



**VOLUNTARY HEALTH ASSOCIATION  
OF SIKKIM**

**ANNUAL REPORT  
2017 - 2018**



**TADONG, GANGTOK,  
EAST SIKKIM, PIN : 737102**

# ***ANNUAL REPORT***

**2017-18**



**VOLUNTARY HEALTH ASSOCIATION OF SIKKIM**

**TADONG, GANGTOK**

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# FORWORD

*Dr. (Ms.) Hendrymith Lepcha*



*I*t gives me a great honour and pride to publish the consolidated report of the activities undertaken and the sincere efforts made by our VHAS team in the year 2017-2018. We take pride in the many achievements and milestones that the Voluntary Health Association of Sikkim has fulfilled this year on many different fronts. These accomplishments have been made possible by the sincere dedication of our Staff and Board Members. Everyone deserves congratulations and appreciation for their dedication and efforts.

During the year our relationship with the State and Union Government of India remained very cordial as usual; however, the Voluntary Health Association of Sikkim had a limited number of programs with them. Our endeavours particularly with the department of Health Care, Human Service & Family Welfare and Department of Social Justice, Empowerment & Welfare kept our relations very friendly and productive. We have been able to mobilize support from the National and International funding agencies for the enhancement of the underserved people of far reaching areas. On behalf of the VHAS, I extend sincere gratitude to everyone for their encouragement, support and kind cooperation.

Our relationship with the RM&DD, Government of Sikkim continues to strengthen us in many ways. Together, we conducted the Social Audit for MGNREGA in whole 176 Gram Panchayats successfully this financial year. On behalf of VHAS, I would like to thank the department for giving us the responsibility of managing the Social Audit. Due to our accomplishments, VHAS has been identified as the Social Audit Unit (SAU)-Sikkim of the State.

We further extend sincere gratitude to IIMK- Belgium for their continued support of the PARAS THEEZUM project for many years.

We are very thankful to Mr. Alok Mukhopadhyay, Chief Executive of VHAI, and New Delhi for his dedicated and efficient team at VHAI and for their constant support, guidance and encouragement to VHAS. We look forward to continuing this wonderful relationship in future.

I am extremely grateful to the Executive Board members for their valuable contributions and steady cooperation. Lastly, I offer lots of thanks and appreciation to our co-operative, highly energetic and supportive Team at VHAS. It would not have been possible to carry out the VHAS activities without their constant positive commitment, sincerity and dedication.

VHAS would like to acknowledge the contributions made by individuals, the Government, funding agencies, and other member organizations that help work towards achieving the vision and mission of the organization. I do hope and pray that with everyone's continued sincere effort, the coming year will be even more productive and successful than this past year.

## *From the* **EXECUTIVE DIRECTOR'S DESK**

*Dr. B. B. Rai*



An annual report gives information about the organization's activities and financial performances and I am very happy to display the Annual Report for 2017-18, which highlights VHAS achievements and its continuous rivalry to bring about a desired change in the little that we do. The report reflects upon what has been achieved and how our organization has contributed to the growth and development of society during the last financial year. Additionally it measures the organization's yearly outputs. As the years pass, VHAS family grows and so do our responsibilities. VHAS continues to expand year by year with respect to its social responsibilities. We have widened our base to organize the health and development needs of the Sikkim's people through its status as a non-governmental organization. VHAS marches forward with confidence and dedication in every effort and challenge. Before I go any further, I must thank our supporters. Without their consistent encouragement, it would not have been possible to achieve so much.

First, I would like to express my heartfelt gratitude to **IIMK Belgium** for supporting the **PARAS THEEZUM** in the East district of Sikkim. The project has been introduced in the new areas of Pochak, Kameyay, Budhang and Samkey village hamlets. We appreciate that the efforts put forth by the VHAS are able to give our partners confidence in our abilities.

Special thanks are extended to the **Rural Management & Development Department (RM&DD)**, **Government of Sikkim** for giving us an opportunity of taking on the responsibility of **Social Audit Unit (SAU)** in the State of Sikkim.

I express my heartfelt gratitude to the **Voluntary Health Association of India (VHAI)**, for their consistent support and guidance rendered to us. I extend my sincere gratitude to Mr. Alok Mukhopadhyay, Chief Executive of VHAI, New Delhi and his team for their kind support, guidance and encouragement.

I would like to extend my sincere thanks to the **Sikkim State AIDS Control Society (SSACS)** for their valuable contribution in the field of Targeted





Intervention Project on HIV-AIDS/STDs. Special thanks to the **Human Resource Development Department (HRDD)** and the **Health Care, Human Services & Family Welfare Development, Government of Sikkim** for their kind cooperation and support.

I express my sincere thanks to the JICA assisted **State Biodiversity Conservation and Forest Management Project (SBFP)**, **Department of Forest, Environment & Wildlife Management, Government of Sikkim** for selecting us a Facilitating NGO for East District in the project.

I further would like to extend my special thanks to the **Glenmark Foundation Pharmacy Company Pvt. Ltd.** for giving us an opportunity to work with them and supported with a project on Providing Quality Primary Health facilities and awareness among the communities through mobile health clinic in 6 villages in East Sikkim for 3 years.

Though the challenges to achieve the desired outcomes were enormous because of many reasons in remote rural hamlets, but we could overcome most of them due to dedicated members of our team. There are numerous achievements and failures which I recognized as learning being with me in a social sector. The annual report is not to glorify our works but to share lessons learnt in the last years. Annual report is the transparent record of our being with the organization and concerted possible efforts made by the team with the mission and vision of making a difference in the field of community health and development ultimately benefitting the society.

We are highly grateful to the Executive Board Members, Member Organizations, NGOs/CBOs, individual, stakeholders of Programs, Colleagues, friends and relatives for their kind cooperation, consistent greatest support, their dedication and selfless efforts.

I further look forward for their selfless consistent support and guidance in the near future.

## KNOWING VHAS

Voluntary Health Association of Sikkim was established on 22<sup>nd</sup> July 1997 and registered under vide sl. no 1083 Vol.-I dated 24/05/1999 with the Land Revenue Department, Government of Sikkim in accordance with notification No. 2602/A/H dated 25/03/1960. The organization was established with the basic philosophy and mission to promote the sustainable community health and development in the State of Sikkim. It is a State level, not for profit, registered and Non-Governmental organisation working with the concept of integrated community health development and action research. It is registered under the Foreign Contribution (Regulation) Act, 1976. VHAS is exempted under Income Tax Sections 12AA of the Income Tax Act 1961 vide. F.No12AA/CIT/SLG/Tech/2010-11/3938-40 dated 31/01/2011 and under U/S 80G (5) (vi.) of the Income Tax Act 1961 vide F. No CIT/SLG/Tech/80G/12-13/2806 dated 06/09/2012.

VHAS has a secular constitution with the aim of improving the health of everyone; the organization provides dignified service without any discrimination on the basis of caste, creed and gender. The institute believes in sustainable development where community reaches their desired level of development and then continues to archive further. The organization endeavours to sensitize the general public towards cost effective, preventive care and the promotion of a sustainable health care system through readily available local available resources and a scientific approach to health and community development without ignoring Sikkim's natural traditions and culture.

A democratically elected Executive Board Members as per the constitution consists of seven eminent people who govern VHAS by following a well-developed system of organization. The Executive Director is supported by competent core staff as well as other field level project staff. People selected for jobs are strengthened further with proper orientation and refresher training courses as are required. Responsibilities are shared in a decentralized manner.

Programs and performances are monitored at regular intervals by field visits and staff meetings.

In the Ministry of Health & NGO under RCH program since 2001, VHAS has been included as one of the members in various Societies of Sikkim Government. On *02<sup>nd</sup> February 2010*, VHAS became the recipient of *National Award "Rozgar Jagrookta Puraskar"* from the Ministry of Rural Development, Government of India. The recognition has given enormous strength as an institution recognized as of State importance.

On *2<sup>nd</sup> February 2015*, Rural Management Development Department (RM&DD), MGNREGA State Team of Sikkim became the recipient of *National Award on Transparency and Accountability* under MGNREGA. The same award was felicitated to Social Audit Unit on *24<sup>th</sup> February 2015* by RM&DD Government of Sikkim.

## Goals & Objectives of VHAS:-

- ✧ Helping to create an atmosphere for building up people's health and development movement through effective campaign and networking.
- ✧ To promote low cost, appropriate, scientific and people oriented health and development programs in harmony with traditional knowledge and skills of the various communities who comprises our multi-ethnic society
- ✧ To provide people's friendly technical or professional support training and guidance in the field of community health and development.
- ✧ To strengthen professional voluntary initiatives in the state through Capacity Building Training and Information dissemination.
- ✧ To promote sustainable community health and development through responsible action and human rights related to the provision and distribution of health services and development activities.

