



VOLUNTARY  
HEALTH ASSOCIATION  
OF SIKKIM

# ANNUAL REPORT 25-26



VOLUNTARY HEALTH ASSOCIATION OF SIKKIM  
TADONG, GANGTOK

# Annual Report 2025-26

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# Foreword

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BY  
Dr. (Ms.) Bela Cintury

It 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 2025-26. 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 Staffs 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 & Family Welfare and Social Welfare Department 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 Rural Development Department, Government of Sikkim continues to strengthen us in many ways. Together, we conducted the Social Audit for Mahatma Gandhi NREGA in 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.

I would also like to express my sincere to Education Department, Government of Sikkim and Women, Child, Senior Citizen and Divyangjan Welfare Department, Government of Sikkim for entrusting with the responsibilities of Social Audit.

And also like to give my sincere gratitude to the American India Foundation for giving an opportunity to work as a lead CSO in the USAID PRERANA Project.

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

by 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 2025-26, which highlights VHAS's 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.

I express my sincere gratitude to the Rural Development Department (RDD), Government of Sikkim for giving us an opportunity of taking on the responsibility of Social Audit Unit (SAU) in the State of Sikkim.

I would like to extend my sincere thanks to the Department of Social Justice & Empowerment (Government of India), Education Department (Government of Sikkim), Social Welfare Department (Government of Sikkim) and Women, Child, Senior Citizen and Divgyanjan Welfare Department (Government of Sikkim) for their kind coordination and support during the social audit of their various scheme.

I would like to express my sincere thanks to 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 American India Foundation for giving an opportunity to work as a lead CSO in the USAID PRERANA Project.

I further would like to extend my special thanks to the Glenmark Foundation & Inclusive India Foundation 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 12 villages in Gangtok District from 2015 to 2026.

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 22nd 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.**

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.

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.

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 02nd 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 2nd February 2015, Rural Development Department (RDD), 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 24th February 2015 by RDD 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 RDD, 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 meeting. 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

### 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.

## 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 give 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.

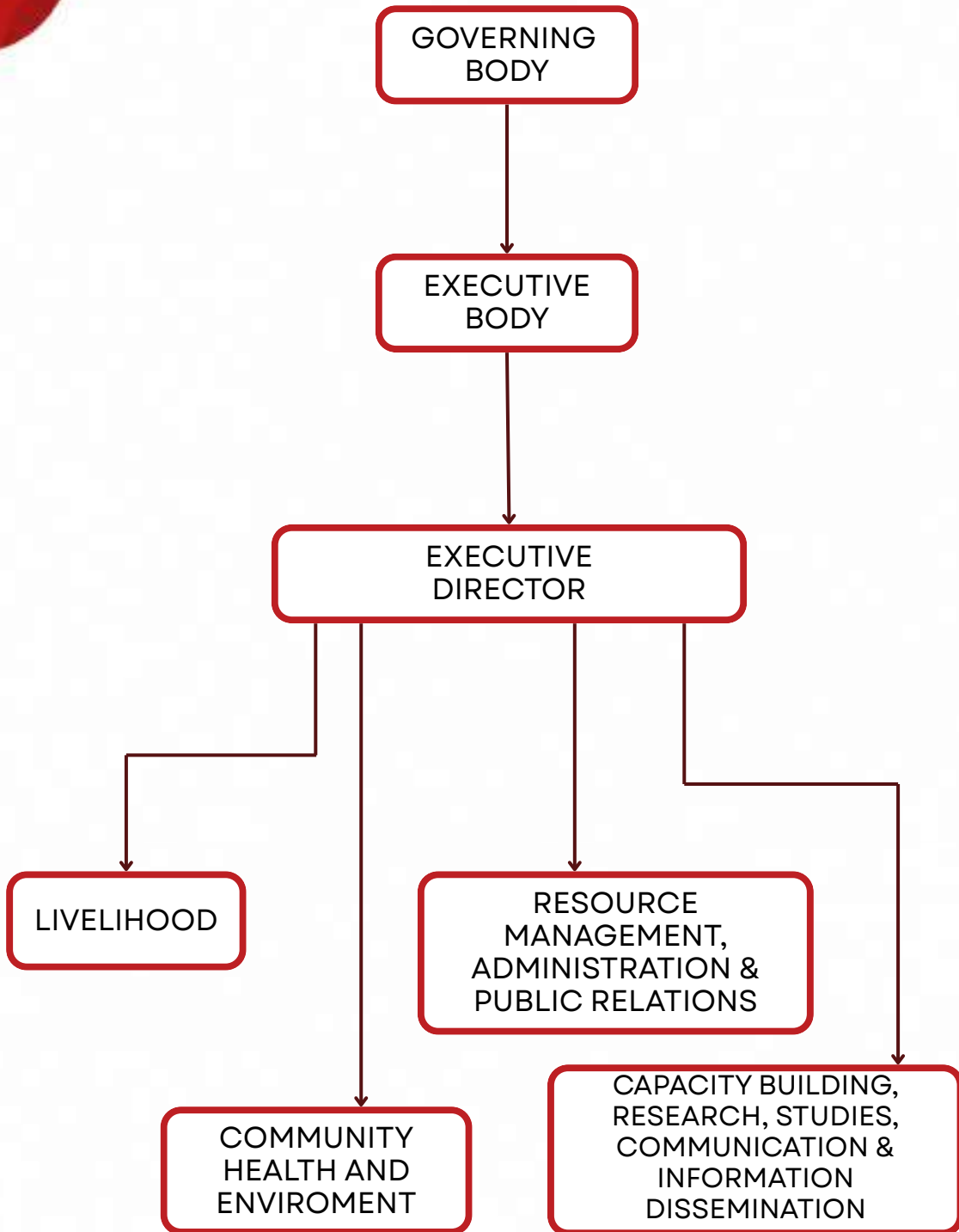
- **Proactive Engagement of Stakeholder:**

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



### 1. STATUS OF SOCIAL AUDIT IN THE SATE

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 laborers and cross verifying works at site. The "Auditors" must not view themselves as "Prosecutors".

Social Audit Unit needs to be established 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. 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.

