**ACTIVATES / PROGRAMMES CARRIED OUT IN THE FY 2015-16**

* + - 1. Community Health, Women Empowerment & Development
      2. Basic Health Care & Support Program
      3. MGNREGA Social Audit Unit (SAU) - Sikkim
      4. Japan International Cooperation Agency (JICA) Assisted Sikkim Bio-Diversity Conservation & Forest Management Project (SBFP)
      5. Target Intervention Project on HIV, AIDS/STDs
      6. Need Assessment Survey Report - CIPLA
      7. Internship Report

**1. COMMUNITY HEALTH, WOMEN EMPOWERMENT & DEVELOPMENT**

**Project Background**

VHAS has implemented the IIMK-Belgium supported project named as PARAS THEZUM in the seven villages of West Pendam Gram Panchayat Unit from 2001-2009 and the overall impact of the project seems successful. After the successful implementation of the PARAS THEZUM project in these villages of West Pendam area, VHAS shifted the focus to other area having similar kind of geographical and socio-economic background.

The new area is Budang - Kameray Gram Panchayat Unit falls under Duga Block in East Sikkim, where around six villages are covered under community health and development project. The project has been given the name as PAKA project. PA for Pachak and Ka for Kameray as initially started with these two villages.

**Components of the project:**

1. Reproductive & Child Health
2. Women Empowerment & Development
3. Household Sanitation
4. Income Generation Programme
5. **Reproductive and Child Health (RCH)**:

Under the RCH, awareness trainings have been given to the members of different SHGs of Sajong village under Budang Kameray GPU in East Sikkim from time to time. basically covering major topics as follows.

**Training on Immunization / Ante Natal Care & Post Natal Care**:

Importance of ANC & PNC has been highlighted:

* Early registration of pregnancy with nearest Govt. health facility is a must to every pregnant woman.
* Consumption of Iron Folic Acid Tablets
* Specified doses of TT injection
* Monitor the growth of foetus
* Measurement of Height, Weight, abdomen and Blood Pressure
* Identification of the risk factor in time, if any
* Management of complications in time, if any
* Birth preparedness
* After delivery, PNC up to 42 days is important to see if there are any complications.

Regarding Immunization, they were informed about the Immunization of pregnant women and children under National Immunization Schedule (India) where a pregnant woman has to get 2 TT injection and children have to be given immunization against 6 vaccine preventable diseases viz. BCG for prevention of childhood tuberculosis, D.P.T. for prevention of Diphtheria, Pertussis and Tetanus, OPV for prevention of Polio and Measles vaccine for prevention of Measles.

**II.** **Women Empowerment & Development**

**Training on sustainability of Self Help Group (SHGs)**: Training on sustainability of SHGs was organized for the members of different SHGs from Sajong at Community Hall. The objectives of the program were:

* Sustainability plan by different SHGs
* Conceptual clarity on sustainability
* And also to finalize the beneficiaries of Individual Household Sanitation program

Program Coordinator from VHAS, briefed the participants that their SHG should sustain in long run and all the SHGs have to plan their sustainability factor. Economic growth of all SHG leads to sustainability and all SHGs need to think what could contribute to economic growth. They should always make a plan for future and needs to think beyond the support from VHAS-IIMK or any other external agencies. The ultimate objective of sustainability should be self reliance.

**III. Household Sanitation:**

Support for construction of Sanitary Toilets: A total of 11 sanitary toilets have been supported to the members of 5 different SHGs at Sajong. The lists of toilet beneficiaries are as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of the Beneficiaries** | **SHGs** | **Address** | **Toilet Status** |
| 1. | Lamit Rai | Shanti | Sajong | Completed |
| 2. | Dhan Maya Acharya | -Do- | -Do- | Completed |
| 3. | Gauri Maya Rai | Sheetal | -Do- | Completed |
| 4. | Deepak Darjee | Himalayan | -Do- | Completed |
| 5. | Tendup Bhutia | -Do- | -Do- | Completed |
| 6. | Leda Bhutia | -Do- | -Do- | Completed |
| 7. | Purna Kumari Rai | Samarpit | -Do- | Completed |
| 8. | Nevika Rai | -Do- | -Do- | Completed |
| 9. | Sushma Subba | -Do- | -Do- | Completed |
| 10. | Sinora Sharma | -Do- | -Do- | Completed |
| 11. | Kamal Darjee | Pragati | -Do- | Completed |

**IV. Income Generation Programme (IGP)**:

**Support for Ginger:** Samarpit SHG from Sajong have been supported for ginger farming as group economic activity. 10 members group have been supported with 10 mounds (400 Kg) of ginger and next year they have to give back 10 mounds of ginger to the project for rotation to other beneficiaries.