## STRATEGIES OF VHAS:

**Vision:** VHAS visualises a "healthy and just society, it implies sustainable development where people are physically, mentally, socially, economically developed and living in harmony with nature".

**Healthy and Just Society:** Everyone gets their due with dignity without any discrimination on the basis of caste, creed and gender. The people can enjoy their rights and exercise their duties freely.

**Sustainable Development:** Communities have reached to the desired level of development and continue to achieve further.

**Physically:** People are free from all minor and major health illness.

**Mentally:** People are free from all minor and major mental illness.

**Socially:** People are socially organised, respecting & helping each other become free from all social evils.

**Economically:** People have better livelihood, economy etc.

**Harmony with nature:** People will achieve their development without disturbing nature.

#### **MISSION:**

VHAS is committed to empower under privileged communities through sensitization, building capacities, linkage, research, and advocacy & lobbying as well as strengthening civil societies on comprehensive community health development level.

- **Empower:** People are accessing their right control over their resources and actively participating in decision making process/governance.
- **Under privilege communities:** It means women, mother, and member belongs to ST, SC, MBC & OBC etc.

#### **IDENTITY OF VHAS:**

- Voluntary Health Association of Sikkim is an NGO registered under SI.No.1083 Vol. No- 1 in accordance with the notification No.2602 A/H dated 25/03/1960 under Government of Sikkim.
- Federal Member of VHAI
- Capacity Building Institute
- State Level NGO.
- VHAS has been identified as Social Audit Unit (SAU), Sikkim by RM&DD, Govt. of Sikkim.

#### **Organizational Structure:-**

A democratically elected Executive Board as per the constitution consisting eminent persons governs VHAS. VHAS follows a well-developed system of delegation of authority with the Executive Director managing the affairs of the organization. The people selected for jobs are strengthened further with proper orientation and refresher training courses as per requirements. Responsibilities are shared in a decentralized staff meetings. *Ministry of Health & Family Welfare, Government of India has recognized VHAS as the mother*

*NGO under RCH program since 2001.* VHAs has been included as one of the members in various Societies of Sikkim Government. The recognition has given enormous strength as an institute of state importance.

## **ROLE**

- **Implementation:** VHAs will continue the role of an IMPLEMENTING organization which is the strength/core competencies. VHAs will work through partners as well as directly with the communities.
- **Capacity building:** The presence of civil society is extremely weak in the state due to lack of capacity. VHAs will play a major role in building capacity of various stakeholders.
- **Networking, Advocacy and lobbying:** Organization will play proactive role in Advocacy and networking at all levels.

## **Approach & Methodology for Implementation**

- Situational analysis,
- Generating awareness,
- Directly as well as through partner NGOs,
- Service delivery to some extent, need based as part of demonstration,
- Empower communities and work through community based organization, and
- Establish Linkages between communities and government or other agencies

## **Approach & Methodology for Capacity Building**

- Customizing/ Tailor made inputs: The Organization will go for building the capacities of NGOs, CBO, PRI, Government and professional in customized manner.
- Announcement of training/calendar.
- Model of capacity building will be large through project and in future will try to build as revenue generation.

- VHAS will also facilitate consultation/workshops on emerging 'Development' issues to initiate dialogue among NGOs and other stakeholders.
- In case of customized input, VHAS may engage the institutional leader so as to ensure implementation of inputs.
- Follow up wherever possible.
- Mode of input would be training, workshops, exposure etc.
- Capacity buildings need analysis.
- Develop set of modules based on the clear analysis.

#### **Approach & Methodology for Networking, Advocacy & Lobbying**

- Engaging and influencing the policy makers.
- Sensitize service providers.
- Adopting various mechanisms of campaign/adopting various initiatives to push the agenda of development.
- Engaging various media to highlight the issues.
- Will create and lead network and also be part of other network.
- Study and disseminate the information/issues.
- Using social accountability tool like RTI as required.
- Mobilizing communities around the issues of develop, empower CBOs etc.
- Engaging at various levels of local self-governance and influence them towards proper decision making.

#### **Core Value & Culture of VHAS:-**

- **Feedback within and Outside the Organization:** VHAS practices feedback as core value & culture which means anyone can give feedback to anyone. This feedback will be based on the knowledge, skills and attitudes affecting the work of the organization. No feedback will given or

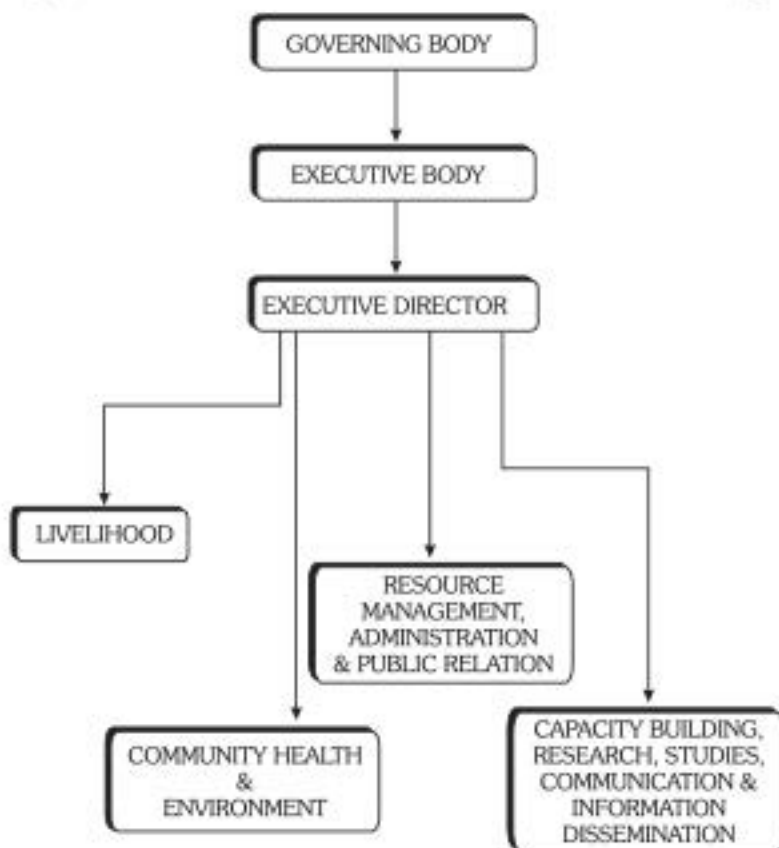
taken personally. There will be feedback both ways irrespective of senior or junior status. During feedback, strengths and areas which need improvement will be shared. Feedback should be constructive and include a possible solution.

As far outside the organization is concerned, VHAS will always encourage communities, donors, government, NGOs etc. to provide constructive feedback on the functionality of the organization.

- **Feeling of "WE":** All achievements belong to the organization and community, not to single individuals. Individuals will get credit of their hard work but other stakeholders will get credit for their recognition.
- **Result Oriented Functioning:** Organization is more concerned about "RESULTS" on ground. In all its discussion, sharing, project designing and getting funds, providing finance to other NGOs will be based on their result.
- **Accountability:** First of all organization (inter and intra division) but at the same as a civil society, will be accountable to other stakeholder such as communities, government, NGOs and will brief them about contribution of VHAS through informal discussion, media communication etc.
- **Shared Vision, Responsibility, and Better Coordination, Team Work:** Any work done by any other divisions will be the work of VHAS and will be responsible to each other. This will help us create ownership of work, with its successes and failures.
- **Openness:** VHAS will be open to accept practical ideas, thoughts, creative feedback, suggestions etc.
- **Proactive Engagement of Stakeholder:** Organization will create opportunities formally & informally for community and various stakeholders.
- **Mutual Growth and Development:** Constructive inputs/ suggestion to member organization for the mutual growth and development.



# ORGANOGRAM



## **COMMUNITY HEALTH, WOMEN EMPOWERMENT & DEVELOPMENT (PAKA Project)**

*A report by Mrs. Anjana Rai (Sr. Programme Officer)*

### **BACKGROUND OF THE PROJECT:**

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 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 Budhang- Kamearay Gram Panchayat Unit falls under Duga Block, where around six villages are covered during whole project period under community health and development project.

The baseline survey with regard to the Reproductive & Child Health care, Self Help Groups, Sanitary facilities and Livelihood were done to assess the status of the villages which has helped in making the indicators accordingly and developing the proposal. While working on these two villages, program had been extended to Budang nearby Pachak and to Samkey nearby Kamearay and finally to Sajong with similar activities.

The project is in withdrawal phase at present.

Majority of the population of these villages are dependent on agriculture and seasonal labour for their livelihood. The project area is situated above Rangpo, the gateway of Sikkim and is about 65 kms away from Gangtok, the capital town of the state and is under East District and shares its border with Central Pendam area at one side and with Darjeeling district of West Bengal state at other side.

