

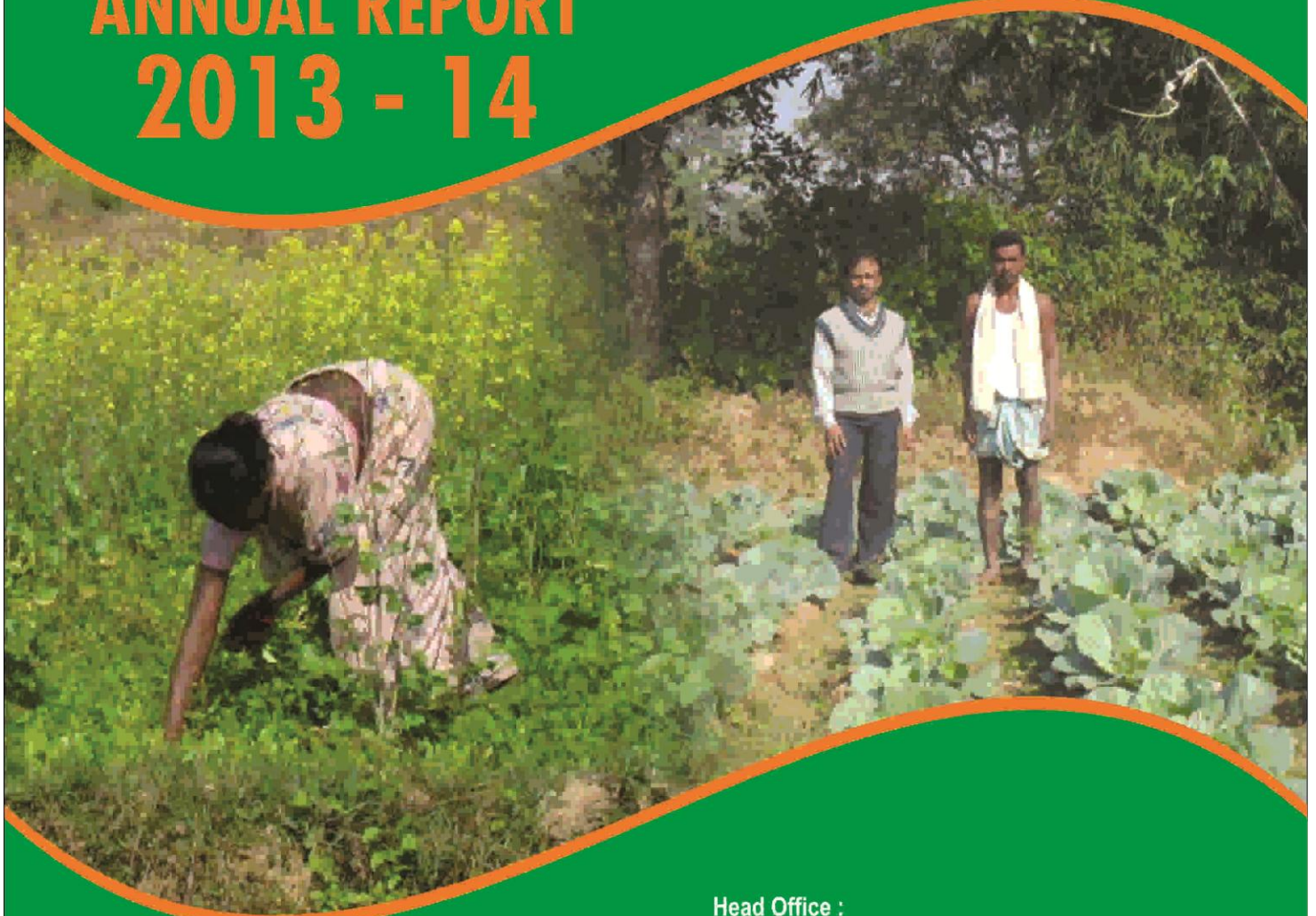


**Karra Society for Rural Action**

[www.karrasociety.org](http://www.karrasociety.org)