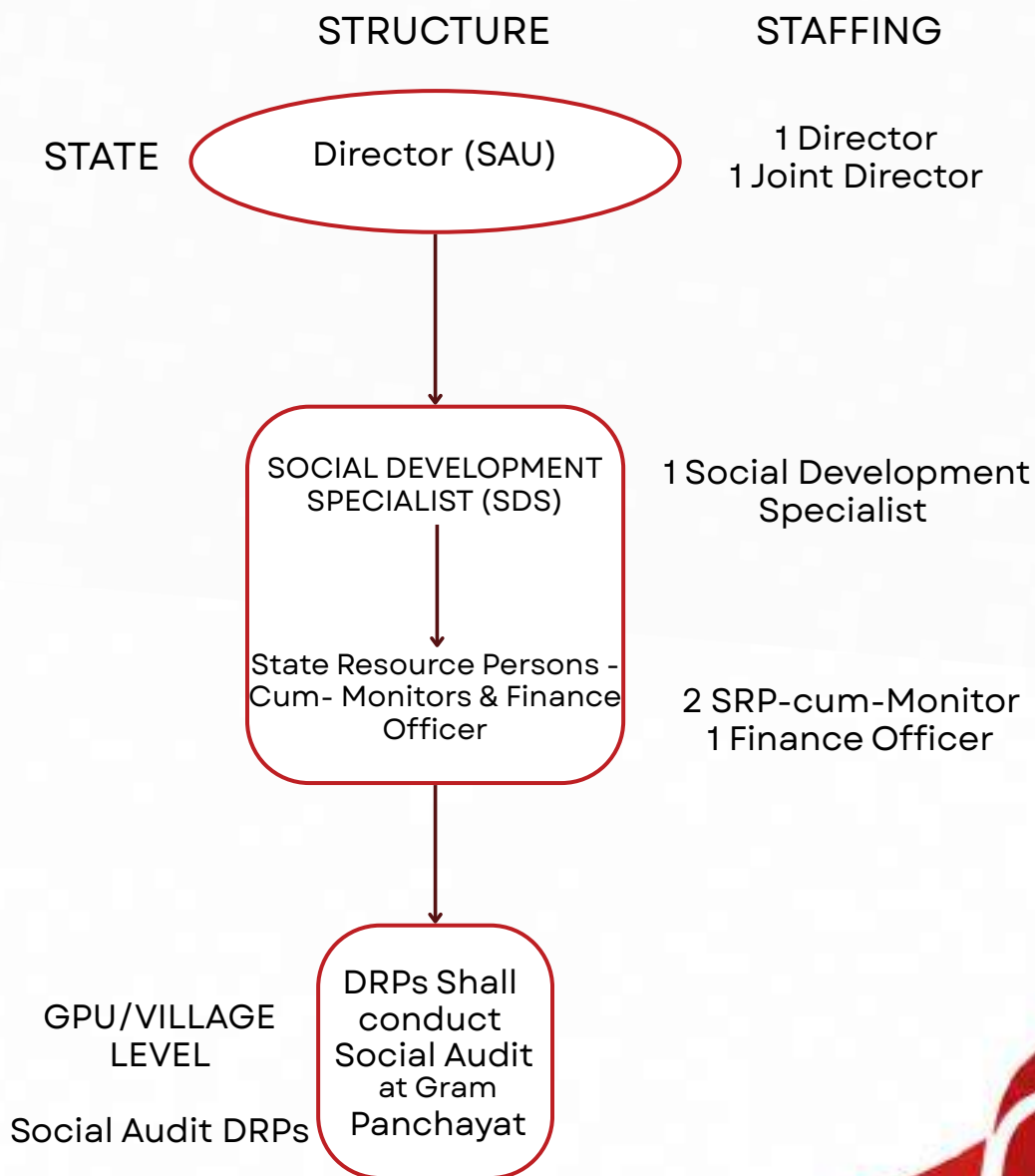
(3) The Gram Panchayat shall make available all relevant documents including the Muster rolls, bills, vouchers, measurement books, copies of sanction orders and other books of account and papers to the Gram Sabha for the purpose of conducting the social audit.

### 2. DETAILS OF ESTABLISHMENT OF SAU

Mahatma Gandhi National Rural Employment Guarantee Scheme is a flag program of Government of India which was notified on September, 2005 with mandate to provide hundred days of employment in a financial year to every household whose adult member volunteer to do unskilled manual work. It has a very holistic objective of empowering rural population by ways of generating 100 days employment, livelihood security through durable assets, improved water security, soil conservation and high land productivity, empowering socially disadvantage specially women, STs, SCs through the process of right based legislation. It also strengthens decentralised and participatory planning at grass root level. It has an intrinsic value of maintaining transparency and accountability in governance through Social Audit. It is a tool to ensure public accountability, transparency in the implementation of the project, laws and Policies. 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 (VHAS) was 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 and No. 03/RM&DD/2012 dated 12/01/13. VHAS was involved in facilitating the Social Audit since 2008. Over these years 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 Sikkim State.

### HUMAN RESOURCE POSITION AT SAU-SIKKIM (SOCIAL AUDIT UNIT)



### 3.STATUS OF SOCIAL AUDIT IN THE STATE

a) **Kick off Meeting:** The Kick Off meeting will be organised by the District Programme Coordinator in close collaboration with the SAU at District level at least 30 days before the Social Audit. During the Kick off meeting, implementing agency will be provided with the necessary document required for the Social Audit. Additionally, the Social Audit calendar will be finalised during the meeting.

b) **Document Verification:** The Social Audit Team will verify all the documents at Block level for one days. During document verifications, the social audit team check documents such as Master Roll, bills, voucher and registers etc. and cross check them with the MIS.

c) **Field visit and Door to Door interaction:** The Social Audit team will visit the work sites of completed and ongoing projects to verify the work status and cross check the data collected during documentation. Additionally, team will interact with job card holders to cross check the job card information with bank passbook and record feedback on the scheme.

d) **Data Compilation:** On compilation day, the Social Audit Team will compile the data / information collected from document verifications, site visits, work measurement and interaction with the Job Card holders. This information will be prepared for presentation in Jan Sunwai/Gram Sabha for public scrutiny and validation.

e) **Jan Sunwai/Gram Sabha:** The Jan Sunwai/Gram Sabha will be organised by the Gram Panchayat at a convenient location to ensure maximum participation of the job card holders. The Jan Sunwai will be chaired by the Zilla member and at least

30% of the job card holders must be present to conduct the Jan Sunwai / Public Hearing. The day long programme will be attended by all the implementing agency. All the quires raised by Gram Sabha will be recorded by social audit team, and satisfactory explanation will be sought from implementation agency. All bills, vouchers and Master Roll are read out in the Gram Sabha for scrutiny and validation.

f). **Exit Conference:** The Exit Conference will be organised by District Programme Coordinator (DPC) at district level. All the finding of Social Audit will be presented in the presence of DPC. The district will direct the responsible officers to submit the Action Taken Report (ATR) within a timeline.