VHAS is working in coordination with local organizations. The name of the local organizations are Jan Sewa Samiti from Pachak, Jeewan Jyoti Samaj from Kamearay, Jan Chetna Pariwar from Sajong and Jan Uthan Samaj from Lower Pachak along with Sherpa Samiti from Upper Pachak. The involvement of these organizations is vital for the success of the project especially with regard to community mobilization part. Besides that, VHAS tried to build up their

capacity by giving training on how to run an organization and also by involving them in the project so that after the withdrawal of the project they could sustain in their own and VHAS is also taking the initiative to bridge this gap between the government and the community with the help of community participation. The main Target Group of the project is Self Help Groups.

### **Components of the project for 2017-18:**

1. Reproductive & Child Health
2. Women Empowerment & Development
3. Capacity Building
4. Household Sanitation
5. Support to SHGs
6. Follow Up meetings
7. Coordination Meeting with Government & other Stakeholders

### **1. Reproductive & Child Health**

**Reminder Session on Child Sex Ratio (CSR) & Declining Total Fertility Rate (TFR) at Sikkim:** One day program "Reminder Session on Child Sex Ratio and Declining Total Fertility Rate at Sikkim" has been organized for the SHG members of Sajong area on 18.11.2017 at Sajong Community Hall.

The resource person of the program was Mr. Gopal Dhakal, Multi Purpose Health Worker from Centre Pendam Primary Health Sub Centre. *Child Sex Ratio* is defined as the number of females per thousand males in the age group 0-6 years in a human population. The child sex ratio of Sikkim state is 944 per 1000 males as per the 2011 census. The resource person shared that there should be no discrimination of children because of gender. Though, in our community such discrimination is not there but some people still have mild preference for son. Despite of the gender, equality should be there for all the children in terms of health and education facilities.

Another topic was Declining Total Fertility Rate at Sikkim. Total fertility rate (TFR) refers to the actual average number of children born to a woman over her lifetime. Average TFR is considered as 2.1 but in the state of Sikkim it is below

average. As such, it is necessary to create awareness among general population.

Mr. Dhakal also briefed the gathering about Diabetes in general and Gestational Diabetes (Diabetes during pregnancy), its prevention and management as November are National Diabetes Awareness Month (NDAM).

Another Resource Person was Ms. Radhika Sharma, Accredited Social Health Activist from Sajong village. She shared that the village have recorded 100% ANC coverage and institutional delivery. Other health parameters like immunization are also good.

## **2. Women Empowerment & Development: Women Empowerment & Development:**

Training on sustainability of Self Help Group: One day training on sustainability of Self Help Groups (SHGs) has been organized at Sajong Community Hall on 14<sup>th</sup> September 2017 for the members of different SHGs. The program started with the registration of the participants by Field Facilitator followed by welcome note from ward Panchayat Mr. C.D. Rai. Project Coordinator Mrs. Anjana Rai, as a resource person, highlighted about the two aspects of sustainability of SHGs. Part I is primarily about the financial aspect of SHG programs. This part is about monthly collection, inter lending, bank deposits which the SHGs have been doing and keep on continue in routine basis. Part II proposes a methodology for designing SHG programs to ensure their sustainability. The self-help group model is the dominant form of microfinance in India. To strengthen the part II, the model have been designed and formulated in PAKA Project and we have already initiated the program in the form of Economic Activity, though in small level. Now, it is the withdrawal phase and the responsibility of SHGs is to keep on continue the Economic activity through rotation system.

## **3. Capacity Building:**

### **A. Awareness Generation on Importance of Health Insurance:**

Awareness Generation program on Importance of Health Insurance has been organized at Sajong village on 19<sup>th</sup> May 2017. The venue of the program was Community Hall. It was the need based program demanded by the SHGs when proposal for 2017-18 was prepared with the input of stakeholders. Not even a single person or family who are in SHGs has had the Health Insurance. As such,

awareness has been given on the importance of Health Insurance. Mr. Sawan Rai, an authorised agent of Manipal Health Insurance, was present as a Resource Person. He highlighted about the importance and necessity of having Health Insurance and briefed the public about the scheme.

On that day itself, four families have decided to get insured and did the formalities. Other families have also shown the interest. They felt very happy and enlightened for such a program. The people from nearby village Bhurung also attended the program. This village is not included in our project but they also demand for such program in their locality, if possible. Project Coordinator shared that the basic requirement of the project is Self Help Group. If any SHGs are there, they can come to Sajong and be the part of the program and some programs can also be organized there but community participation must be there.

**B. Training to local NGO on importance of records, legal status and how to work professionally:** - This training was organized for the local NGOs or Community Based Organizations from PAKA project villages at the Training Hall of Voluntary Health Association of Sikkim (VHAS) on 22<sup>nd</sup> February 2018. 7 members of 4 different organizations from Budang, Upper Pachak, Kameray and Sajong villages attended the program. The main resource person of the program was Mr. N.L. Shashanker, Accounts Consultant and Ms. Anjana Rai was there as in house Resource Person. Dr. B.B. Rai, Executive Director of VHAS also addressed the gathering.

**The objectives of the program are as follows:**

1. To impart knowledge on overall functioning of NGOs to the members of local NGOs under PAKA Project
2. To enable the organization to function properly and efficiently as a set up of local governance.

The program started with the registration of the participants followed by welcome note and objective of the program by Ms. Anjana Rai, Project Coordinator. Then, Dr. B.B. Rai addressed the program where he shared with the participants that dedication, determination; honesty and sincerity are few of the things that a person needs to lead the organization. Besides, law of land must be followed by the organizations and act accordingly and one should not be afraid of the obstacle that comes on the way while doing good work.

Then the technical session began with the PowerPoint presentation by Project Coordinator on the topic as below:-

1. Importance of Capacity Building of NGOs
2. Legal Status of NGOs
3. How to work professionally
4. Leadership

After that, Mr. N.L. Shashanker, external Resource Person for program, started his session with PowerPoint presentation and covered following points:

1. Types of NGOs
2. Legal documents required for NGOs
3. Various records and its maintenance

### **3. Household Sanitation:**

**A. Cleanliness drive at Community level:** Cleanliness program have been organized at Sajong on 16<sup>th</sup> September 2017. This time the program was conducted to clean the surrounding area of Community Hall and Public Footpath which was cleaned with the involvement of SHG members

**B. Support for construction of Sanitary Toilets:** 7 members of different SHGs have been supported for the construction of sanitary toilets as follows:

S. No.	Name of the beneficiary	SHG
1	Kamala Dangal	Srijanshil
2.	Krishna maya Chettri	Srijanshil
3.	Srijana Rai	Surya
4.	Til Kumari Rai	Surya
5.	Dilli Kumari Rai	Sheetal
6.	Bishnu Maya Rai	Sheetal
7.	Pinkey Bhutia	Ujjal

#### **1. Support to SHGs:**

Under this head, 2 free Health Camps have been organized at Sajong Village in the year 2017-18. **1<sup>st</sup> Health camp was organized on 23<sup>rd</sup> June 2017.**

Dr. Ashish Sharma, Medical Officer was assisted by Deepika Chettri, ANM, to conduct the camp successfully. A total of 61 people were screened comprising of children, adolescents, adults and elderly people. Blood Pressure of around 50 people was also measured by Ms. Deepika Chettri, Nurse. Required medicines were also distributed to the needy patients free of cost. 50 people availed the benefits of free medicines but medicines for Hypertension and Diabetes were not included in the distributed medicine as it needs to be taken continuously. 2 elderly people have been referred to higher institution for expert opinion.

Likewise, **2<sup>nd</sup> Health Camp was organized at Sajong Community Hall on 2<sup>nd</sup> Dec. 2017** for the members of SHGs and community people including geriatrics and children. Dr. Rojana Tamang, Medical Officer was assisted by Ms. Sabika Basnet, Nurse, who conducted the camp successfully and screened 60 people comprising of children, pregnant women, adolescents, adults and elderly people. Blood Pressure of around 50 people and Random Blood Sugar Testing for 20 people were done. Required medicines were also distributed to the needy patients free of cost. 50 people availed the benefits of free medicines but medicines for Hypertension and Diabetes were not included in the distributed medicine as it needs to be taken continuously.

Common diseases identified during both Health Camps were:

1. Hypertension in adults and elderly
2. Hypotension
3. Diabetes in adults and elderly
4. Skin Problems in adults
5. Dental problems
6. Fever, Cold and Cough
7. Diarrhoea
8. Body Ache, Joint Pain, Insomnia and general weakness in geriatric people
9. Upper Respiratory Infections
10. Headache
11. Tonsillitis
12. Reduced Appetite

## **6. Follow Up Meetings:**

Follow up meetings have been conducted from time to time at previous project areas. The objective was to understand the activities of SHGs. During follow up, it was learnt that SHG activities are still going on. Some old SHGs are functional and become defunct and few new SHGs have also come up.