**Support for Piggery:** 5 members of Sheetal SHG were supported for Piggery

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of the Beneficiaries** | **SHG** | **Address** | **Status** |
| 1. | Neena Kumari Rai | Sheetal | Sajong | Supported with 2 female piglets |
| 2. | Dilli kumara Rai |
| 3. | Shanta Kumari Rai |
| 4. | Bishnu Kumari Rai |
| 5. | Gauri Maya Rai |

## 2. BASIC HEALTH CARE & SUPPORT PROGRAM

Voluntary Health Association of Sikkim (VHAS) has been making constant and concerted efforts to formulate and implement schemes to ensure adequate health care services to the people of the state, facilitated by the West Bengal Voluntary Health Association (WBVHA), Kolkata in line with National Health Mission. Under this endeavour attention is also being paid to take special care of the needs of the people of the tribal areas and backward regions.

VHAS has implementing a dynamic program called the **Basic Health Care and Support Program and 'Block Health Consortium program'** with partners organisation at Sombarey block ,west Sikkim since 4 years. The program is aiming for better collaboration between very fragmented health's providers. However, it is often stuck too much at the level of declaration of intention with little improvement of health services at field level. This program was integrated in the overall MEMISA-DGD-program from 2014. The purpose of the Consortium was to have a real impact on the services for the population in 21 villages directly or indirectly at 4 Gram Panchayat. Through regular workshop and perspective of the NGOs was widened and deepened and they started to collaborate among each other with the other health workers at the Panchayats, block and district levels. Tools such as the case-building exercise (concentrating on first line and second line services for specific cases identified as priorities basis such as maternal health) were very instrumental in moving forward. This first program resulted in improved services at community level with better coordination between the health factors at this level and a genuine dynamic for change.

**Overall Objectives of the Program**

* To improve the health care in 4 Gram Panchayat.
* To develop of a coherent and functional Panchayat and block health care system with the active involvement of all concerned stakeholders.

**Specific Objectives of the Program**

* To ensure effective implementation of NRHM and other health program in selected district, block and Panchayat/villages with active community involvement and participation.
* To identify the policy gaps in NRHM and other health programmes & to advocate for change in selected district, block and Panchayat/villages.

Our team has observed a series of cases relating to the conditions of Public Health Centre, Community Health Centre, and the facilities in public hospitals. Due to legal interventions, the government ordered that blood donation facilities be made available and has given directions for a number of states to conduct inquiries into their public health system.

**The following areas are covered by VHAS under Basic Health Care & support Program through Partners.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of Partner** | **Address** | **Name of Gram Panchayat** | **Villages Covered** | **Total Village** |
| 1. | Nav Jyoti Kaka Samity (NJKS) | Rumbuk, P. O Sombaria, W-Sikkim | Rumbuk, Sombaria  West Sikkim | 1. Lower Rumbuk  2. Upper Rumbuk  3. Nasa  4.Moonew  5.Taraybhir  6.Middle Rumbuk | 6 villages |
| 2. | Nagbelli Conservation Association (NCA) | Lower Ribdi  P.O Ribdi  Sombarey Block, W- Sikkim | Ribdi Bharang GPU  Okhery Block  P.O Sombaria | 1. Lower Ribdi 2. Upper Ribdi 3. Bharang 4. Upper Bharang 5. Lower Bharang | 5 villages |
| 3. | Milan Welfare Association (MWA) | Lower Okhery Block Sombarai , W-Sikkim | Tikpur Siktam P.O Okhery, Sombaria West Sikkim | 1. Tikpur 2. Sintam 3. Beyong 4. Sarpinagya 5. Lower Tikpur | 5 villages |
| 4. | Directly implemented by VHAS | **Project Areas Address:**  Lungchok Salangdang  P.O, Sombarey West Sikkim, | Lungchok Salangdang GPU  Near Daramndi Bazar | 1. Upper Lungchok  2. Middle Lungchok  3. Lungyam Nalbogaon  4. Upper Sallyangdang (Gairigaon)  5. Lower Sallyangdong | 5 villages |
| **Total Villages** | | | | | **21** |