#### 4. GOVERNING BODY & DIRECTOR OF SAU

Chair Person of Governing Body	Shri. Rabindra Telang (IAS) Chief Secretary to Government of Sikkim
Chair Person of Executive Body	N/A
Name of Director	Dr. Ash Bahadur Subba Full time
Name of Civil Society Representatives	Shri Ganesh Prasad Sharma Shri. Bishnu Pokhrel Shri. Ravi Lall Dulal

#### 5. SUPPORT FOR SOCIAL AUDIT BY ADMINISTRATION

a) **Kick off Meeting:** The Kick Off meeting will be organised by the District Programme Coordinator in close collaboration with the SAU at District level at least 30 days before the Social Audit. During the Kick off meeting, implementing agency will be provided with the necessary document required for the Social Audit. Additionally, the Social Audit calendar will be finalised during the meeting.

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## 6. STAFF STRENGTH OF SOCIAL AUDIT UNIT

Sl. No	Staff	Number of Full time Staff	Number Certified (Completed 30 days certificate course)
1	Director	01	01
2	Joint Director	01	01
3	Social Development Specialist	01	01
4	State Resource Person	02	02
5	Finance Officer	01	00
6	District Resource Person	07	02

## 1.Number of Social Audit

### a) Number of MGNREGA Social Audit Conducted

Financial Year	Number of GPs in the State	GPs where audit was done once		GPs where audit was done twice	
		Number of GPs	% of GP covered	Number of GPs	% of GP covered
2025-26	199	162	82%	--	--
2024-25	199	199	100%	--	--
2023-24	199	104	51%	--	--
2022-23	185	105	57%	--	--
2021-22	185	38	20.54%	--	--

### a) Social Audit Findings and Action Taken Reports (Status Till 31st March 2026)

Financial Year	Total Number of Issue Reported	Total Number of issues on which action taken report (ATR) has been submitted	Total number of issues closed satisfactorily	Total number of issues entered in the MIS	Total number of Action Taken Report uploaded in MIS
2025-26	948	58	58	948	58
2024-25	1184	527	527	1184	527
2023-24	593	438	438	593	438
2022-23	605	498	498	605	498
2021-22	267	263	263	267	263

### c) Financial Misappropriation (FM) Issues

Financial Year	Financial Misappropriation issues			Financial Misappropriation Amount		
	Number of FM issues Reported	Number of issues on which ATR has been submitted	Number of issues closed satisfactorily	FM amount has reported in social audit (in Lakhs)	Amount rejected (in Lakhs)	Amount Recovered (in lakhs)
2025-26	49	6	6	2.78	--	0.27
2024-25	91	34	34	15.68	--	3.50
2023-24	102	30	30	15.34	--	1.46
2022-23	182	33	33	27.44	--	2.20

### d) Financial Deviation (FD) Summary

Financial Year	Financial Deviation issues			Financial Deviation Amount		
	Number of FD issues Reported	Number of issues on which ATR has been submitted	Number of issues closed satisfactorily	FD amount as reported in social audit	Amount ordered to be recovered	Amount Recovered
2025-26	247	10	10	29.84	--	--
2024-25	216	112	112	68.31	--	--
2023-24	148	45	45	15.33	--	--
2022-23	136	39	39	91.75	--	--
2021-22	58	41	41	92	--	--

## e)Grievances

Financial Year	Number			Amount			
	Number of grievances registered	Number of issues on which ATR has been submitted	Number of grievances redress satisfactorily	Amount due to workers as reported in Social Audit	Amount accepted	Amount rejected	Amount paid to workers
2025-26	26	6	6	2.16 lakh	2.16	--	--
2024-25	20	20	20	0.76 lakh	0.76	--	0.76
2023-24	07	--	--	--	--	--	--
2022-23	09	02	02	3.81lakh	3.81lakh	--	3.81lakh
2021-22	04	03	03	5.80lakh	5.80lakh	--	5.80lakh
2020-21	09	08	08	0.65lakh	0.65lakh	--	0.65lakh
2019-20	99	97	97	0.44lakh	0.44lakh	--	0.44lakh
2018-19	120	103	103	0.97lakh	0.97lakh		0.97lakh
2017-18	205	187	187	0.76lakh	0.76lakh	--	0.76lakh

### f) Process Violation

Financial Year	Number of Process Violation issues reported	Number of issues in which ATR has been submitted	Number of issues closed satisfactorily
2025-26	626	36	36
2024-25	857	441	441
2023-24	94	29	29
2022-23	269	112	112
2021-22	175	148	148

### g). Disciplinary Action

Financial Year	Fines under section 25 of MGNREGA	Number of employees censured / warned	Number of employees censured/ warned	Number of employees suspended	Number of employees terminated
2023-24	--	--	--	--	--
2022-23	--	--	--	--	--

### h). Criminal Action

Financial year	Number of FIRs filed	Number of cases under investigation	Number of cases in which charge sheet has been filed	Number of cases in which closure report has been filed
2023-24	--	--	--	--
2022-23	--	--	--	--
Cumulative FY.....	--	--	--	--

## Qualitative summary of social audit findings, action taken reports and future plan

### Summary of social audit Findings in the last financial year

- Total Numbers of FM reported : 91
- Total Number of FD reported : 216
- Total Number of PV reported : 857
- Total number of Grievances Reported : 20

### Summary of Action Taken Report in the last financial year

- Total numbers of FM Closed : 34
- Total Numbers of FD Closed : 112
- Total Numbers of PV Closed : 441
- Total numbers of Grievances Closed : 20

### Action plan to address the gap between cumulative social audit findings and cumulative action taken reports

- Decision has been taken to issue show cause notice to all the responsible officers in case of non-submission of satisfactory ATR on time at the meeting held with Project Director.