## **7. Coordination Meeting with Government & other Stakeholders:**

**A. Update Meeting with Panchayats:** On 14<sup>th</sup> Dec. 2017, visit has been made to the Office of Budang-Kameray Gram Panchayat Unit to update the newly elected Panchayat members about PAKA Project activities. They have been congratulated for being elected as public representatives by offering traditional scarf by Ms. Anjana Rai and VHAS Annual Report for 2016-17 have been handed over to them after briefing them about project activities. Panchayat President also requested for conducting Awareness Program for SHGs on their role and responsibilities.

**B. Update Meeting with Panchayats:** On 13<sup>th</sup> Feb. 2018, visit has been made to the Office of the Block Development Officer (BDO) at Duga to update him about the project activities. Project coordinator briefed him about project activities and gave him Annual Report of VHAS for 2016-17. Then, he requested Field Facilitator to inform all the villagers about disability screening camp to be held at Duga on 19<sup>th</sup> Feb. 2018.

**8. 2018-19 Planning Meeting at Sajong:** On 13<sup>th</sup> Feb. 2018, we had annual planning meeting for 2018-19 with SHG members in presence of Ward Panchayat Mr. Karma Gyurmey Bhutia at Sajong Community Hall. The programs for final year of the project have been discussed to be incorporated in final year plan and budget.



**Sajong: Economic Activities: Piggery Status: Individual Economic Activity**

<b>Sl. No.</b>	<b>Name of Primary Beneficiaries</b>	<b>SHG</b>	<b>No. of piglets</b>	<b>Rotation Status</b>
1.	Tendup Bhutia	Himalayan	2	Rotation due
2.	Karma Dubo Bhutia	Do	2	Rotation completed
3.	Jiwan Kumar Rai	Do	2	1 rotated, 1 due
4.	Bimal Rai	Do	2	Rotation completed
5.	Bijay Kumar Rai	Do	2	Rotation due
6.	Neena Kumari Rai	Sheetal	2	Rotation due
7.	Dilli Kumari Rai	Do	2	Rotation due
8.	Shanta Kumari Rai	Do	2	Rotation Completed
9.	Bishnu Kumari Rai	Do	2	Rotation due
10.	Geuri Maya Rai	Do	2	Rotation due
<b>Sl. No</b>	<b>Name of Rotation Beneficiaries</b>	<b>SHG</b>	<b>No. of piglets</b>	<b>Rotation Status</b>
1.	Chiden Bhutia	Shanti	2	Rotation from Karma Dubo Bhutia
2.	Dawa Lhamu Tamang	Samarpit	1	Rotation from Jiwan Kumar Rai
3.	Meena Tamang	Samarpit	2	Rotation from Bimal Rai
4.	Man Kumari Rai	Samarpit	2	Rotation from Shanta Kumari Rai

**Milching Cow Scheme- Group & Individual Economic Activity**

<b>S. No.</b>	<b>Primary Beneficiary's Name</b>	<b>Name of SHG</b>	<b>Daily Income / Status</b>
1.	10 Members- 4 cow	Divyalyoti	10 kg @ 30 = 300
	<b>Rotation Beneficiaries Name</b>	Shanti	Income yet not started
2.	Menuka Acharya		
3.	K.M. Acharya	Do	Do
4.	Renuka Pradhan	Do	Do
5.	Meena Acharya	Do	Do

# **MGNREGA Social Audit Unit (SAU)-Sikkim**

*A report by Mr. Asit Bar. Subba (Programme Officer)*

## **1. Introduction**

The basic objective of social audit is to ensure public accountability in the implementation of Projects, laws and policies. Social Audit is an effective means for ensuring transparency, participation, consultation and accountability under 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 job card holders and cross verifying at worksite. The "Auditors" must not view themselves as "Prosecutors".

Social Audit Unit needs to be establishes for the purpose of Social Audit by state government. State Level Vigilance Cell followed district level and Vigilance and Monitoring Committee (VMC) at village level needs to be strengthened for the purpose of strengthen transparency. Maintain 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.

## **2. Social Audit Unit (SAU) - Sikkim**

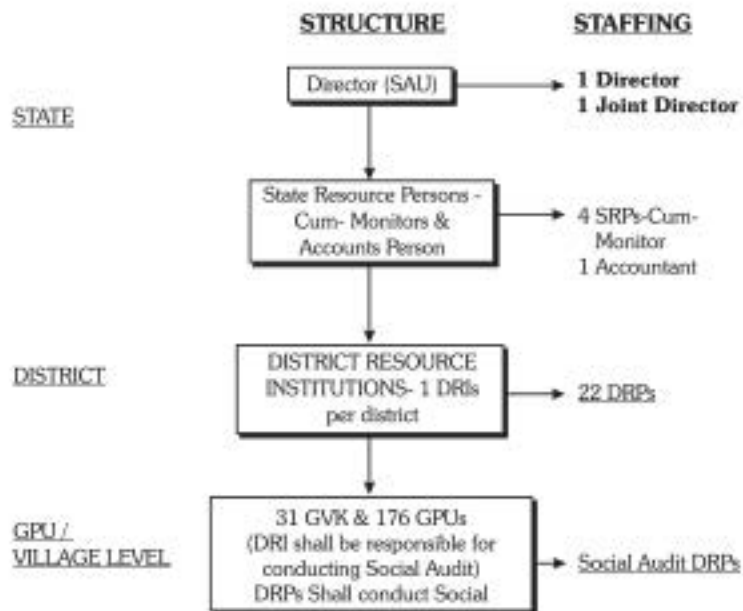
Rule 4 of Audit of Schemes Rules, 2011 stipulate that each state Government shall identified or established an independent organisation, Social Audit Unit (SAU) to facilitate conduct of the Social Audit of MGNREGS works.

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)**



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 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.

#### **4.2.1 Intensive 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. This model would be followed in area where pairing of GP would not be possible due to geographical features, distance and accessibility. Intensive model would also be followed in area with higher number of works and job card holders where more Resource Persons would be required. The Intensive model would follow the follow step wise process.

#### **4.2.2 Paired model:**

In Paired Model of MGNREGA- Social Audit process will remain the as intensive model and does not reduce the scope of the Audit. Using the Pairing model the logistic would be shared by the team and GP close to one another would be paired at a time. This would help the DRIs cover more area while reduce the unit cost. The kick off and Exit Conference meeting would be conducted on the combined day since the block and the officials remains the same for both the GP. Using paired model Social Audit in 80 GP are being conducted by four DRI in the current financial year. The step wise processes followed are as follows.

#### **4.2.3 Details of Social Audit Covered through Intensive & Paired Model 2017-18**

Sl. No	District	No. of Paired GPs	No. of Intensive GPs	Total GPs
1	North	11	02 (Dzumsa)	24
2	East	25	00	50
3	South	23	01	47
4	West	27	01	55

## **5. Social Audit Cycle/Process**

### **5.1. Kick off Meeting**

Kick Off meeting will be conduct by District Programme Coordinator at District level before 30 days from the date of Social Audit. This is the platform where District Resource Institution (DRI) will present the required document which needs to be providing during Social Audit and simultaneously finalisation of the Social Audit calendar take place. Check list of documents also distributed by DRIs to the entire stakeholder. The programme needs to be present by the entire implementing agency of MGNREGS.

### **5.2. Document Verification**

Social Audit Team will verify all the documents at GPK for two days. During document verification social audit team will verify document like, Master Roll, bills and voucher, registers etc.

### **5.3. Field visit and Door to Door interaction**

Social Audit team will visit the field of completed works and ongoing works to verify the works status. On the other hand interaction with job card holder will also take place, where Social Audit team will cross check the job card with bank passbook and feedback on the Schemes will be record.

### **5.4. Data Compilation**

On compilation day Social Audit Team will compile the data collected from document verification and field visit to present in Jan Sunwai/Gram Sabha.

### **5.5. Jan Sunwai/Gram Sabha**

Jan Sunwai/Gram Sabha will be conducted by Gram Panchayat level at convenient place for maximum participation of the job card holder. Jan Sunwai will be chaired by Zilla Panchayat member and 30% of the job card holder must be present to conduct the same. The day long programme will be attended by ADC (Dev), BDO, APO, GRS, Technical team, convergence department, mate, job card holders and public along with social audit team. All the queries raised by gram Sabha will be recorded by social audit team and explanation will be sought from implementation agency. All the original bills and voucher and Master Roll will be reading out in Gram Sabha for validation for public scrutiny.

### **5.6. Exit Conference**

Exit Conference will be organised by District Programme Coordinator (DPC) at district level. All the findings of Social Audit will be presented by DRIs once again and time line will be provided to submit the Action Taken Report to the officers. No Para will be dropped which was raised during Social Audit in the exit conference.

