayat, Block and District were addressed through different forums.

Project Objectives

The five broad objectives of the project are as follows:

- Development of a participatory communication strategy (including communication packages) to advocate for health entitlements of rural communities.

- To enhance the capacity of service providers, civil society organizations, media and PRI on communicating and advocating for NRHM entitlements.

- To promote community awareness on NRHM entitlements.
• Forums/round tables among various stakeholders formed to promote exchange of experiences, innovations, learnings and challenges.

• Key processes and learning documented and disseminated.

**Women of the Community: Knowledge of the communities (Women) on NRHM**

• Number of women aware of the government health schemes  
  53

• Listings of Health Schemes enumerated by the women from community  
  Mukhya Mantri Janani Sishu Swasthya Yojna  
  - Child Immunization  
  - Family Planning  
  - T.B., Malaria, Filaria, Skin Disease control

• Number of women who were able to enumerate the government health schemes  
  64

• Number of women who availed or received entitlements in the past six months  
  33

• Listings of entitlements availed.  
  An amount of Rs. 2000 per pregnant women undergoing institutional delivery at the PHC. This amount includes Rs. 250/- transport cost and Rs. 350/- honorarium to the sahiyya.  
  - Free ante-natal checkups (B.P., Blood Test, weight) and post natal care for minimum seven days by the sahiyya.  
  - Free treatment and medicines in the pregnancy period.  
  - An amount of Rs. 500/- to pregnant women for ante-natal care  
  - Total course of routine immunization to the child free of cost.  
  - Nutritional food from the ICDS centre  
  - TT injections and iron tablets for the pregnant women free of cost.

• Number of women who presented suggestions to improve utilization of government schemes  
  30

• Listings of suggestions to improve utilization of government schemes  
  - Disbursement of the sanctioned amount immediately after delivery.  
  - The amount should be given in cash to make the process a bit easier.  
  - The ante-natal checkups should be more frequent and should be available in the sub-centre itself.  
  - Institutional delivery services should be available in the Sub-centre also.  
  - There should be proper referral services for pregnant women.  
  - Information on the government health schemes should be communicated properly.

Knowledge of the women on health status of the community
• Listings of health problems in the community identified by the women

The entire study population listed out similar health problems prevailing in their area which are as follows:
- Malaria, Tuberculosis, Diahroea, Filaria, Jaundice, Fever, Cough and cold, Body pain, Epilepsy, Body sores and acne, Leprosy, Head ache, cholera and Pneumonia.

• Listings of family members that are vulnerable or susceptible to illness
Most of the participants believed that women and children are more susceptible to frequent illness. However at times other members of the family also get sick.

• Listing of perception of women on illness

The reasons as listed by the women for illness are as follows: pregnancy complications for women, malnutrition for children and growing age for old people. Other factors affecting the health of the community members are unhealthy food habit, consumption of unsafe drinking water, excessive physical work, lack of personal and community hygiene and uneven weather changes.

Experiences in utilizing government services and private

• Listings of experiences of community in utilizing government services and private health services
For the treatment the community members prefer both the government and private health services as per their convenience. In most of the cases the private doctors (RMP) are more accessible than the government doctors at the PHC. The services of PHC and Sub-centre are availed only by the people residing in its proximity. As for the quality of the services most of them prefer private doctors because they have an assumption that government doctors prescribe medicines without any check-up and as it is free of cost therefore the quality of services cannot be relied upon. According to them the private doctors charge more but offer quality services.

• Number of women using government services

77

Perception of the communities (women) on the functioning of the sub centre and PHC

Sub-Centre

• Presence of the sub-centre in the village

In most of the cases the sub-centre is located either in the neighboring village or outside the village.

• Distance of the sub-centre from the village

The Sub-centre is situated at a distance of 0.5 to 3 kms from the village

Knowledge and Perception on the services and functions of the sub-centre

• Number of women who are able to enumerate services for the following group:

1. women: 5 2. pregnant women: 61 3. children: 60 4. adolescent: 32
5. the rest of the community: 11

• Listing of perception on the services of sub-centre for the following group:
1. women: medicines for common ailments
2. pregnant women: Ante-natal checkups, provision of Iron tablets, TT injections.
3. children: Immunization
4. adolescent: iron tablets to adolescent girls
5. the rest of the community: check-up and medicine for common ailments.

- Listings of opinions on the consistencies of functions of the sub-centre on the following:
  1. timings: Sub-centre does not open on daily basis.
  2. availability of medicines: medicines for different diseases is not available. That which is available is not given in full dose.
  3. family planning and other contraception: Contraceptive pills are available but not in adequate amount.
  4. cleanliness of the place: Cleanliness is maintained
  5. referral services: Not proper
  6. availability of staff: Adequate staff
  7. attitude of staffs: The behavior of staff is good except in two centers.