Changes in policy/ MGNREG scheme guidelines/ scheme implementation to address issues revealed from the most frequent social audit findings- **None**

## SOCIAL AUDIT

*of Samagra Shiksha (SSS), PM Poshan, and PM SHRI School Initiatives*

Reporting Cycle: Financial Year 2025-26

Independent Auditing Agency: Social Audit Unit (SAU) Sikkim

Consolidated Target Sample Size: 261 Samagra Shiksha & PM Poshan Schools | 43 PM SHRI Schools

### 1. Executive Summary & Policy Background

This consolidated analysis provides an independent review of the state wide social audit operations conducted during the 2025-26 fiscal cycle. The target data integrates the monitoring of two overarching flagship frameworks, the integrated Samagra Shiksha Schemes (SSS) encompassing 261 school units alongside parallel PM Poshan dietary compliance, and a specialized track for 43 newly deployed PM SHRI (Schools for Rising India) campuses.

Aligned directly with the Sustainable Development Goal for Education (SDG-4) and the strategic guidelines of the National Education Policy (NEP) 2020, this social audit moves beyond conventional financial accounting. It operates explicitly as a democratic, community, fact-finding process designed to enhance public accountability, guarantee pupil entitlements, protect children with special needs (CWSN), and identify structural infrastructure gaps directly on site.

### 2. Quantitative Sampling & Geographic Distribution

To capture a precise data reflection across rural and urban environments, the Social Audit Unit deployed field teams across all 6 administrative districts. The institutional footprint is divided into two clear baseline matrices:

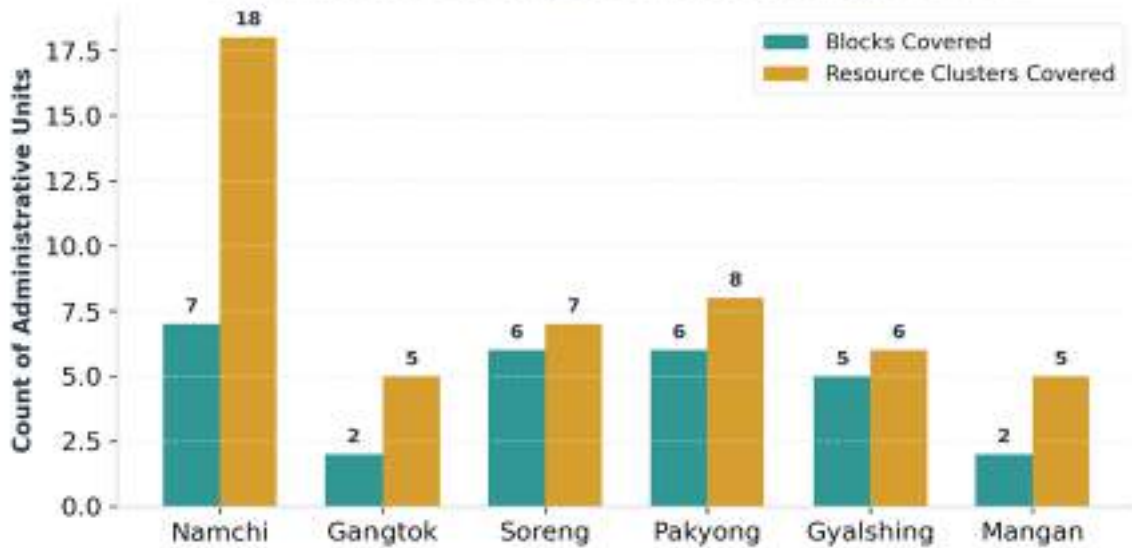


## A. Samagra Shiksha (SSS) & PM Poshan Baseline (261 Schools)

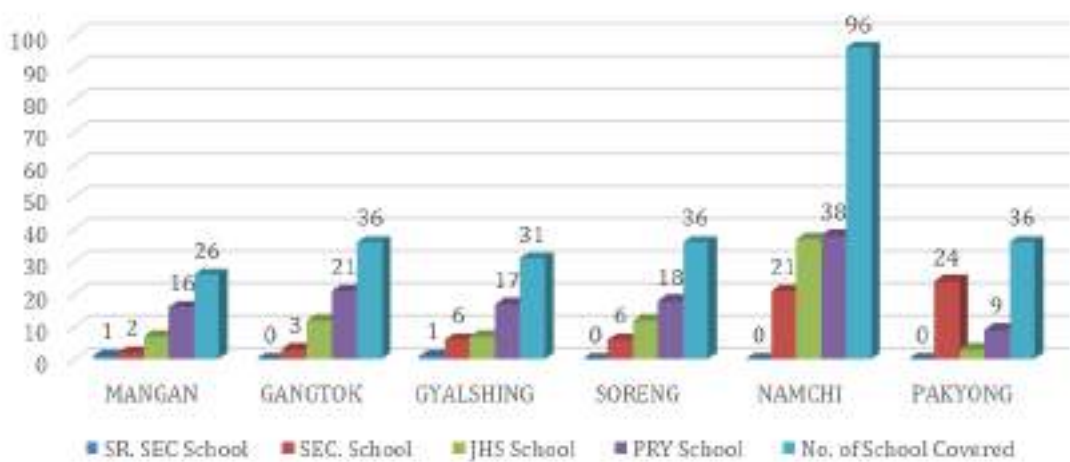
The 261 institutions audited are distributed across 28 blocks and 49 clusters, encompassing a diverse array of institutional grade tiers:

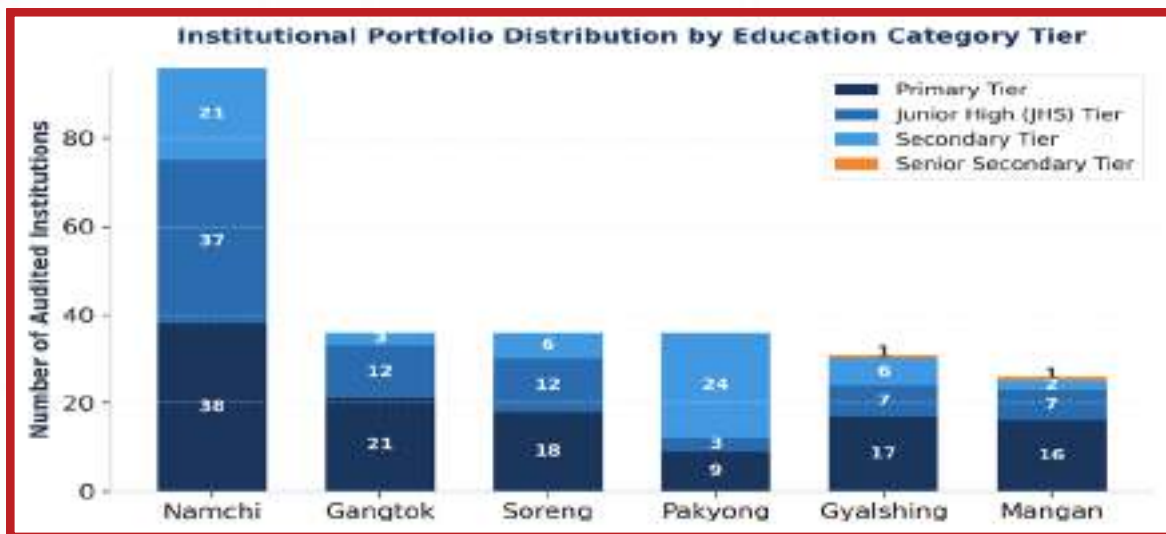
Sl.	District Name	Blocks	Clusters	Sr. Sec School	Sec. School	JHS Block	Pry. School	Total Sample
01	Namchi	07	18	00	21	37	38	96 Schools
02	Gangtok	02	05	00	03	12	21	36 Schools
03	Soreng	06	07	00	06	12	18	36 Schools
04	Pakyong	06	08	00	24	03	09	36 Schools
05	Gyalshing	05	06	01	06	07	17	31 Schools
06	Mangan	02	05	01	02	07	16	26 Schools
	<b>TOTAL</b>	<b>28</b>	<b>49</b>	<b>02</b>	<b>62</b>	<b>78</b>	<b>119</b>	<b>261 Schools</b>

**Administrative Coverage Profile Across Target Districts**



**SCHOOL COVERED UNDER SOCIAL AUDIT 2025-26-SIKKIM STATE**

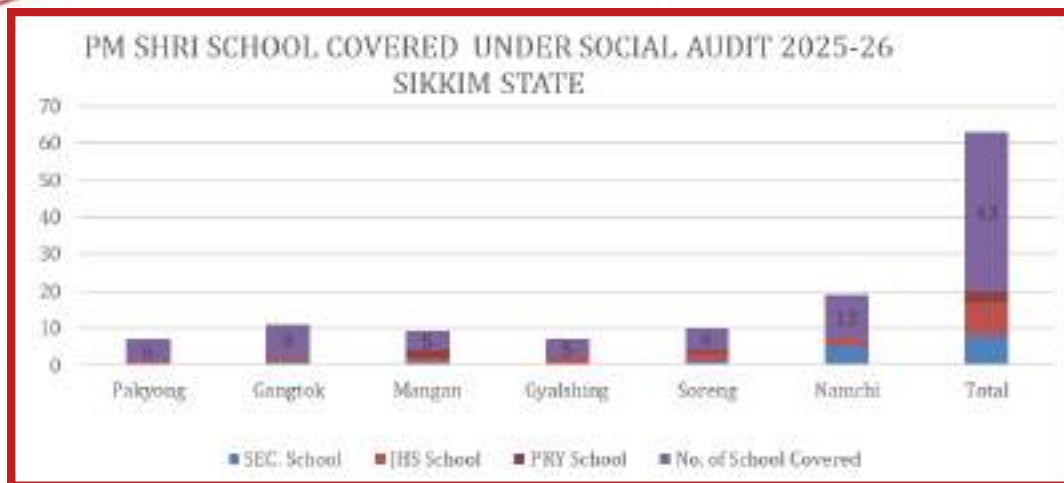




## B. PM SHRI Exemplar Institutional Portfolio (43 Schools)

A separate audit track closely monitored 43 specialized PM SHRI campuses across 32 unique block administrative sections:

Sl.	District Name	Blocks	Sr. Sec	Sec. School	JHS Block	Pry. School	Total PM SHRI
01	Namchi	08	05	05	02	00	12 Schools
02	Gangtok	03	07	01	01	00	09 Schools
03	Pakyong	05	05	00	01	00	06 Schools
04	Soreng	06	02	01	02	01	06 Schools
05	Gyalshing	06	03	00	02	00	05 Schools
06	Mangan	04	01	01	01	02	05 Schools
-	TOTAL PM SHRI	32	23	08	09	03	43 Schools



### 3. PM Poshan Statutory Food and Nutritional Norms

To evaluate dietary compliance during physical kitchen audits, observations were measured directly against the statutory food and nutrition norms mandated under the National Food Security Act (NFSA), 2013:

Item Category Component	Primary Stage (Classes I - V)	Upper Primary Stage (Classes VI - VIII)
A) Nutritional Norms (Per Child Per Day)		
1. Minimum Calorie Count	450 Calories	700 Calories
2. Minimum Protein Content	12 Grams	20 Grams
B) Food Composition Norms		
1. Foodgrains (Rice / Wheat)	100 Grams	150 Grams
2. Pulses and Legumes	20 Grams	30 Grams
3. Fresh Local Vegetables	50 Grams	75 Grams
4. Essential Oils & Fats	5 Grams	7.5 Grams
5. Iodized Salt & Condiments	As per operational need	As per operational need

<b>Sl.</b>	<b>District Focus</b>	<b>Consolidated Audit Observations &amp; Deficiencies</b>	<b>Approved Action Taken Report (ATR) Mandate</b>
01	<b>Namchi District</b>	<ul style="list-style-type: none"> <li>• Supply contractors routinely drop rice bags at roadside junctions rather than school gates.</li> <li>• Poor quality sports goods and cooking utensils delivered by vendors.</li> </ul>	Issue strict administrative orders to transport contractors mandating direct gate delivery under penalty of contract review; report sub-standard utensils to the district procurement wing.
02	<b>Gangtok District</b>	<ul style="list-style-type: none"> <li>• Urban schools face space constraints, leaving multiple kitchens shed close to open drains.</li> <li>• Lack of structured logs tracking LPG cylinders and firewood expenses.</li> </ul>	Direct civil wings to remodel and isolate kitchen spaces from drain structures; distribute standardized fuel and expenditure registers to all school heads.
03	<b>Pakyong District</b>	<ul style="list-style-type: none"> <li>• Regular water blockages in kitchen washing areas, affecting sanitation.</li> <li>• Complete absence of formal registers tracking the distribution of Deworming and IFA tablets.</li> </ul>	Coordinate with rural water supply departments to repair plumbing lines; implement mandatory medical logbooks to track all future drug administrations.
04	<b>Soreng District</b>	<ul style="list-style-type: none"> <li>• Misplaced or unmaintained cashbooks and asset registers for the 2025-26 fiscal year.</li> <li>• Severe delays reported in the disbursement of cook-cum-helper honorariums.</li> </ul>	Enforce immediate bookkeeping updates to close all pending entries; coordinate with block offices to fast-track direct bank transfers for helper honorariums.