**3. MGNREGA- SOCIAL AUDIT UNIT (SAU) - SIKKIM**

**1. Introduction**

The basic objectives of the social audit is to ensure public accountability in the implementation of Projects, laws and policies. The Social Audit is an effective means for ensuring transparency, participation, consultation and accountability under the MGNREGA. The process of Social Audit combines people’s participation and monitoring with the requirements of the audit discipline. Since the agency implementing the scheme cannot itself audit the scheme, therefore, it is necessary to promote people’s participation in the audit along with support provided by an independent social audit organization that facilitates the process.The Social Audit process is not a fault finding, but a fact finding process. The work of the Auditor is only to ‘investigate’ by cross-verifying facts and details in the records from the laborers and cross verifying works at site. The “Auditors” must not view themselves as “Prosecutors”.

Social Audit Unit needs to be establishes for the purpose of Social Audit by the state government. State Level Vigilance Cell followed district level and Vigilance and Monitoring Committee (VMC) at village level needs to be strengthen for the purpose of strengthen transparency. Maintaining of Proactive disclosure by gram Sabha, where all the details of works with bills, MR and Vouchers will be read out for the purpose of validation by Gram Sabha.

Section 17 of Act clearly stated that, (1) The 'Gram Sabha shall monitor the execution of works within the Gram Social audit of Panchayat. (2) The Gram Sabha shall conduct regular social audit of all the projects under the Scheme taken up within the Gram Panchayat.

(3) The Gram Panchayat shall make available all relevant documents including the

Muster rolls, bills, vouchers, measurement books, copies of sanction orders and other

Connected books of account and papers to the Gram Sabha for the purpose of conducting

the social audit.

**2. Social Audit Unit Sikkim**

Rule 4 of Audit of Schemes Rules, 2011 stipulate that each state Government shall identified or established an independent organisation, Social Audit Unit (SAU) to facilitate conduct of the Social Audit of MGNREGS works.

Voluntary Health Association of Sikkim has been identified by the Rural Management & Development Department, Government of Sikkim as the independent organisation to function as the Social Audit Unit (SAU) for conducting Social Audits of MGNREGS works in the state of Sikkim as per office order No.1122/RM&DD, dated 14.12.2011.VHAS has been facilitating the Social Audit for East and North of over 5 years since 2008.Over this year SAU has under gone for long process in collaboration with Rural Management & Development Department, Government of Sikkim to set up Social Audit Unit in the State. Dr. B.B Rai, Executive Director, VHAS has been appointed as Director for Social Audit Unit as per the letter Ref.No.496/RM&DD/MGNREGA,Dated:04/12/2012.

**3. MODEL OF SOCIAL AUDIT IN SIKKIM**

**Figure-II: Human Resource Position at SAU-Sikkim (SOCIAL AUDIT UNIT)**

**STRUCTURE** **STAFFING**

**1 Director**

**1 Joint Director**

**STATE**

**State Resource Persons -Cum- Monitors & Accounts Person**

**4 SRP-cum Monitor**

**1 Accounts Person**

**22 DRPs (6 DRPs for East, West and   
 DISTRICT South district and 4 DRP for North district**

**DISTRICT RESOURCE INSTITUTIONS- 1 DRI per district**

**31 GVK & 176 GPUs**

**(DRI shall be responsible for conducting Social Audit)**

**DRPs Shall conduct Social Audit**

**GPU/ VILLAGE LEVEL** **Social Audit DRPs**

**Sikkim** has developed two models of Social Audit process for MGNREGA, which in practice is called Intensive and Paired Model. In the Intensive model, all step wise activities would be held for the particular GP by the concern District Resource Institutions (DRI) at a time. The DRI would complete one Gram Panchayat at a time. In Paired Model of MGNREGA- Social Audit process will remain the as intensive model and does not reduce the scope of the Social Audit and Complete the Social Audit in two GP at a time in order to save the resources.