*Towards Total Development.....*

# ANNUAL REPORT 2013 - 14



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## ***FROM OUR PRESIDENT***



*Dear friends,*

*I have great pleasure in presenting you the annual report of our organization for the year 2013-2014. 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 were on our theme areas of Livelihood, health, building capacity of women self help group and farmerrts training . 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*

*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: 30<sup>th</sup> June 2014.**

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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**

<b>Name of Registered Organization</b>	<b>Karra Society For Rural Action (KSRA)</b>
<b>Registration with Income Tax Department Acts and Registration Number</b>	OSD/VIII-3/88-89/3631-33
<b>PAN Number of the Organization</b>	AAATKO878J
<b>FCRA Registration Number</b>	337800039

## **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 Khuntpani 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

**KSRA Inclusive Project: Activities conducted during 2013-14**

**Project Activities included:**

1. **Poverty Alleviation Through Livelihood And Credit Generation, Advocacy And Networking For Rights And Entitlements Among Poor Tribal Community**
2. **Nurturing and Strengthening of Existing SHGs through internal micro finance programs.**
3. **Capacity building of SHG members and leaders on SHG management and financial management**

**1.Poverty Alleviation Through Livelihood And Credit Generation, Advocacy And Networking For Rights And Entitlements Among Poor Tribal Community.**

Project Accomplishment:

Expected Results	Activities planned for results	Accomplishment status	How these activities and methods contributed in the achievement of the results
<b>Formation of functional, dynamic and community based democratic people's organisations supporting for livelihood enhancement</b>			
No. of strong CBOs who are well equipped with knowledge, information and capacity to take	Capacity building training for CBOs to take action on the issues related to livelihood enhancement	60 strong CBOs strengthened and well equipped with knowledge information and	Prepared Micro Plan



action on the issues related to livelihood enhancement		capacity to take action on the issues related to livelihood enhancement.	Gram Sabha Minutes Interview with PRI.
No. of CBO develop micro plan at village level are submitting in gram sabha for approval	Development of Micro plan	20 CBOs/SHGs were helped to develop micro plan at village level for submitting in gram sabha for approval	Minutes of meeting, Interview, Observation, Focus Group Discussion, Photographs
No. of Community leaders emerged from CBOs who are taking initiatives pertaining to their community	Training of Trainers for CBO members on PRI system	60 community leaders emerged from CBOs who are taking initiatives pertaining to their community	Progress Documentation and Photograph.
No. of CBOs will be able to mobilize Government schemes related to agriculture, land and irrigation	Interface meetings with Panchayats/Govt. Dept with specific agenda of village development.	15 CBOs/SHGs able to mobilize government schemes related to agriculture, land and irrigation.	Progress Documentation and Photograph.
<b>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</b>			
No. of Families who are able to benefit through various social security and livelihood schemes	Refresher course(Capacity building )of CBOs/PRI/Gram Sabha, Village Committee representatives on understanding and implementation of Social Security Schemes	900 families who are able to benefit through various social security and livelihood schemes.	Minutes of meeting, Interview, Observation, Focus Group Discussion, Photographs
No. of Coping mechanism adopted so that change in climatic condition and cropping pattern has least effect on food	Capacity building of Farmers on Vegetable cultivation /winter agricultural cropping/SWI in the project areas of Khundpani.	100 coping mechanism adopted so that change in climatic condition and cropping pattern has least	Document and Case study and Photograph.



production		effect on food production.	
<b>Promotion of forums, networks, sharing, innovative models for lobbying and advocacy on the issues related to dignified and sustainable livelihood opportunities</b>			
No. of CBOs involved in social audit	Specific Training on Social Audit	10 CBOs involved in social audit	Document and Case study and Photograph.
No. of strong CBOs forums/federation formed	Promotion and CB of District Level Network of all NGOs/ CBOs representatives, SHG Clusters, resource full institutions/intellectuals/ educationalist/scientists.	4 Strong CBOs forums/federation formed	Minutes of meeting, Discussion, Photographs
No. of CBOs filed RTI & RTS	Specific RTI training to CBO cadres/Leaders with follow up workshop.	10 CBOs filed RTI & RTS	Minutes of meeting, Discussion, Photographs
Other Allied Activity Monthly Staff Meeting	Staff meeting every month conducted in Chaibasa Office in Khuntpani Block and in KSRA Head office	Conducted every month	Every month Meeting with Project staff.