05	<b>Gyalshing District</b>	<ul style="list-style-type: none"> <li>• Clean CWSN-friendly toilets kept locked or used for general school storage.</li> <li>• Dual-role violations where Safai Karmacharis draw double salaries as school cooks.</li> </ul>	Issue an immediate directive to unlock all CWSN facilities for daily use; re-structure institutional staffing to eliminate dual-remuneration policy violations.
06	<b>Mangan District</b>	<ul style="list-style-type: none"> <li>• Severe structural wall cracks and leaking roofs observed across multiple rural kitchen sheds.</li> <li>• Sub-standard quality rice grains delivered below national nutritional guidelines.</li> </ul>	Relocate cooking activities to safe, temporary zones; file formal deficiency reports with the PM POSHAN Officer to ensure contract compliance and better-quality grain supply.

#### 4. Systematic Audit Findings & Analytical

By cross-referencing field data sheets, multi-stakeholder feedback, and public hearing minutes, the audit team synthesized several key observations across structural and academic areas:

##### A. Structural Safety & Classroom Deficits (shortage)

- **Extreme Classroom Shortages:** Field teams identified severe spatial constraints as a recurring issue. In approximately 18% of rural schools, facilities operate with a total pool of only 4 rooms. This forces 1 room into exclusive administrative use (HM office and staff room), while the remaining 3 rooms are subdivided by makeshift internal partitions to teach several grades concurrently. This setup creates significant and visual overlap that severely reduces student focus.
- **Perimeter Fencing Security Risks:** Multiple schools (specifically highlighted across the Temi, Gerethang, and Namchi blocks) completely lack full boundary walls or secure fencing, leaving school fields exposed to nearby thoroughfares.

##### B. Inclusive Accessibility & Health Discrepancies

- **Locked CWSN Facilities:** Although basic ramp infrastructure met standard accessibility rules, specialized toilet blocks for Children with Special Needs (CWSN) were frequently found physically locked, poorly maintained, or used for storage during field checks.
- **Safe Drinking Water Interruptions:** Disruptions were mapped in high-enrollment clusters. While water filtration units were functional in primary
- **First Aid and Hygiene Failures:** Multiple schools lacked routine checks for medical supplies, resulting in expired medicines being found within active first aid boxes. Furthermore, several girls' toilets lacked functional sanitary pad vending machines or disposal incinerators.

## C. Vocational Weaknesses (NEP 2020)

• **Delays in Bagless Days:** While schools integrated core NEP 2020 initiatives such as Ek Bharat Shreshtha Bharat (EBSB) cultural clubs and active Fit India School Certifications the 12 mandatory 'Bagless Days' faced execution issues. Several schools only initiated these creative blocks immediately after audit teams flagged the delay.

• **Vocational Record Failures:** Widespread vocational learning activities (such as bamboo working, maize husk crafts, pottery, and herbal gardens) are physically active on campus. However, formal administrative record-keeping is missing, including blank School Innovation Council (SIC) logs and a complete lack of active Alumni Tracer Registers to track self-employed graduates.

## 5. Corrective Action Plan & Strategic Roadmap

To address these systemic gaps across all audited locations, the following interventions are proposed for the final action layout:

**1.Targeted Capital Infrastructure Reconstruction:** The Civil and Engineering Wing of the Education Department must prioritize schools flagged with severe classroom shortages. Fast tracking capital construction grants will replace makeshift partitions with permanent, isolated classrooms that meet Right to Education (RTE) space standards.

**2.Strict Enforcement of Inclusive Access:** School administrations must ensure that all specialized CWSN toilet units are unlocked, clean, functional, and fully accessible daily, eliminating any unauthorized use of these spaces for storage. Furthermore, functional sanitary pad vending machines and incinerators must be installed and maintained in all girls' toilet blocks.

**3.Mandatory Governance Safeguards:** All institutional heads must immediately display official school child helpline numbers prominently on campus, install secure suggestion boxes in common areas, and set up a monthly tracking ledger to check first aid kits and remove expired medical supplies.

**4.Standardization of Vocational Records:** Institutional heads must set up formal tracking logs to record local expert participation under Lokvidhya programs and implement permanent former students Tracer Registers to document post-graduation employment outcomes.



## SOCIAL AUDIT NATIONAL SOCIAL ASSISTANCE PROGRAMME (NSAP)

The Social Audit Unit, Sikkim conducted the Social Audit of the National Social Assistance Programme (NSAP) in Namchi Municipal Council and Kewzing Bakhim GPU from 08/10/2025 to 29/10/2025.

The National Social Assistance Programme is one of the flagship programmes of the Government of India. The schemes covered under NSAP include:

- Indira Gandhi National Old Age Pension Scheme (IGNOAPS)
  - Indira Gandhi National Widow Pension Scheme (IGNWPS)
  - Indira Gandhi National Disability Pension Scheme (IGNDPS)
  - National Family Benefit Scheme (NFBS)
- Annapura Scheme

The Social Audit process commenced with an entry point meeting at the block level on 08/10/2025. This was followed by door-to-door verification and group discussions with beneficiaries the ward level from 14/10/2025 to 15/10/2025. Compilation of reports was carried out on 16/10/2025, followed by the conduct of the Jan Sunwai (Public Hearing) on 17/10/2025.

The Jan Sunwai was attended by Hon'ble Gram Panchayats, the Block Development Officer, beneficiaries, Assistant Director, Social Welfare Inspectors, and GP office staff.

The Social Audit process concluded with the exit conference at the block level on 07/11/2025. The meeting was attended by Hon'ble Gram Panchayats, beneficiaries, Assistant Director, Social Welfare Inspectors, and GP office staff.

After completion of the Social Audit process, the report was thoroughly discussed and submitted to the Women, Child, Senior Citizen and Divyangjan Department, for further necessary action and procedural follow-up.