**C:\Users\hp\Desktop\scan0007.tif5.SOCIAL AUDIT CYCLE**

**6. SOCIAL AUDIT AFTER ESTABLISHMENT OF SAU**

After establishment of the Social Audit Unit, Sikkim and finalisation of the Sikkim Module of Social Audit, it was decided to conduct Social Audit in the State of Sikkim for the financial year 2013-14. All the DRIs had finalised the social audit calendar for the financial year 2013-14 and Social Audit Unit-Sikkim compiled the same. After the finalisation of the annual calendar for Social Audit same has been circulated to District Programme Coordinator (DPCs) and other implementing agencies during Kick off meeting at District level which was organised by DPC.

Social Audit Started with conducting Kick off meeting at four districts of Sikkim before the actual start of Social Audit at Gram Panchayat. During kick off meeting Social Audit team circulated social audit calendar and clearly disseminated information about the process of social audit and required documents which social audit team will verify. With initiation of full flag Social Audit in the state from financial year 2013-14 same has been continued for 2014-15. Details as follows.

**SOCIAL AUDIT CONDUCTED DURING 2015-16**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No** | **District** | **Total No of GPs** | **Number of GPs covered** |
| 1 | East | 50 | 50 |
| 2 | West | 55 | 55 |
| 3 | South | 47 | 47 |
| 4 | North | 24 | 24 |
| **Total** | | **176** | **176** |

**7. POST SOCIAL AUDIT**

**7.1. Reports & Monthly Progress Report (MPR)**

Social Audit Unit, Sikkim submits final Reports to RM&DD, C&AG Office, District, Block and Gram Panchayat. On monthly basis Social Audit Unit will prepared the Monthly Progress Report (MPR) of all the Action Taken Report received from District and submit to RM&DD and copy of the same is also send to C&AG office. In MPR issues raised are categorically compiled as summary for State, Block and followed by Gram Panchayat level.

**Details of Issues raised and action taken FY-2015-16 as on 31st March 2016**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **District** | **Total GP covered in Social Audit** | **Total Issues** | **Total issues resolved till date** | | **Total issues pending till date** | | **Total Direct Recovery** | **Total Recovery made till date** |
| **Number** | **Percentage** | **Number** | **Percentage** |
| 1. | North | 24 | 281 | 35 | 12% | 247 | 88% | Rs.1,15,936/- | Rs.5,340/- |
| 2. | East | 50 | 702 | 51 | 07% | 651 | 93% | Rs.26,10,809/- | Rs.7,050/- |
| 3. | South | 47 | 392 | 175 | 44% | 217 | 54% | Rs.9,07,208/- | Rs.6,36,781/- |
| 4. | West | 55 | 1110 | 187 | 16% | 923 | 84% | Rs.31,68,780- | Rs.880/- |
|  | **Total** | **176** | **2485** | **448** | **17%** | **2037** | **83%** | **Rs.68,02,733/-** | **Rs.6,50,051/-** |

**13. SOCIAL AUDIT OUTCOME INDICATOR, 2015-16**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parameters** | **Audit Year** | **2013-14** | **2014-15** | **2015-16** |
| **Total gram panchayats covered** | **A** | 89 | 92 | 176 |
| **Average participation in *Jan Sunwai*** | **B** | 97 | 101 | 117 |
| **Recovery reported**(Rs in lakh) | **C** | 88 | 39 | 68 |
| **Average recovery reported per gram panchayat**(Rs in lakh) | **D=C/A** | 0.99 | 0.42 | 0.38 |
| **Recovery made**(Rs in lakh) | **E** | 5.34 | 2.57 | 6.99# |
| **Enforcement in the form of punitive action against functionaries** | **F** | 4 | 1 | 1# |
| **Percentage of recovery made** | **G=E/C** | 6.07% | 6.59% | 10%# |
| **Total sanctioned cost**(Rs in lakh) | **H** | 5,989 | 8,490 | 1,53,81 |
| **Total expenditure**(Rs in lakh) | **I** | 5,059 | 6,513 | 1,23,65 |
| **Percentage of funds misappropriated** | **J=C/I** | 1.74% | 0.60% | 0.54% |
| **Total savings**(Rs in lakh) | **K = H-I** | 930 | 1,977 | 3016 |
| **Percentage of savings from sanctioned cost** | **L=K/H** | 16% | 23% | 19% |
| **Total issues reported** | **K** | 1,481 | 1,053 | 2485 |
| **Total issues resolved** | **M** | 888 | 701 | 656 |
| **Percentage of issues resolved** | **N=M/K** | 60% | 67% | 26%# |