## **6. CONDUCTING 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. Social Audit Unit Sikkim finalised Social Audit calendar for the financial year 2013-14. After the finalisation of the Annual calendar for Social Audit same has been circulated to District Programme Coordinator (DPC) and other implementing agency 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 2013-14**

Sl. No	District	Total No of GPs	Number of GPs covered
1	East	50	24
2	West	55	26
3	South	47	22
4	North	24	18
	<b>Total</b>	<b>176</b>	<b>90</b>

**SOCIAL AUDIT CONDUCTED DURING 2014-15**

Sl. No	District	Total No of GPs	Number of GPs covered
1	East	50	26
2	West	55	29
3	South	47	25
4	North	24	12
	<b>Total</b>	<b>176</b>	<b>92</b>

**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
	<b>Total</b>	<b>176</b>	<b>176</b>

**SOCIAL AUDIT CONDUCTED DURING 2016-17**

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
	<b>Total</b>	<b>176</b>	<b>176</b>

## **SOCIAL AUDIT CONDUCTED DURING 2017-18**

<b>Sl. No</b>	<b>District</b>	<b>Total No of GPs</b>	<b>Number of GPs covered</b>
1	East	50	50
2	West	55	55
3	South	47	47
4	North	24	24
	<b>Total</b>	<b>176</b>	<b>176</b>

### **7. POST SOCIAL AUDIT**

#### **7.1. Submission of Action Taken Report (ATR)**

District Programme Coordinator (DPC) organised Exit conference at District level and one month time line will be provide to the officers for submission of ATR. After receiving ATR from Block Level, DPC submits the same to the office of the SAU for further action.

#### **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 prepare 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 and all four districts ADC as a soft copy. In MPR issues raised are categorically compiled as summary for state, Block and followed by Gram Panchayat level.

#### **7.2. Dropping of Social Audit Para**

Resource Person from Social Audit Unit, visiting Gram Panchayat shall readout the para raised in previous Social Audit and dropped the same it finds satisfactory, if Gram sabha finds it unsatisfactory, the same will be remain open for further appropriate action.

### **8. DRIVING SOCIAL AUDIT THROUGH IEC**

To make Social Audit a more productive and effective tools Social Audit Unit



with support from RM&DD, Government of Sikkim has come with innovative idea of making IEC as part of awareness generation. Initiative has been taken from the preparation of MGNREGA Social Audit song, Social Audit Hand Book and Poster on roles and responsibilities of workers and Panchayats.

## **9. SOCIAL AUDIT HAND BOOK, 3<sup>rd</sup> Edition**

To make the concept clear on social audit model of Sikkim, Social Audit hand book has been published in the year 2013. After getting experiences and making improvements in strengthening the social audit in the states of Sikkim same has been incorporated in Social Audit handbook subsequently. In the year 2015, 3<sup>rd</sup> edition of Social Audit Handbook has been publish with the help of MGNREGA Cell, Rural Management & Development Department, Government of Sikkim.

## **10. SHARING SOCIAL AUDIT WITH OTHER STATES**

Sikkim Model of Social Audit has earned their name in national level. Ministry of Rural Development (MoRD) has prised the implementation of Social Audit in the states of Sikkim. Different States has visited Sikkim to experience Social Audit and same has been shared at different level at national level. Dr. B. B Rai, Director, SAU-Sikkim has visited Bhutan as a part of delegation from India as Social Audit Trainer.

Details are as follows.

- **Bhutan** 3<sup>rd</sup> – 9<sup>th</sup> Sept, 2014 as part of Indian delegation by Dr.B.B Rai, Director, SAU
- **Social Audit Team of Himachal Pradesh** experience Sikkim social audit process from 23<sup>rd</sup> to 28<sup>th</sup> February 2014 by SAU, Sikkim
- **Hyderabad** 23<sup>rd</sup> – 28<sup>th</sup> Aug, 2014 at NIRD by SAU Team
- **Jammu** on 21<sup>st</sup> Aug, 2014 by Mr .Sandeep Tambe, Commissioner
- **Nagaland** on 7<sup>th</sup> May, 2014 by Mr. Tashi Chophel, ADC
- **Mizoram** 19<sup>th</sup> March, 2014 by Mr. Manoj Pradhan, ADPC

- **Uttarakhand** on 5<sup>th</sup> March 2014 by Mrs Sarika Pradhan, Joint Secretary
- **Meghalaya** on 3<sup>rd</sup> March, 2014 by Mr. Nima Tashi, Planning Coordinator
- **Assam** on 20<sup>th</sup> Jan, 2014 by Mr. Sandeep Tambe, Commissioner
- **Manipur** on 16<sup>th</sup> Jan, 2014 by Mr. Sandeep Tambe, Commissioner
- **Himachal** on 25<sup>th</sup> Oct, 2013 by Mr. Sandeep Tambe, Commissioner
- **Mumbai**, 21<sup>st</sup> Sept, 2013 in TISS National Workshop, by Dr.B.B Rai, Director, SAU
- **Guwahati-Assam**, 06<sup>th</sup> to 12 April 2015 to Facilitate Training for NE States by SAU Team
- **Social Audit team of Assam** got experience of Sikkim model of Social Audit process at Sikkim, 15<sup>th</sup> to 25<sup>th</sup> May 2015 by SAU, Sikkim
- **Hyderabad** 2<sup>nd</sup> -06<sup>th</sup> November 2015 at NIRD by SAU Team
- **Team from Nepal** Attended Social Audit Jan Sunwai at Niya Mazing GP under Yangang Block on 18/05/2016
- **Team from Himachal Pradesh** including Director-HPSAU visited Sikkim to experience the Sikkim Model of Social Audit Process from 04/12/2017 to 09/12/2017.

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

*A report by Mr. Souvan Rai (Assistant Programme Officer.)*

The Japan International Cooperation Agency (JICA) assisted Sikkim Bio-diversity Conservation & Forest Management Project (SBFP) is approved for implementation from 2010-11 with a financial outlay of Rs.330.57 crores. The implementing agency of this project is Department of Forest Environment & Wild life Management, Government of Sikkim. The project has covered all the four district of Sikkim.

**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, and 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 objective, it is provided in the project to take the support of NGO as a district level facilitating Organization, and again Voluntary Health Association of Sikkim was selected for east district for the FY 2017-18.

**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).

The project area covering 26 Forest Ranges spread over nine Divisions (four Territorial Forest Divisions, four Wildlife Divisions and one KNP Divisions). These nine Divisions are located throughout the state of Sikkim.

The detail of Community Organizers along with their place of posting is given below as follows:

Sl. No.	Ranges	Name of Community Organizers (COs)
1.	Singtam Territorial	Mrs. Chumkey Dem Bhutia
2.	Ranipool Territorial	Mrs. Shanti Chettri
3.	Pakyong Territorial	Ms. Dawa Kipa Lepcha
4.	Gangtok Territorial	Mr. Bhawandish Majhi
5.	Phadamchen Territorial	Mr. Dinesh Sharma
6.	Rongli Territorial	Mr. Norbu Tshering Lepcha
7.	Fambonglho Wildlife Sanctuary	Ms. Yeshey Ongmu Ethenpa
8.	Pangolakha Wildlife Sanctuary	Mrs. Yogita Chettri
9.	Kyongnosla Alpine Sanctuary	Ms. Tara Rai

In the financial year: 2017-18, Voluntary Health Association of Sikkim (VHAS) along with Community Organizers (COs) and forest official conducted series of meeting at the grassroots level to strengthen the documentation and functioning of Joint Forest Management Committees (JFMCs) and Eco-development Committees (EDCs) under East Division and SBFP also imparts various training to JFMCs/EDCs and SHGs. Beside this, VHAS along with COs also involved in the micro-planning exercise of 4<sup>th</sup> batch Spread Effective Villages (SEV). The details of activities are highlights below as:

#### **Micro-planning of 4<sup>th</sup> batch Spread Effective Villages (SEV)**

JICA assisted SBFP has selected 7 Joint Forest Management Committees (JFMCs) and 4 Eco Development Committees (EDCs) under East Division for micro-planning of 4<sup>th</sup> batch SEV. Community Organizers (COs) along with forest official, representative from VHAS (NGO) and member of JFMCs and

EDCs facilitated the process of micro-planning exercise in selected JFMCs and EDCs.

### **Objective of Micro-planning**

The main objective of the micro-plan preparation was to seek people's participation in forest conservation and related activities including implementation of Income Generation Activities (IGA) through SHGs with joint effort of the Forest Department and the JFMCs/EDCs.