### List of Social Audit Facilitators – NSAP Social Audit

SL. No	Name	Designation
1.	Dr. Ash Bdr Subba	Director
2.	Mr. Sawan Rai	State Resource Person
3.	Mr. Dal Bdr Gurung	District Resource Person
4.	Mr. Say Say Hang Limboo	District Resource Person
5.	Ms. Lakpa Choki Bhutia	District Resource Person
6.	Ms. Nikita Rai	District Resource Person

## INTRODUCTION OF TARGETED INTERVENTION PROJECT ON HIV/AIDS & STI

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). VHAS has two TI project running i.e., TI Project (I) & TI Project (II).

Gangtok & Ranipool is covered under TI (I) Project and Singtam & Rangpo is covered under TI (II). The target population registration done till date (31.03.2026) is 360 in TI (I) and 383 in TI (II)

The project was initiated with the following objectives to achieve.

- To create awareness about HIV-AIDS/STI among the vulnerable 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 programmed 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.
- ICTC
- Strengthen Outreach Activity
- Community Based Screening
- Health Camp
- Event Day.
- RMC

## 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 behavioral change, motivate for condom use, improves health care seeking behaviors, 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.
- **Linkages and Referrals:** Linkages with ICTC, STI, DOTs, ART Centre For referrals and support.
- **Monitoring and evaluation:** Monitoring and evaluation for providing regular feedback 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 Checkup, condom demonstration & distribution, counselling and another 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-II of the financial year 2025-26  
Gangtok (224) & Rani pool (146) =370 (Active Population)

Months	Apr. 25	May. 25	Jun. 25	Jul. 25	Aug 25	Sept. 25	Oct. 25	Nov. 25	Dec. 25	Jan. 26	Feb. 26	Mar. 26	Twelve months total
STIs Symptomatic Treated	--	--	--	--	--	--	--	--	--	--	--	--	--
RMC/PT	94	102	99	98	104	101	86	101	80	103	104	101	<b>1173</b>
STI	2	0	0	1	1	3	0	2	0	1	0	1	<b>11</b>
HIV Referral	65	49	42	53	54	56	55	58	51	55	52	47	<b>637</b>
HIV Tested	65	49	42	53	54	56	55	58	51	55	52	47	<b>637</b>
Syphilis Tested	65	49	42	53	54	56	55	58	51	55	52	47	<b>637</b>
Syphilis Reactive	0	0	0	0	0	1	0	0	0	0	0	0	<b>0</b>
Counselling	117	120	106	112	105	108	102	122	96	114	117	115	<b>1334</b>
New Registration	3	0	0	2	2	0	2	0	0	4	1	0	<b>14</b>
Condom Demand	9380	9484	9484	9628	9734	9836	9760	9860	9860	9880	10128	10128	<b>117162</b>
Condom Distribution	9056	9078	9036	9238	9546	9468	9272	9554	9168	9550	9688	9808	<b>112462</b>

Following is the total coverage of TI-II of the financial year 2025-26  
Singtam & Rangpo

<b>Months</b>	<b>Apr. 25</b>	<b>May. 25</b>	<b>Jun .25</b>	<b>Jul. 25</b>	<b>Aug .25</b>	<b>Sep .25</b>	<b>Oct. 25</b>	<b>Nov .25</b>	<b>Dec .25</b>	<b>Jan .26</b>	<b>Feb .26</b>	<b>Mar .26</b>	<b>Twelve months total</b>
<b>STIs Symptomatic Treated</b>	--	--	--	--	--	--	--	--	--	--	--	--	--
<b>RMC</b>	<b>123</b>	<b>111</b>	<b>103</b>	<b>114</b>	<b>111</b>	<b>108</b>	<b>107</b>	<b>112</b>	<b>113</b>	<b>106</b>	<b>112</b>	<b>112</b>	<b>1332</b>
<b>ICTC Tested</b>	<b>63</b>	<b>57</b>	<b>53</b>	<b>53</b>	<b>67</b>	<b>71</b>	<b>60</b>	<b>58</b>	<b>46</b>	<b>54</b>	<b>68</b>	<b>69</b>	<b>719</b>
<b>Counselling</b>	<b>95</b>	<b>87</b>	<b>64</b>	<b>117</b>	<b>108</b>	<b>90</b>	<b>90</b>	<b>100</b>	<b>77</b>	<b>82</b>	<b>89</b>	<b>80</b>	<b>1079</b>
<b>STI</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>6</b>	<b>2</b>	<b>6</b>	<b>27</b>

## ACTIVITIES OF TI-I

### INTEGRATED HEALTH CAMP

A total of eight Integrated Health Camps were organized at various locations under the Targeted Intervention project to ensure wider outreach and accessibility of healthcare services.

During each camp, Dr. Avinash Negi provided medical consultations and necessary treatment to the patients attending the camps. These camps served as an important platform for delivering primary health care, screening, and treatment services to both high-risk groups and the general population.

A Mobile Integrated Counselling and Testing Centre (ICTC) team from the Sikkim State AIDS Control Society (SSACS) was also present during the health camps to conduct screening and testing activities.

The mobile ICTC team provided on-site HIV counselling and testing services, ensuring easy access for both high-risk groups (HRGs) and the general population. These services included pre-test and post-test counselling, confidential HIV testing, and referral support for further treatment and care.

Mobile ICTC units play a crucial role in reaching underserved and high-risk populations by delivering doorstep HIV testing and counselling services, thereby promoting early detection and linkage to care.

During the camp, the following tests and screenings were conducted:

- HIV screening and testing
- Syphilis testing
- Hepatitis B & C
- Blood sugar (glucose) testing
- Blood pressure measurement
- Weight measurement

The main aim of organizing the health camp was to identify new HIV cases through early screening and testing, particularly among high-risk groups (HRGs).

Early detection through such camps helps in timely initiation of treatment, counselling, and prevention of further transmission, which is a key objective of Targeted Intervention programmes under HIV control strategies.



## **CELEBRATION OF INTERNATIONAL WOMEN'S DAY**

On 8th March 2026, International Women's Day was celebrated at the Gangtok Drop-In Centre (DIC) with the participation of High-Risk Groups (HRGs) and TI project staff.

As part of the celebration, gifts were distributed to field staff in recognition of their dedication and hard work in implementing field-level activities. This initiative aimed to motivate and encourage staff for their continued commitment to the project.

Ms. Devika Gurung (Counsellor, TI Project) delivered a short speech highlighting the significance of the day. She emphasized the progress women have made in Indian society despite past gender discrimination and noted that such occasions strengthen confidence, empowerment, and teamwork among all participants.