Suggestions to improve the services of the sub-centre:

- Listings of suggestions from the women of the community to improve service
  - The Sub-centre should be opened on regular basis.
  - Adequate provision of medicines
  - Proper referral services
  - Should be located near the village
- Number of women who presented suggestions to improve services: 33

- Listings of reasons why improvement is not required
  - NA
- Number of women who presented reasons why improvement is not required: 0

PHC

- Distance of the PHC
  PHC is located at a minimum distance of 2.5 kms for the neighboring villages and at a maximum distance of 20 kms from the villages located at the periphery.

Knowledge and Perception on the services and functions of the PHC

- Number of women who are able to enumerate services for the following group:
  1. women: 7
  2. pregnant women: 85
  3. children: 90
4. adolescent: 53

5. the rest of the community: 33

- Listing of perception on the services of PHC for the following group:
  1. women: Checkup and treatment of common ailments, contraceptive pills
  2. pregnant women: safe delivery, Iron tablets, TT injections, Monetary support of Rs. 1400 after delivery.
  3. children: Immunization
  4. adolescent: Nothing specific
  5. the rest of the community: DDT spray, Mosquito nets, Checkup and treatment of common ailments like TB, Malaria, filarial, skin disease, family planning operation facility for males, eye operation for the old age people and treatment of handicapped persons

- Listings of opinions on the consistencies of functions of the sub-centre on the following:
  1. timings: The doctors are available only in the working hours and are unavailable in case of emergency in the odd hours. The PHC however have specific working hours from 10:00 am till 5:00 pm
  2. availability of medicines: medicines are not available in adequate amounts. Full course of medicines are not provided.
  3. family planning and other contraception: contraceptive pills are available for women and vasectomy operation facility is available for the males along with free treatment and medicines after the operation.
  4. cleanliness of the place: Cleanliness is maintained in the PHC however at times the bed covers are dirty and unhygienic.
  5. Laboratory services: Blood test facility, Sputum Test facility is available.
  6. referral services: For the referral services only one ambulance is available that too is not provided to all the referred patients.
  7. availability of clean drinking water: There is a hand pump in the PHC premises for drinking water purpose.
  8. availability of clean toilet: There is a toilet in the PHC campus but no separate provision for male and female.
  9. availability of staff: The staff is sufficient but are available only in the morning hours, at night there are less number of staff available at the PHC, those on duty had to be called from their residential quarters in the PHC campus.
  10. attitude of staffs: The attitude of the staff is satisfactory.

Knowledge of the community on untied fund and Charter of Citizen’s Health Right

- Number of women who knew about the presence and location of Charter of Citizen’s Health Rights in PHC: 61

- Number of women who heard of untied fund: 1

- Number of women who knew about untied fund: 0
Suggestions to improve the services of the PHC:

- Listings of suggestions from the women of the community to improve service
  - There should be adequate availability of medicines.
  - The doctors should take care of the emergency cases.
  - The delivery beds should be cleaned after every delivery.
  - Warm water for the patients should be available.
  - The items required for the delivery like gloves, injections should be available at the PHC itself as it becomes difficult to manage these in the odd hours.
- Number of women who presented suggestions to improve services: 27

- Listings of reasons why improvement is not required
  - The services are satisfactory thus no improvement is required.
- Number of women who presented reasons why improvement is not required: 3

Functioning of ASHA, ANM and ICDS

Knowledge and perception on the functioning of ASHA, ANM, and ICDS worker

- Number of who knew the ASHA, ANM and ICDS worker in their village: 172
- Number of women who were able to enumerate the functions of ASHA, ANM and ICDS worker to the following group: women, children, babies, pregnant women, adolescents and the rest of the community: 156
- Listings of opinions of the community women to the functions of ASHA, ANM and ICDS workers

ASHA (Sahiyya): The services offered by a Sahiyya are registration of pregnant mothers, tracking the health status of pregnant mothers throughout the pregnancy period, taking the pregnant women to the PHC for institutional delivery, rendering post natal care to the women and child for atleast 7 days after birth, distribution of iron tablets to adolescent girls and pregnant women and information dissemination regarding healthy living habits, government health schemes and visits of doctors and ANM. The work of Sahiyya is satisfactory except few villages where the Sahiyya is totally inactive thus the community is not aware of the functions of Sahiyya.

ANM: The ANM visits the village once in a month and is available at the sub-centre frequently. The ANM is responsible for ante-natal checkups of pregnant women, administering TT injections to the pregnant women, distributing iron tablets among pregnant women and adolescent girls and giving medicines for common ailments to the community members. In some of the villages it was told that the ANM charges big amounts when she pays home visits for delivery cases.