*# For 2015-16, process is underway*

**4. Japan International Cooperation Agency (JICA) Assisted Sikkim Bio-diversity Conservation and Forest Management Project (SBFP)**

The Japan International Cooperation Agency (JICA) assisted Sikkim Bio-diversity Conservation & Forest Management Project (SBFP) is approved for implementation from 2010-11 and the implementing department of this project is the Department of Forest Environment & Wild life Management, Government of Sikkim. The project was covered in the four districts of Sikkim since 2011-12 financial years in the community level. In these four districts project covered total 135 JFMC/EDC and within these 3 year.

**Project Objective**

The project has the goal of improving the management of natural resources and alleviating the rural poverty. In order to achieve these goals, the project has the following objectives:

* To strengthen biodiversity conservation activities and forest management capacity,
* To improve livelihood for the local people who are dependent on forests by promoting sustainable biodiversity conservation, Afforestation and income generation activities including eco-tourism for the community development, thereby contributing environment conservation and harmonized socio-economic development of Sikkim.

To achieve this project objectives with the support of NGOs as a district level facilitating Organization. Three same NGOs were selected for this year also and they are:-

* Voluntary Health Association of Sikkim (VHAS) for the East Sikkim,
* Kanchandzonga Conservation Committee (KCC) for the West & South Sikkim &
* Eco-Tourism & Conservation Society of Sikkim (ECOSS) for the North district.

**The following activities have been proposed in the Project.**

* Afforestation
* Protected Area Management & Biodiversity Conservation
* Income Generation Activities for poverty alleviation
* Supporting Activities for Forest Management (Research and Training, Monitoring and Evaluation and Enhancement of Geographic Information System (GIS) and Management Information System (MIS).

In the 5th year of this project Voluntary Health Association of Sikkim (VHAS) indentified 6 JFMCs and 5 EDCs under SBFP with the coordination of Project Management Unit and selected villages and details of JFMCs/EDCs are given below.

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Range** | **JFMC/EDC** |
| 1 | Ranipool (T) | * Changay Senti JFMC |
| 2 | Pakyong (T) | * Parakha JFMC |
| 3 | Rongli (T) | * Rongli JFMC * Chujachen JFMC |
| 4 | Gangtok (T) | * Syari JFMC * Tathaychu JFMC |
| 5 | Fmabonglho (W/L) | * Rakdong EDC * Rumtek EDC * Simik Lingzey EDC * Samdong EDC * Lingdok Pangthang EDC |

At the end of the financial year 2015-16 Voluntary Health Association of Sikkim (VHAS) initiated meetings with selected 56 SHGs under JICA assisted Sikkim Bio-diversity Conservation & Forest Management Project (SBFP) for their performance grading to provide loan from SBFP and also representative of VHAS attended the trainings and programmes which was organized by Project Management Unit of SBFP.

**5. TARGETED INTERVENTION PROJECT ON HIV/AIDS & STIs**

The voluntary Health Association of Sikkim is implementing the Targeted Intervention (TI) Project with the support of Sikkim State AIDS Control Society (SSACS) on HIV-AIDS/STIs amongst the high risked behaviour groups i.e. Female Sex Workers (FSW). We have two TI project running i.e. TI Project (I) & TI Project (II). Under TI Project- (I) we are covering Gangtok & Ranipool and the target population registered till now is 235. Under TI Project- (II) we are covering Singtam and Rangpo and the target population registered till now is 289.