#### CHALLENGE FACED:

- 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.

## **2.Nurturing and Strengthening of Existing SHGs through internal micro finance programs.**

### **SHG STATUS REPORT**

#### SHG RECORD

<b>Name of Village</b>	<b>Name of SHGs</b>	<b>No of members</b>	<b>Date of Formation</b>	<b>Saving</b>
Swari Jaltanda	Shobha Mahila Mandal	19	14 <sup>th</sup> Oct 99	118750
Swari Jaltanda	Jagrati M.M	18	28 <sup>th</sup> Sep 89	34000
Kotlo	Roshni MM	20	28 <sup>th</sup> May 08	47000
Kotlo	Navjiwan MM	16	25 <sup>th</sup> Feb 09	34300
Dieori	Jiwan Jyoti MM	13	10 <sup>th</sup> Jan 11	19500
Dieori	Champa MM	15	5 <sup>th</sup> Jan 04	62000
Hansabeda	Sonali MM	11	14 <sup>th</sup> March 10	19700
Karra	Mukti MM	15	26 <sup>th</sup> March 11	23700
Pipertoli	Ujala MM	20	20 <sup>th</sup> Feb 2000	93000
Madhugama	Anjani MM	10	2 <sup>nd</sup> June 01	40000
Madhugama	Jiwan Jyoto MM	15	2 <sup>nd</sup> June 01	60750
Banastoli	Jagran MM	18	9 <sup>th</sup> May 06	60480
Bamarja	Tiranga MM	12	11 <sup>th</sup> Oct 04	51840

Bamarja	Chameli MM	18	4 <sup>th</sup> May 04	58700
Mahtotoli	Durga MM	16	4 <sup>th</sup> Jan 11	48000
T.Bartoli	Roshni MM	14	19 <sup>th</sup> Dec 04	59500
T.Bartoli	Chandni MM	14	19 <sup>th</sup> Dec 04	47000
Khartanga	Jagjivan MM	12	17 <sup>th</sup> Aug 10	18800
Kudlum	Shanti MM	13	18 <sup>th</sup> May 03	56000
Kudlum	Injot MM	14	18 <sup>th</sup> May 03	65000
Kalamuchia	Jagrati Gulab MM	18	8 <sup>th</sup> May 97	108000
Kudlum	Chandni MM	10	6 <sup>th</sup> Feb 09	13100
Chainpur	Shanti MM	10	8 <sup>th</sup> May 03	44500
Chainpur	Chameli	17	7 <sup>th</sup> May 00	53500
Udikel	Gulab MM	11	11 <sup>th</sup> Oct 96	23000
Hasbeda	Hasmukh	10	2 <sup>nd</sup> May 12	5500
Padgaon	Sosan	11	13 <sup>th</sup> Aug 06	32500
Kudlum	Tara	11	13 <sup>th</sup> March 05	40500
Padgaon	Gulab	15	26 <sup>th</sup> Aug 05	89000
Padgaon	Kamal	11	28 <sup>th</sup> Jan 01	64000
Kasira	Jharna	11	7 <sup>th</sup> Dec 00	65000
Palsa	Jai ganga Maiya Mm	14	5 <sup>th</sup> Dec 00	41500
Bingodi	Tara	14	2 <sup>nd</sup> Oct 11	14000
Bingodi	Chameli	13	4 <sup>th</sup> Sep 11	14500
Kasira	Saraswati	14	7 <sup>th</sup> Jan 00	86000
Badigami	Gulab	10	30 <sup>th</sup> Nov 00	22000
Khartanga	Sobha	13	4 <sup>th</sup> Nov 09	18500
Khartanga	Sitara	18	17 <sup>th</sup> Aug 03	82000