ICDS worker: The ICDS worker provides services like distributing nutritional food items for the pregnant women, lactating mothers and children below 3 years of age, imparting education to children below 3 years of age, preparation of mid-day meal for the children.
in the ICDS centre itself, information dissemination regarding Government health schemes.

Suggestions to improve the functioning of ASHA, ANM and ICDS worker

- Listing to improve the functioning of ASHA, ANM and ICDS worker

ASHA (Sahiyya):
- Sahiyya should conduct regular meetings in the village to disseminate information regarding government health services and her functions as a sahiyya.
- She should consult the village health committee regarding the expenditure of untied funds

ANM:
- She should visit the village in every 15 days.
- She should sit in the Sub-centre regularly.

ICDS worker:
- She should increase the operating hours of the ICDS centre.
- She should open the centre on daily basis.
- A helper should be available with her to cook the mid-day meal for the children so that she
dedicated more quality time to the children in the ICDS centre.
- Being the authorized signatory in the issue of Ration card she should help in the same.
- Distribution of ‘Ration’ should be done on regular basis i.e. every 15 days.

Communication

Sources of health information

- Listings of sources of health information
  - Sahiyya, ANM, ICDS worker and Gram Pradhan
  - Posters and wall paintings
  - Electronic devices (Television, radio)
  - Announcement through loud speakers in the village
  - Community
  - Pamphlets
  - Street Plays
  - Health Fair

- Listings of types of information received
  - Information of Polio day
  - Visits of doctors, ANM and health specialists
  - Precaution and cure for diseases like Malaria, Filaria, Tuberculosis and skin diseases
  - Safe motherhood and childhood
  - Safe Pregnancy
  - Family Planning
  - Breast feeding
  - Healthy lifestyle (safe drinking water, healthy food, sanitation and hygiene)
  - Government health schemes

Difficulties /barriers in accessing information
• Listing of difficulties
  - Illiterate population are unable to gather information from posters
  - Inaccessibility of electronic media because there is no current in the far off villages
  - Inefficiency of the Sahiyya, ICDS worker or ANM in few villages

Knowledge on Awareness meeting on NRHM entitlements

• Number of women who attended NRHM awareness meetings: 8

• Number of women who were able to described the awareness meeting- who conducts, frequency of meeting (how often), types of information received, described the medium used in presenting information: 5

• Number of women who were able to state their opinions about the on the awareness meeting: 0

• Listings of opinion about the awareness meeting
  - Awareness meetings is conducted by the Sahiyya from time to time, usually once in a month.

CASE STUDIES

1. MICRO ENTERPRISE THROUGH COLLECTIVE FARMING AT CHACHA VILLAGE

The Objective:

Karra Society for Rural Action, (KSRA) under PEARL Project promoted Nursery in CHACHA village of Kutpni Blick of West Singhbhum. Nursery development was one of the many activities designed under the project. The core objectives behind this activity was to promote convergence for the community with government and attract their attention for their support and help community to support their environment and exposed to the income generation.

Setting up Nursery

When we visited the Chacha village for the first time in first week of 2009, villagers were little bit scare and hesitant to interact. But over the period of repeated visit, the friendly environment developed between us for discussion. KSRA staffs brief at length regarding the project, the team, the very purpose of the project and the mode of action. The team clearly communicated that we are not here to supplement the immediate needs but to facilitate the process in getting the benefits of schemes for which they were entitled for in long run.
After prolonged discussion and PRA exercises, the consensus builds up on nursery raising for the poly house. The feasibility analysis was conducted for the poly house establishment which addressed different emerging issues like:

- Is geographical condition is feasible for poly house establishment?
- Does the area have market to sale the seedlings and crops?
- Will the villagers able to do at their own?
- Who will do that- individual, group or village?

Ultimately, the villagers themselves decided that they will form farmers group and will take the responsibility. Poly nursery was established on first October 2011.

**Nursery Operation and its Impact**

Poly Nursery was set up as one of the on going activity of the project and not as separate project. Hence there was no design and plan prepared ahead of conducting this activity.

Nursery Poly house was established on a piece of land provided by the villagers of Chacha Village and the size of the poly house was 12 ft by 12 ft.

The Farmers group was trained on nursery raising cum vegetable cultivation. About 6 thousand plants of forest and fruit trees were raised. 20% of these seedlings were used by the community for plantation purpose and rest were sold @ Rs 5 to Rs10 to other villages and to Block officials.