The project was initiated with the following objectives to achieve.

* To create awareness about HIV-AIDS/STI among the vulnerable flying FSW.
* To detect and cure Sexually Transmitted Infection.
* To motivate for visiting ICTC.
* To stop the transmission of HIV-AIDS/STI among the high risk group population.
* To promote safer sex practice.
* To reduce multiple partners and to use regular condom with regular partner.

The most effective way of controlling HIV-AIDS/STI from further spread was to carry out direct intervention programme among this high risk behaviour groups, through multi- pronged strategy such as:-

* + Advocacy & Community Meetings
  + Field visit/Networking
  + Group Discussion/Focus Group Discussion
  + One to One interaction
  + Counselling
  + STI Management
  + IEC materials distribution
  + Training to Peer Educator
  + Condom promotion and distribution.

**PROJECT COMPONENTS**

Following components were emphasized in the project programmes.

* **Out Reaching:** To motivate target group to access the facilities available at DIC.Field visit & networking to reach towards target group for one to one interaction, GD/FGD, motivate to make visit Drop-In-Centre for seeking the facilities & benefit.
* **Behaviour Change & Communication:** correct and consistent use of condom and to motivate them for safer sex practice, IEC Materials for behavioural change, motivate for condom use, improves health care seeking behaviours, counselling on HIV-AIDS/STI to minimize the risk of spread & reduces number of sexual partners.
* **STI Management:** Clinical services for the management of STIs and to meet other health care needs. Besides this we also do partner notification and follow up on STI patient.
* **Condom Promotion:** Condom programming to ensure the availability of easily accessible, good quality and affordable condoms and to use regular condom with regular partner also.
* **Linkages and Referrals:** Linkages with ICTC, STI, DOTs, ART Centre For referrals and support.
* **Monitoring and evaluation:** Monitoring and evaluation for providing regular feed back to the managers for the project at different levels.

**SPECIFIC OBJECTIVES**

* To make awareness of HIV-AIDS/STI infection to flying FSW as well as their clients.
* To give knowledge on HIV-AIDS/STI to flying FSW as well as their clients.
* To established a Drop-in Centre for Health check-up, condom demonstration & distribution, counselling and other relevant program.
* To provide STI treatment facilities at DIC.
* Condom promotion for minimizing the spread of HIV-AIDS/STI.
* To extend individual and group counselling for behaviour change.
* To create awareness amongst the target groups through IEC materials, Training, Quiz competition, Group Discussion/Focus Group Discussion.
* To inform about HIV testing facilities available in our state and implication of positive or negative test result.

**6. NEED ASSESSMENT SURVEY REPORT**

**Background:** The organization (VHAS) has been approached by CIPLA Sikkim to conduct health related Need Assessment Survey at 10 selected villages each under Pakyong and Rhenock Block in East District . The name of 20 villages has been provided by CIPLA Sikkim. Accordingly, VHAS has decided to do the survey in two phases. At 1st phase, the survey was conducted at identified villages under Pakyong Block from 5th to 8th Oct. 2015 in following villages:

**sl.no Name of villages Date of visit**

1. Taaza Titrebotey- 5.10.2015
2. Pacheykhani- 5.10.2015
3. Amba Taksang- 6.10.2015
4. Dikling- 6.10.2015
5. Tareythang- 7.10.2015
6. Padamchey- 7.10.2015
7. Rorathang Dhanukay- 8.10.2015
8. Dugalakha- 8.10.2015

**Tools used for Need Assessment Survey:**

1. Focus Group Discussion (FGD)
2. Interview
3. Questionnaire

**Respondents:**

1. Mothers having 0-5 years children for Focus Group Discussion to get data on RCH issues
2. Students of class IX & X in Secondary and XI & XII in Sr. Secondary Schools for Focus Group Discussion to get data on adolescent issues
3. Interview with School heads to know about the status of Student’s health and hygiene
4. Interview with PHC and PHSC staff to get idea on common diseases in people and the facility they have for people
5. Interaction with ASHA and ICDS workers to know their viewpoint on health seeking behaviour of the village people
6. Interaction with Village Panchayats for getting information and access to village

**Objective of the Survey:**

1. To find out different health problems of identified villages
2. To plan intervention for the health problems of identified villages
3. To develop project proposal and submit to CIPLA Sikkim

**Conclusion**

The survey was done by 2 teams comprising of 2 members in each team. This way 2 villages were covered in a day, thus total of 8 villages were covered by 2 teams in 4 days. Both the group had 1 male and 1 female member. The idea behind keeping 1 female surveyor per group was to make conducive environment for village women to interact openly with the team.