Malgo	Bikas	19	14 <sup>th</sup> Jun 09	32000
Kasira	Roshan	15	24 <sup>th</sup> June 04	48000
Siyankel	Chameli	16	21 <sup>st</sup> Aug 11	7500
Ghunshuli	Deepsika	15	7 <sup>th</sup> June 09	23500
Ghunshuli	Mini	15	25 <sup>th</sup> Dec 05	42000
Tapesara	Maushmi	20	29 <sup>th</sup> Jan 12	9000
Tapesara	Neelkamal	15	14 <sup>th</sup> Dec 12	6500
Dufi	Khusi	15	15 <sup>th</sup> Dec 11	6700
Johartoli	Ekta	12	18 <sup>th</sup> Jan 11	8400
Karamdih	Laxmi	14	17 <sup>th</sup> Nov 09	11000
Sewartoli	Kokila	14	17 <sup>th</sup> Nov 09	18500
Sewartoli	Kranti	12	19 <sup>th</sup> Sep 06	34800
Kulhuttu	Beli	20	19 <sup>th</sup> June 09	29000
Chandapala	Shobha	13	19 <sup>th</sup> Sep 06	36500
Hardigarha	Ujala	10	12 <sup>th</sup> March 11	6500
Champi	Jyoti	16	23 <sup>rd</sup> Aug 09	22500
Chandpala	Asha	12	16 <sup>th</sup> Sep 06	35500
Karamdih	Mother Teresa	15	19 <sup>th</sup> Oct 09	25000
Sahilong	Ratrani	15	15 <sup>th</sup> April 11	22000
Sauda	Sarna	17	24 <sup>th</sup> March 10	30500
Sahilong	Ujala	15	6 <sup>th</sup> Jan 08	43000
Larta	Gulab	18	6 <sup>th</sup> Jan 03	95000
Chata	Sakhi Saheli	17	5 <sup>th</sup> Aug 11	19000
Setahuru	Roshni	15	15 <sup>th</sup> April 11	18500
Lodhma	Khushbu	10	20 <sup>th</sup> May 11	9500

Lodhma	Resma	10	1 <sup>st</sup> May 04	40500
Lodhma	Mumtaj	12	15 <sup>th</sup> March 09	23000
Mahuatoli	Chameli	12	10 <sup>th</sup> Nov 06	38500
Hardigarha	Roshni	10	12 <sup>TH</sup> dec 01	57500
Katamkuki	Laxmi	13	7 <sup>th</sup> March 10	17900
Pukku	Puja	10	15 <sup>th</sup> March 10	14500
Kachhabadi	Goldi	12	25 <sup>th</sup> March 10	17000

### **3.Capacity building of SHG members and leaders on SHG management and financial management**

Karra Society for Rural Action

GLTP Training programme

Date of training	Subject	Venue	No of villages	No of SHGs	No of participant
3 <sup>rd</sup> and 4 <sup>th</sup> may 2013	GLTP	Multipurpose building Karra	8	10	30
10 <sup>th</sup> and 12 <sup>th</sup> May	GLTP	Aanganbadi building Kalamuchia Karra	7	14	42
19 <sup>th</sup> and 20 <sup>th</sup> May	GLTP	Primary school sardulla	7	11	33
15 <sup>th</sup> and 16 <sup>th</sup> June	GLTP	Multipurpose building Garge	8	10	30
13 <sup>th</sup> and 14 <sup>th</sup> Sep	GLTP	Multipurpose building Lodhma	5	10	30

31 <sup>st</sup> Oct and 1 <sup>st</sup> Nov	GLTP	Multipurpose building Karra	5	10	30
12 <sup>th</sup> and 13 <sup>th</sup> Nov	GLTP	Multipurpose building Karra	6	10	30
17 <sup>th</sup> and 18 <sup>th</sup> Nov	GLTP	Multipurpose building Lodhma	6	10	30