Materials for poly nursery were acquired from Ranchi and some of the seeds were purchased locally. The inputs like Coco pit, seeds, nursery Trays and vermi-compost have been required for nursery had been extended to the group as one time support.

**People contribution and Project support**

Thus the total cost was borne by project supported by IGSSS which was Rs. Rs.35000/ which was used for the purpose of training, purchase of seed, poly net, bamboo, IG wire, tray and poly small bags for sapling raising and local fertilizers etc. The maintenance of the nursery was done by the SHG members and farmers group themselves of chacha village. Block level officials such as Block Development Officer, PRI representatives and other eminent people are visiting the nursery and appreciating the sincere efforts made by the women of these SHGs.

Groups have been involved in fencing the whole structure and filling the small poly bags with seed fertilizers, at their own labour. They performed all the activities as instructed during the training and the result was absolutely amazing. Seedlings were grown up successfully. The seedlings of different variety had been grown. Some of them are: Papaya, Guava, guard, bitter guard, Chilli, cucumber, lady finger etc. The poly house has also been visited by the project personnel renowned personal and they appreciated the work performed by the villagers.
Cost Benefits

The seedling grown in the poly house has been transferred in the fields of farmers groups itself in order to maximize their profit. The group has sold seedling in the nearby villages as described above.

The first year effort by the Chacha villagers was very encouraging due to good profit which was approximately to the tune of Rs.25000 to Rs.30000 and was expected that they would carry on the profit making next year too but due to huge shortfall of rain next year, the nursery did not function well because of water shortage and set back to agricultural activities.

Overall impact

Community of Chacha Village has set up an example for the people of the other village that if activities are done with proper commitment nothing is impossible. The Project introduced and show cased many models on livelihood generation to the communities with twin objectives of creating interest and awareness as a tool of development towards creating livelihood opportunities, on the first hand and learning by doing on the second hand. From introduction of SRI techniques, Aquaculture to income generation methods such as seed bank, pickle making, candle making, soap making, leaf plate making etc as long term livelihood sustainable opportunities, development of Nursery and sustaining it for long time constituted one important strategy for the PEARL project implementation.

Poly Nursery Status of other Villages

Nursery Raised by SHG members of Bada Tholko Villag

Bada Tholko is a village in the Badachiru Panchayat of Khutpani Block. Agriculture being the primary occupation of the residents of this village, the villagers usually held employment during the agricultural season while during the non-agricultural season they had little or no income at all.

With the efforts made under the ‘Pearl’ Project three of the SHGs namely Soyboy, Jyoti and Marshal received a revolving fund of Rs 10000/- each group from SGSY. Through joint consensus of all the SHG members they utilized this fund in setting up a green house in the area where a nursery was raised. About one lakh plants were raised in this nursery which included plants of forest trees like Sesam, Sagwan, Gamhar, Acacia and fruit trees like Guava, Papaya, Jackfruit, Cashew etc. These plants with significant economic value were then sold out at good prices to the local community members. Besides providing an alternative livelihood opportunity to the community members this initiative is also promoting good quality plants in the area. The maintenance of the nursery is done by the SHG members themselves.
The above activity is quite an innovative approach and is a source of inspiration for other community members. Due to this activity the three SHGs involved have earned themselves a separate identity in the locality. Block level officials like Block Development Officer, PRI representatives and other eminent people are visiting the nursery and appreciating the sincere efforts made by the women of these SHGs. This initiative is not only encouraging the members of the SHG to excel further but has also become a source of inspiration for the other SHGs operating in the area.

2. MIAHILA MANDAL AND KISAN GROUPS OF CHACHA VILLAGE

Suraj Mahila Samiti and Kisan Samiti of Chacha Village was formed in the initial stage of project implementation in the month of November, 2009 with 20 members each. Chacha village since then has remained cynosure of attraction with its initiative on Nursery development and taking it forward. Bada Tholko village replicated this initiative.

For rest of the project period, Ms Jema Bodra of Chahcha Village was developed as village leader under CBO strengthening program of the project so as to provide leadership after the project is withdrawn. This strategy has worked since the group plans to further intensify its efforts and plan to go for reviving nursery this rainy season.

The women SHG group, Suraj Mahila Samiti, since its formation on 29th November, 2011, has been very assertive and making progress step by step. In the initial stage of its formation, they has their SHG saving of Rs 5300 which has accumulated and today stands at Rs. 13750. They have also benefited from SGSY Bank linkage program with Rs 25000 credit linkage from Jharkhand Gramin Bank, Purunia Branch.

Both the groups of women and Farmers played crucial role in the development of Nursery in the village.

OUR DEVELOPMENT PARTNERS

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- IGSSS, New Delhi.
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