### **Methodology of Micro-plan preparation**

The micro plan has been formulated using a participatory approach with the help of the Community Organizers (COs), concerned Range Office staff, district level facilitating NGO and the JFMCs/EDCs members. The major components in the micro plan development process include the following:

- a. The brief background of Sikkim Biodiversity Conservation and Forest Management Project (SBFP) was shared on a chart paper by Assistant Program officer from VHAS along with the objective of the micro-plan exercise.
- b. Primary information collection: The information on the socio – economic status, demography, land holding and village profile was collected from the village Panchayats, Rural Development Assistant (RDA), ASHA, ICDS and various other sources. The information related to forest, environment and conservation were collected from the Range office and members of JFMCs/EDCs.
- c. The information collected was shared with the JFMCs/EDCs members of the village during the consultation. Further the issues on livelihood, forest development activities and community perspective development plan were discussed in the meeting with the JFMCs/EDCs members.
- d. The micro-plan exercise was conducted with the community in general meeting by the Assistant Program officer from VHAS, Community Organizers (COs), Range Officer and Forest Guards from the RSU.

- e. PRA tools like the village resource map, seasonal calendar, institutional venn diagram, historical trend etc. were prepared with the participation of Executive Committee Members of JFMCs/EDCs, Range Officer, General Members, Forest Guard and others.
- f. Wish list for micro-planning activities was prepared.
- g. Feasibility analysis was done for various activities considering economic viability, social acceptability, ecological soundness and technical feasibility for each item on the wish list.
- h. Based on available budget local human and natural resources, final list of micro plan activities were prepared.
- i. Mutual obligations of JFMC/EDCs members, Forest Department and indicators of success were also discussed and finalized during the meeting.

The list of selected JFMCs and EDCs under 4th Batch (SEV-III) Micro-planning are as follows:

<b>Sl. No.</b>	<b>Division</b>	<b>Range</b>	<b>JFMCs/EDCs</b>
1.	East (W/L)	Fambonglho (W/L)	Nazitam-Lingtam EDC
		Pangolakha (W/L)	Gnathang EDC
			Kupup EDC
			North Regu EDC
2.	East (T)	Rongli (T)	Rolep JFMC
		Ranipool (T)	Changey Senti JFMC
		Pakyong (T)	Linkey Thekabong JFMC
			Pachey Phirphirey JFMC
		Gangtok (T)	Lingdok JFMC
		Singtam (T)	Bordang Singleybong JFMC
			Lower Martam JFMC

### **Income Generation Activities (IGAs)**

JFMCs and EDCs provides loan amounting Rs.60, 000/- at minimal interest rate to 52 Self Help Groups (SHGs) under JICA assisted SBFP for Income Generation Activities (IGAs). Selected IGAs are vegetable cultivation, poultry farming, piggery farming, goat farming, mushroom cultivation, ginger cultivation, broom binding, cardamom nursery/cultivation and business canteen.

### **Training to Self Help Groups (SHGs)**

JICA assisted SBFP provides training to selected Self Help Groups. The main objective of the training is to impart basic knowledge on functioning of SHGs and to strengthen the record keeping/documentation of SHGs. Saving principle and sustainability strategy of SHGs was planned in the training. During training session, problems and opportunities of SHGs and marketing linkage was also discussed. Saving principle and sustainability strategy of SHGs was planned during the training.

### **Administrative and Financial Training to JFMCs & EDCs**

JICA assisted SBFP provides training on administrative and financial training to Joint Forest Management Committees (JFMCs) and Eco-Development Committees (EDCs) under East Division. The main objective of the training is to streamline the functioning of JFMCs/EDCs and strengthen the documentation and record keeping of the committees.

### **Visit of Mid Term Review (MTR) Team**

On 6<sup>th</sup> March 2018, Mr. Toru Uemachi, Senior Representative (JICA-India) & Mr. Vineet Sarin, Additional Chief Development Specialist (JICA-India) visited Assam Gairi Goan JFMC and Sirwani Chisopani JFMC under East Territorial Division along with Forest, Environment and Wildlife Management Department official. During visit, representative and officials interacted with Executive Committee of JFMC and Self Help Groups (SHGs) members and verified the book keeping and documentation of JFMCs and SHGs.

## TARGETED INTERVENTION PROJECT ON HIV/AIDS & STI

*A report by Mrs. Sujana Thapa and Mrs. Laxmi Sharma (Project Coordinators)*

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 risk behaviour groups i.e. Female Sex Workers (FSW). There are two TI project running i.e. TI Project (I) & TI Project (II). Under TI Project- (I) Gangtok & Ranipool and the target 220 population registered till now. Under TI Project- (II) Singtam and Rangpo and the target 289 population registered till now.

The project was initiated with the following objectives to achieve.

- ☉ To create awareness about HIV-AIDS/STI among the vulnerable Flying Sex Worker.
- ☉ 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 the 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 Target Intervention also do partner notification and follow up on STI patients.
- **Condom Promotion:** Condom programming to ensure the availability of easily accessible, good quality and affordable condoms and to use regular condom with regular partner only.
- **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 Checkups, 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.

**Following is the total coverage of TI-I and TI-II for the financial year 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018**

**Gangtok & Ranipool (TI-I)**

Months	April 2017	May 2017	June 2017	July 2017	August 2017	September 2017	October 2017	November 2017	December 2017	January 2018	February 2018	March 2018	Twelve months total
1) STD Symptomatic Treated													
RMC	51	56	50	58	60	47	54	51	44	58	52	53	<b>634</b>
2) ICTC Tested	23	20	22	21	27	32	21	24	25	30	29	23	<b>297</b>
Counselling	53	57	54	60	70	49	64	52	45	60	56	55	675
STIs	2	1	2	2	2	2	1	1	1	2	2	2	20

**Health Camp**

Health camp was organized at Dr. Kanti's North-East Clinic, Deorali. General people and our target group (HRG) were present in the health camp. During this camp patient was tested with HIV testing through mobile ICTC and was done

Regular medical check-up and STI treatment was and also provided with free medicines.

### Events Day

Events day was observed on 7<sup>th</sup> Dec 2017 at one of our hotspot area i.e. (Tadong). The main objective of this programme is to provide awareness among the HRGs as well as general public. On this day general information on HIV/AIDS and STI and its sign and symptoms were provided, other women health related problems were also highlighted during events day. General public also attend and they were much interested regarding this type of program. Peer Educator was done condom demonstration at that time.

### Group Discussion

The main objective of this programme is to increase day to day DIC attendance and registration of new HRG's in our line-list. Group Discussion was organized every month at DIC since many years. But this financial year group discussion organized in a different manner. During this program mobile ICTC team from SSACS were invited for testing and motivate them to come forward for HIV testing.

### Singtam & Rangpoo (TI-II)

Months	April 2017	May 2017	June 2017	July 2017	August 2017	September 2017	October 2017	November 2017	December 2017	January 2018	February 2018	March 2018	Twelve months total
1) STD Symptomatic Treated													
RMC	78	68	60	78	86	87	75	83	81	75	46	102	919
2) ICTC Tested	37	36	26	50	45	88	19	55	26	40	52	71	545
Counselling	39	43	38	45	47	50	45	46	39	45	45	47	529
STIs	4	3	3	3	3	7	1	3	3	1	0	1	32

In this financial year programmes were organised which are as follows:

- **Health Camp:** - During this financial year three health camps were organised twice at Rangpo and once at Singtam. On this day free medical check-up and medicines were provided to all HRGs and general public. Doctors and lab technician were invited for HIV testing and counsellor for counselling session to all the patients. The main objective of this programme is to provide free services to people and also make them aware of HIV/AIDS and STI.
- **World Aids Day:** - World Aids Day is observed on 1<sup>st</sup> December. On this day people aware of HIV/AIDS and STIs. Quiz competition on HIV/AIDS were also conducted. There were altogether 42 participants. The resource person was Dr. M. P. Sharma, senior Gynaecologist of Singtam Hospital, Mr. Nanda Kishore Sharma, Lab Technician and Bhumiika Sharma, ICTC counsellor. Mr. Nanda Kishore Sharma also enlightened about ICTC testing and made them aware of why this project focus so much on testing and encouraged everyone to support the PEs and asked them to come for regular check up and testing. At last gift were distributed to the HRGs who participated in the quiz competition.
- **Awareness programme on personal Hygiene, Cervical Cancer and Breast Cancer:-** Adequate amount of awareness regarding personal hygiene, cervical cancer and breast cancer are also provided since these are the focal areas where people normally give less attention in this present day.
- **Felicitation of TI staff :** In order to acknowledge the effortless service that was provided by some of the most hardworking employees for the past 10 years were felicitated with mementos. This act was very much required for the encouragement to those wonderful and efficient employees of TI staff, Mrs. Dhanmaya Chettri (Counsellor) Mrs. Urmila Tamang (Peer Educator) and Mrs. Arati Chettri (Peer Educator). The intention behind this was to make them feel more energized to contribute further in pursuit of a better society.