Team I members: Anjana Rai & Sawan Rai and Team II members: Kusum Tamang & Kamal Kumar Rai

During the need assessment survey of 8 different villages, rampant prevalence of Non Communicable Diseases was found. There are issues of social problems as well. In one of the villages, Amba-Taksang, people shared that the case of Suicide is high and have asked for immediate mental health program focussing on prevention of suicide.

There are accessibility problems due to conditions like difficult terrain, improper road connectivity, unavailability of public transport in frequent basis, low economic condition, and cut off due to landslide during monsoons in most of the villages.

There is a vast scope for implementation of awareness campaigns and health camps in these villages as lifestyle related diseases like diabetes and hypertension are reported from most of the villages. The necessity of School Health Programs has also been felt as in almost all schools, Student-Toilet Ratio is not sufficient. Awareness on importance of health and hygiene at School is necessary.

To address the above issues, focus should be on the following major subjects:-

1. Non Communicable Diseases
2. Mental Health program
3. School Health program

**7. INTERSHIP REPORT**

Every year Voluntary Health Association of Sikkim gives an opportunity to young generation to serve the society voluntarily and to learn about the rural and urban communities. In the year 2015-16 VHAS provided internships to the students who came from School of International Training and Sikkim University. Each student came with a different purpose and had a different background. The names of the students are:-

* Ms. Emily Applewhite
* Ms. Suman Pradhan
* Mr. Ajay Pradhan
* Mr. Pranesh Rai
* Ms. Subhechha Rana
* Ms. Anughra Agnes Lulam
* Ms. Karma Sonam
* Mr. Pema Ongyal Bhutia

Ms. Emily Applewhite is a student at Occidental college, California, USA and studying in school for International training in Delhi. Duration of her internship was for one month i.e. from 13th April to 9th May 2015. She is a community Health student and during her internship she learned more about social barriers to prevent and treat type 2 diabetes Mellitus in women in Sikkim. She also interviewed doctors and meet diabetes patients during internship.

From Sikkim University there was a seven student who came for internship in VHAS. All are 1st year student doing master degree in Physiology. Duration of their internship was for one month i.e. from 6th January to 2nd February 2016. During their internship they are engaged in MGNREGA social audit, other projects and official works. All are provided with the calendar of field visit of social audit in MGNREGA.

**Field visit Plan of Social Audit in MGNREGA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Group** | **Name of Student** | **Date of Field Visit** | **Name of Place/Gram Panchayat** | **District** |
| 01 | Ms. Anughra Agnes Lulam | 11/01/2016 to 18/01/2016 | Sardung Lungjik | West District |
| Pechreek Hee patal |
| Mr. Pranesh Rai | 19/01/2016 to 25/01/2016 | Singling |
| Deythang Parangoan |
| 02 | Mr. Pema Ongyal Bhutia | 18/01/2016 to 25/01/2016 | Kewzing Bakhim | South District |
| Legship Hingdam |
| Ms .Suman Pradhan | 27/01/2016 to 02/02/2016 | Borong Phamthang |
| Ralong Namlung |
| 03 | Mr. Ajay Pradhan | 18/01/2016 to 23/01/2016 | Aho Yangthang | East District |
| Beng Pegyong |
| Ms. Subhechha Rana | 27/01/2015 to 01/02/2016 | Samdong Kambal |
| Ms. Karma Sonam | Dungdung Thasa |

During their field visit they all learn about the social audit process of MGNREGA and its objectives. At last all the interns had prepared two copies of report and one report has been submitted to VHAS. All the interns had provided with certificate from VHAS.