Karra Society for Rural Action

Accountant Training programme

Date of training	Subject	Venue	No of villages	No of SHGs	No of participant
7 <sup>th</sup> and 8 <sup>th</sup> May 13	Accountant Training	Multipurpose building Karra	6	10	20
14 <sup>th</sup> and 15 <sup>th</sup> May	Accountant Training	Multipurpose building Karra	7	16	22
24 <sup>th</sup> and 25 <sup>th</sup> May	Accountant Training	Multipurpose building Karra	7	14	20
7 <sup>th</sup> and 8 <sup>th</sup> June	Accountant Training	Regional office Karra	8	10	24
19 <sup>th</sup> and 20 <sup>th</sup> June	Accountant Training	Regional office Karra	5	12	26
23 <sup>rd</sup> and 24 <sup>th</sup> June	Accountant Training	Regional office Karra	7	16	22
21 <sup>st</sup> and 22 <sup>nd</sup> Sep	Accountant Training	Regional office Karra	7	14	20
16 <sup>th</sup> and 17 <sup>th</sup> Oct	Accountant Training	Multipurpose building Lodhma	5	15	20
8 <sup>th</sup> and	Accountant	Multipurpose	6	13	20

9 <sup>th</sup> Nov	Training	building Lodhma			
14 <sup>th</sup> and 15 <sup>th</sup> Jan 2014	Accountant Training	Primary school sardulla	5	12	26
22 <sup>nd</sup> and 23 <sup>rd</sup> Jan	Accountant Training	Multipurpose building Kone	7	18	30

## *Health Project*

### Community Health Awareness & Health Empowerment among Women In Karra Block

#### Specific Goal & Objective:

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

**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 under the National Rural Health Mission. 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  
25% of the coverage
- 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  
20% of the coverage
- Number of women who availed or received entitlements in the past six months  
20% of the coverage
- 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.
- 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, Diarrhoea, Filariasis, 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.

- 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
- 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: 60% of the covered

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: 70 to 80% of the coverage
- 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 : 60 % of the coverage
- 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 entitlement

**KARRA SOCIETY FOR RURAL ACTION**

**EXECUTIVE COMMITTEE 2013-14**

S.No:	Designation	Name with Address (executive Committee Members)	Date of Joining KSRA	Yewar of Experience in Social Sector	Educational Qualification
1,	President	7/2 Madina Manzil, Resaldar Nagar, Doranda, Ranchi 834002 9334703371	January 1986 as Founder	34 Years	PGDPM
2.	Secretary	Luquman Quamer Quamer House Resaldar Nagar, Doranda Ranchi 834002	June 1998 (Last elected in the post in the year 2009)	12 years	B. Tech (Arctecture)
3.	Treasurer	W H C David YMCA, Sector 2, Dhurwa Ranchi 834004	June, 2001 Last elected in the post in the year 2009	32 Years	B.Com.
4.	Member	Enamul	June 1998	14 years	B.A,

	Executive Committee	Haque Gowaltoli, Resaldar Nagar Doranda Ranchi 834002	(Last elected to the post in the year 2009)		
5.	Member Executive Committee	Dr. Gyan Prakash 10 Miles, Khunti Road, Ranchi	June 2009 (Last elected to the post in the year 2009)	15 years	MBBS
6.	Member Executive Committee	S.K.Giri Hatia Dam site, Dhurwa Ranchi 834004	June 2005 Last elected to the post in the year 2009)	10 years	B.Com
7.	Member Executive Committee	Javed Jamal Gowaltoli, Resaldar Nagar Doranda, Ranchi 834002	June 2001 Last elected to the post in the year 2009)	15 Years	B.A

## **OUR DEVELOPMENT PARTNERS**

KSRA works in collaboration with Govt, Non Governmental and Private donor Agencies for technical, managerial and funding resources. The following is the list of Partners and Donor Associates.

- United Nations Development Programme, (UNDP) New Delhi.
- Jharkhand State Livelihood Promotion Society. (JSLPS Govt of Jharkhand)
- Ministry of Rural Development, Govt. Of India.
- Department of Rural Development, Govt of Jharkhand.



## Contact Details

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## Registration Number of the Organization

Registration under Income Tax Act, 12A - OSD/VIII-3/88-89/3631-33

PAN Number of the Organization - AAATKO878J

FCRA Registration Number - 337800039