## HEALTH ON WHEELS (HoW)

*A report by Mrs. Anjana Rai (Sr. Programme Officer)*

### **Background:**

Voluntary Health Association of Sikkim in collaboration with Inclusive India Foundation is implementing Health on Wheels (HoW) project. The project is financially supported by Glenmark Foundation, Mumbai. The objective is to provide Quality Primary Health facilities and awareness among the communities through mobile health clinic covering 8 villages in East Sikkim, as follows:-

1. Rumtek-Samluk
2. Tumlabong
3. Radong
4. Namin
5. Namli
6. Chuba
7. Chuja
8. Tshalamthang

Presently, 18772 populations and 30 ICDS area are being covered under 8 villages. The main target population is 0-6 year children, Pregnant and lactating mothers and Community.

**STRATEGY OF HoW:** Provide quality primary health facilities and awareness among the community through mobile health clinic.

### **OBJECTIVES OF HoW:**

- To reduce and control diseases through mobile clinics covering the target population/proposed beneficiaries.
- To provide health care to the poor and needy at their door step.

- To undertake awareness and IEC activities informing the target audience regarding the programme and its operation.
- To provide health education to the target population, especially women and adolescent girls.
- To provide reproductive health care including immunization to the expectant and lactating women.
- To provide complete immunization service for the children below 6 years of age.
- To educate the target population on health and sanitation and the use of safe drinking water and protection of the environment.
- To transport serious paediatric patients and emergency cases to nearby PHCs, District Hospital, Singtam or STNM Hospital, Gangtok or private clinics by Ambulance.
- To strengthen the Village Health & Nutrition Day scheme of the Government through its activities in each ICDS Centre (AWC).
- To strengthen the hands of the Government as a collaborative partner in healthcare service delivery in order to progress towards its objectives of a complete healthy state.

## **WHAT DO WE DO?**

1. Running Mobile Medical Clinics on all project area through Health Camps.
2. Monthly 26 Health Camps and 5 Awareness Programs on various health issues.
3. Free OPD services and free medicines for children (0-6 yrs), mothers and expecting mothers.
4. Free OPD services and free medicines to the community people from 2017.
5. Free consultation and services for needy patients at their home, who cannot come to Health Camps venues.
6. Random Blood Sugar (RBS) Testing at Health Camps through one touch Glucometer.

7. Provision of Free Ambulance Services (transportation facility) especially for children up to 6 years and mothers but the services had been provided to all the needy people from project area.
8. Demand based Health Camps at Schools.

### **WHO CAN AVAIL BENEFIT?**

Initially, free medicines and ambulance services are provided only to children less than 6 years, expecting mothers and lactating mothers but from 2017 onwards, all the community people are getting these services along with the facility for random blood sugar testing.

### **MAJOR ACTIVITIES UNDER HoW PROJECT FROM 1<sup>ST</sup> APRIL 2017 UPTO 31<sup>ST</sup> MARCH 2018**

1.	Number of health camp conducted:	331
2.	Number of patients seen:	6146
3.	Number of target group examined:	3153
4.	Number of health awareness conducted:	48
5.	Number of people attended awareness program:	1516
6.	Number of medicine distributed:	8299
7.	Number of people who did RBS Testing:	194
8.	Number of patients transported by ambulance:	02
9.	Number of People met during home visit:	1296

## INTERNSHIP REPORT

Voluntary Health Association of Sikkim (VHAS) provides an opportunity for internship to the student who has to undertake compulsory Field Work in their Academic Programme. Internship would be provided to those areas where VHAS has been working. During their tenure as intern, all possible help will be extended by concerned division under which they want to work. Induction training will be given to them on working of VHAS. 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 2017-18 VHAS provided internships to the students who come from different institute. Each student came with a different purpose and had a different background. The names of the students who came as intern are:-

Sl. No.	Name of the intern	Institute	Qualification	Date	Placement at
1.	Gaurav Pradhan	St. Joseph's College, Bangalore	2 <sup>nd</sup> Year BSW	28 <sup>th</sup> April to 22 <sup>nd</sup> May 2017	Health on Wheels
2.	Sisir Sherpa	St. Joseph's College, Bangalore	3 <sup>rd</sup> Year BSW	15 <sup>th</sup> May to 7 <sup>th</sup> June 2017	
3.	Aditi Cintury	Rajiv Gandhi National University of Law, Punjab	1 <sup>st</sup> Year LLB	2 <sup>nd</sup> to 25 <sup>th</sup> Jan. 2018	
4.	Purna Subba	Assam Don Bosco University	3 <sup>rd</sup> Semester, MSW	3 <sup>rd</sup> to 28 <sup>th</sup> Oct. 2017	SAU / Health on Wheels
5.	Tshering Tenzay	Sikkim University, Gangtok	2 <sup>nd</sup> year M.Sc. in Psychology	2 <sup>nd</sup> to 31 <sup>st</sup> January 2018	Social Audit Unit & HR
6.	Kunal Tamang				
7.	Kushal Rai				

All interns were engaged in the respective placement and did a field visit with VHAS team and office work during their tenure of internship. 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 after completing their internship.



**“Training-cum-Meeting from 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018”**

<b>Sl. No.</b>	<b>Name of participants</b>	<b>Type of training/ exposure/Meeting</b>	<b>Month/ year</b>	<b>Resource Agency</b>	<b>Place</b>	<b>No. of Participants</b>
1	Dr. B.B.Rai & Ms. Sudha Rai	Social audit Report and action taken reports formats.	11 <sup>th</sup> Sept. 2017	Ministry of Rural Development, New Delhi	Krishi Bhawan New Delhi	2
2	Mr. Ash Bdr. Subba and Ms. Kusum Tamang	Training on Social audit MIS	5 <sup>th</sup> June 2017	Ministry of Rural Development	Krishi Bhawan New Delhi	2
3	Dr. B.B. Rai, Mr. Ganesh Pdr. Sharma and Mr. Ganga Pdr. Sharma	Certificate course on social accountability and social audit 2016-17, Mid Term Review workshop	17 <sup>th</sup> & 18 <sup>th</sup> July	Ministry of Rural Development and Panchayati Raj (MoRD&PR) and TISS	TISS, Mumbai	3
3	Mr. Ash Bdr. Subba, Mr. Ashok Sharma, Ms. Sudha Rai and Mr. Sonam Pntso Bhutia	National workshop on Social audit	3 <sup>rd</sup> & 4 <sup>th</sup> January 2018	Ministry of Rural Development	Scope complex New Delhi	4
4	Mrs. Anjana Rai Mr. Ashok Sharma Ms. Kusum Tamang	Workshop for Stakeholders on Prevention of Drug & Substance Abuse	20 <sup>th</sup> & 21 <sup>st</sup> March 2018	NIPCID, Gawahati Assam and SWE&JD, Government of Sikkim	Accounts & Administrative Training Institute, Gangtok	3
5	Mrs. Anjana Rai	Conference on Sharing of Best Practices : Improving Maternal, New Born and Child Health in India	28 <sup>th</sup> March 2018	Glenmark	FICCI, Federation House, New Delhi	1

## COMMUNITY HEALTH, WOMEN EMPOWERMENT & DEVELOPMENT (PAKA Project)



*Programme Co-ordinator interacting with the SHG members*



*Cleanliness Drive at Sajong, East Sikkim on 16<sup>th</sup> September 2017*



*Beneficiaries of Health Camp*



*Beneficiary in front of newly constructed toilet*



*Annual Planning Meeting*



*Resource person Mr. N.L. Shashanker during Capacity Building training*

## MGNREGA Social Audit Unit (SAU)-Sikkim



*Document verification at Mendo Goan GPU  
under Chumbung block*



*Job card verification  
at Berrniok Tokal GPU*



*Land Terracing  
at Tomchi (Lachen Dzumsa)*



*Measurement of CCFP at Zaluk Ward  
under Gnathang GP*



*Social Audit Jansunwai  
at Chujachen GP*



*Exit conference at Soreng BAC*

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



*Annual General Meeting  
with Parakha JFMC  
under Barapathing (T) Range*



*Annual General Meeting  
of Sinogney Bos EDC  
under Pangolakha Wildlife Sanctuary*



*Microplanning Exercise  
at Linkey Thekabong JFMC  
under Pokyong (T) Range*



*Administration and Financial Training  
to JFMCs under East Territorial Division*



*Interaction Meeting with MTR team  
at Sirasani Chiacpansi JFMC  
under Singtam (T) Range*



*Meeting with Executive Members  
under Rangli (T) Range*

## TARGETED INTERVENTION PROJECT ON HIV/AIDS & STI



*Counselling Session  
at Drop-in-Centre*



*Regular Medical Check-up  
by Dr. Kantil Sharma*



*World Aids Day  
at Singtam*



*HIV Testing during Group Discussion*



*Felicitation to Field Staffs by Dr. M.P.Sharma*



## HEALTH ON WHEELS (HoW)



*Officials during Inaugural program*



*Flag off by CMO East -Health on Wheels Ambulance*



*HoW Ambulance used during referral of Infant from Health camp to Hospital*



*Target Group General Check Up at Tumlabong PHSC*



*IEC materials used during awareness program on Nutrition*



*With Glenmark Sikkim Plant Head and HR Manager*

## VHAS MANAGEMENT BOARD MEMBERS



Dr. (Ms.) H. Lepcha  
President



Prof. J.P. Tamang  
Vice- President



Dr. B. B. Rai  
Secretary-cum-Executive Director



Dr. (Ms.) Bela Cintury  
Treasurer



Shri. T. D. Bhutia  
Joint Secretary



Shri. Ganesh Prasad Sharma  
Executive Member



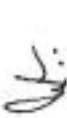
Ms. Jay Jay Lepcha  
Executive Member



Mr. Paul Rai  
Co-opted Board Member

# VOLUNTARY HEALTH ASSOCIATION OF SIKKIM SOURCES AND UTILISATION FOR THE YEAR ENDED 31.03.2018

Sl. NO.	ACTIVITY / SOURCE	OPENING BALANCE AS ON 01.04.2017	RECEIPTS 2017-18	INTEREST EARNED 2017-18	TOTAL RECEIPTS 2017-18	TOTAL EXPENDITURE 2017-18	CLOSING BALANCE AS ON 31.03.2018
		₹	₹	₹	₹	₹	₹
<b>A</b>	<b>Community Health &amp; Environment Division</b>						
1	Targeted Intervention prog. on HIV-AIDS/STDs Sikkim State AIDS Control Society	11,092.00	22,40,540.00	7,773.80	23,17,223.80	21,33,000.00	1,03,396.80
2	Community Health and Development & IMA-Bangalore	594,247.16	4,38,850.40	-	6,23,820.62	4,46,864.00	1,77,205.62
3	Basic Health Care & Support	17,719.00	-	-	17,719.00	-	17,719.00
4	Health on Wheels, IF-Noida, West Bengal	3,75,366.00	14,73,036.00	-	18,48,402.00	17,83,154.00	65,968.00
<b>TOTAL - A</b>		<b>5,97,881.16</b>	<b>42,11,886.40</b>	<b>7,773.80</b>	<b>48,97,440.62</b>	<b>43,43,094.00</b>	<b>4,63,444.82</b>
<b>B</b>	<b>Livelihood Division</b>						
5	JICA-SBFF Forest Department, Govt. of Sikkim	-	20,87,845.00	-	20,87,845.00	18,38,000.00	1,68,715.00
6	MONRE-GA Social audit PMOD, Govt. of Sikkim	49,18,419.87	60,21,000.00	2,16,126.00	1,31,96,545.00	1,01,79,500.50	29,76,589.50
<b>TOTAL - B</b>		<b>49,18,419.87</b>	<b>1,00,28,845.00</b>	<b>2,16,126.00</b>	<b>1,33,94,396.00</b>	<b>1,28,18,000.50</b>	<b>35,46,395.50</b>
<b>C</b>	<b>Capacity Building, Research Studies, Communication &amp; Information Division</b>						
7	SIPRAU - PACSMM Telling, Gangtok	-1,50,509.00	1,50,509.00	-	-	-	-
8	GI-EC Media In-Hall Media on HIV-AIDS Sikkim State AIDS Control Society	-2,32,000.00	2,32,000.00	-	-	-	-
<b>TOTAL - C</b>		<b>-3,82,509.00</b>	<b>3,82,509.00</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL - A+B+C</b>		<b>55,24,311.23</b>	<b>1,48,23,629.40</b>	<b>2,23,896.80</b>	<b>1,69,71,830.69</b>	<b>1,63,42,092.50</b>	<b>38,06,888.19</b>

  
**Dr. H. Lepcha**  
 President  
 VHAAS, Gangtok

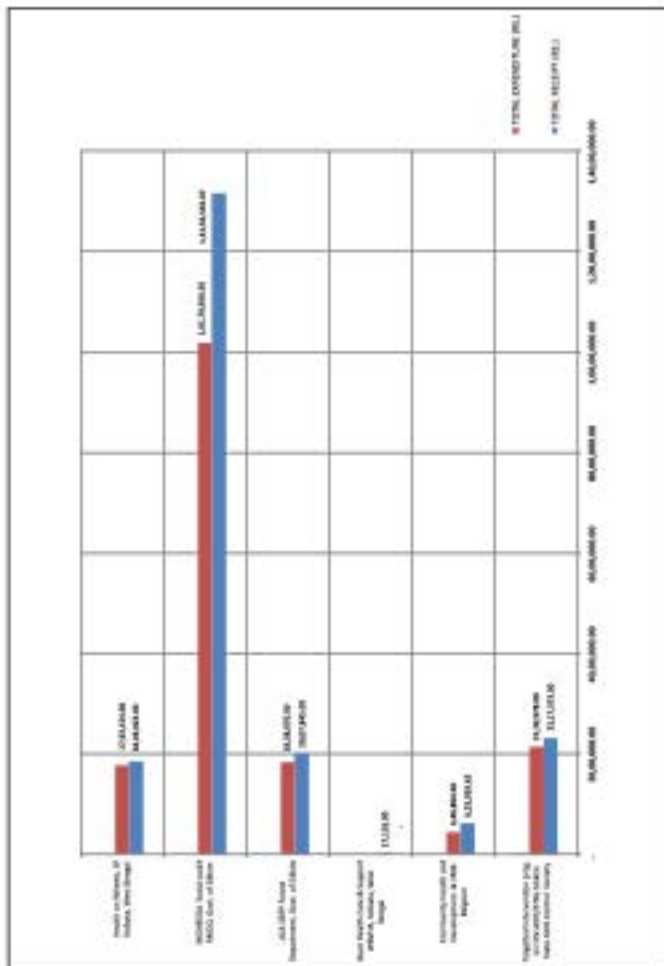
**Approved by:**  
  
**Dr. Bole Chutry**  
 Treasurer  
 VHAAS, Gangtok



  
**Dr. R.B. Rai**  
 Executive Director  
 VHAAS, Gangtok



# GRAPH SHOWING PROJECT WISE INCOME & EXPENDITURE OF THE FINANCIAL YEAR - 2017-18



## VHAS- STAFF

Dr. B.B. Rai  
Executive Director  
MBBS, MD, MPHIA

Mrs. Anjana Rai  
Senior Program Officer  
MA (Sociology)

Mr. Ashok Sharma  
Program Officer  
MA (Sociology)

Mr. Ash Bdr. Subba  
Program Officer  
MA (Sociology) & MSW

Mr. Sawan Rai  
Assit. Program Officer  
B. Sc. &  
MA(Rural Development)

Ms. Kusum Tamang  
Assit. Program Officer  
MA (Rural Development)

Mr. Siraj Darjee  
Accountant  
B.Com.

Mr. Judhi Raj Rai  
Senior Driver-cum-  
Head Attendant

Mrs. Suk Maya Rai  
Officer Keeper and  
Kitchen Staff

Miss Sabina Manger  
Receptionist-cum-Attendant  
Class - XII

## VHAS - PROJECT STAFF TARGET INTERVENTION

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Project Co-ordinator (TI-I)  
MA (Sociology)

Ms. Srijana Thapa  
Project Co-ordinator (TI-II)  
MA (Sociology) & MSW

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Councillor TI - I  
A.I.S.S.C

Mrs. Dhan Maya Chettri  
Councillor TI - II  
A.I.S.S.C

Mrs. Devika Chhetri  
Accountant-cum-M&E  
coordinator  
BA (Economic)

Ms. Diki Sherpa  
Outreach Worker TI-1  
Class XII Pass

Ms. Sheelawati Chettri  
Outreach worker TI-I  
B.A.

Mrs. Poonam Tamang  
Outreach worker TI- II  
B.A.

Mrs. Yammuna Khatiwada  
Outreach worker TI- II  
B.A.

## HEALTH ON WHEELS

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Health worker  
B.A

Ms. Premila Rai  
Nurse  
GNM

Mr. Ongyal Lepcha  
Driver  
Class VIII

## SOCIAL AUDIT MGNREGA

Ms. Sudha Rai  
State Resource Person  
B.A

Ms. Tina Rai  
District Resource Person  
B.A

Ms. Munna Sharma  
District Resource Person  
B.A

Mr. Phurba Tashi Lepcha  
District Resource Person  
B.A

Mr. Umesh Chettri  
District Resource Person  
B.A

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Government of Sikkim

Sikkim State AIDS Control Society (SAACS),  
Government of Sikkim

Social Justice, Empowerment and Welfare Department (SJEWD),  
Government of Sikkim

Health Care, Human Service and Family and Welfare Department, GoS  
Gangtok Municipal Corporation, GoS

Glenmark Foundation Pvt. Ltd.