The programme was conducted in a grand and joyful manner, fostering a sense of unity, appreciation, and motivation among staff and beneficiaries.

## **STRENGTHENING OUTREACH ACTIVITIES (SOA)**

### **Revamp Strategies of Targeted Intervention Projects**

Strengthening Outreach Activities (SOA) are special initiatives undertaken to identify and reach uncovered or hard-to-reach High-Risk Groups (HRGs) from non-TI catchment areas. These activities play a crucial role in expanding the coverage of Targeted Intervention programmes beyond their routine operational areas.

Strengthening Outreach Activities (SOA) are special initiatives undertaken to identify and reach uncovered or hard-to-reach High-Risk Groups (HRGs) from non-TI catchment areas. These activities play a crucial role in expanding the coverage of Targeted Intervention programmes beyond their routine operational areas.

The primary objective of SOA is to identify hidden and unregistered HRGs, motivate them for Community-Based Screening (CBS), and ensure early diagnosis and treatment of HIV and Syphilis. Individuals who test positive during screening are referred to ICTC (Integrated Counselling and Testing Centres) for confirmatory testing and further management.

Through these outreach efforts, multiple new areas were covered, leading to the identification of several hidden HRGs. After identification, these individuals were provided with:

- Counselling on HIV/AIDS and STI prevention
- Information on STI treatment services
- Access to free medical check-ups
- Free medicines and healthcare support

These services help build trust within the community and encourage HRGs to register under the TI programme and avail continuous healthcare and support services. A total of 24 SOA camps were conducted annually in non-TI areas, organized twice every month, ensuring consistent outreach and service delivery.



## IMPORTANCE OF SOA

Strengthening outreach is a key strategy in HIV prevention programmes, as it helps to:

- Reach hidden and vulnerable populations not covered under regular TI services
- Increase HIV testing and early detection rates
- Improve linkage to treatment and care services
- Reduce transmission by promoting behaviour change

## GROUP DISCUSSION

Group Discussions (GD) were conducted monthly at the Drop-In Centre (DIC) with the participation of High-Risk Groups (HRGs). These sessions served as an important platform for interaction, awareness, and experience sharing among the beneficiaries.

These group discussions helped in improving knowledge, addressing misconceptions, and encouraging open dialogue among HRGs. Community-based discussions and awareness activities are known to play a crucial role in reducing stigma, promoting preventive practices, and improving health-seeking behaviour.

## FOCUS GROUP DISCUSSION (FGD)

Focus Group Discussions (FGDs) were organized monthly by outreach workers at the field level with the participation of High-Risk Groups (HRGs). These sessions provided a platform for open discussion, experience sharing, and addressing issues related to health and risk behaviours.

During the discussions, the following key topics were covered:

- Importance of consistent condom use in every sexual act
- Discussion on whether condoms are being used regularly and barriers to their use
- Signs and symptoms of sexually transmitted infections (STIs)
- Importance of regular medical check-ups
- Awareness and motivation for accessing ICTC (HIV testing services)

Additionally, awareness messages were conveyed regarding:

- Tuberculosis (TB) and its symptoms
- Hepatitis B and C screening and their health implications

These FGDs helped participants openly discuss real-life challenges, such as difficulty in negotiating condom use with clients, which is a commonly reported issue among high-risk groups. Such interactive group discussions are effective in improving knowledge, promoting safer behaviours, and encouraging regular health-seeking practices.



## HIV SENTINEL SURVEILLANCE (HSS)

Under the Targeted Intervention project, HIV Sentinel Surveillance (HSS) activities were conducted once in two years with the support of the Sikkim State AIDS Control Society (SSACS) and the ICMR–NICED Regional Institute (East), Kolkata (RI-3) at selected High-Risk Group (HRG) sites.

HSS is a structured surveillance system under the National AIDS Control Programme designed to monitor the trend of HIV and related infections among specific population groups and support evidence-based interventions.

During this surveillance, the following screening tests were conducted:

- HIV testing
- Syphilis testing
- Hepatitis B screening
- Hepatitis C screening

Blood samples collected from the participants were sent to NICED, Kolkata for laboratory analysis and final results.

A total target of 75 samples was assigned for this surveillance activity.



## ACTIVITIES OF TI-II

### Health Camp

During this financial year 2025-26, TI-II has organized two-health camp at Rangpo and Singtam. Every year we organize this programme. On this day, we provide free medical checkup and free general medicines to all HRGs and public. Our PPP Dr. M.P Sharma provided general medical check-ups, diagnosed patients, and prescribed medications as needed. Lab. Technician Mr. Nanda Kishor Sharma from District Hospital Singtam conducted laboratory screening for HIV, syphilis and Random Blood sugar. The main objective of this programme is to provide free services to patients and HIV, and Syphilis Screening and make them aware of HIV/AIDS and STI.

### Community Events

Awareness Program on Syphilis, Cervical & Uterus Cancer

A comprehensive awareness program on Syphilis, Cervical and Uterus cancer was organized at Lata Memorial Public School, Singtam on 14/04/2025. The objective of this program was to aware our beneficiaries about syphilis, cervical and uterus cancer.

Following topic were covered in the program by Dr. M.P Sharma MBBS, M.S (O&G) Sr. Obstetrician & Gynaecologist (DHS) Govt of Sikkim

- Brief discussion on syphilis (Mode of Transmission, diagnosis and treatment)
- Risk factors of and causes of cervical and Uterus cancer
- Symptoms and early detection methods of cervical and uterus cancer
- Prevention strategies, including vaccination and screening
- Treatment options and support services

An interactive session was conducted, allowing participants to ask question and share concern. Participants provided overwhelmingly positive feedback, expressing gratitude valuable information shared.

Another interesting session was carried by Poonam Tamang Counsellor i.e. quiz competition. We made 10 questions from the above covered topic by Dr. M.P Sharma. The winner participants got the special prize from us. Overall, the program was a success, achieving its objective of awareness, educating, and empowering our beneficiaries. The program successfully raised awareness about the importance of screening, vaccination, and early detection.

### Community Based Screening

TI started this program in the month of November 2018 and thereafter we are conducting this Community Based Screening during field visits. This is HIV screening or testing program done at project area and this is mainly for those HRGs who do not feel comfortable coming to Drop-In-Centre or those HRGs who are difficult to meet as they are travelling most of the time. The public can also avail this service after their consent only. Nobody is forced to undergo this CBS screening. Out Reach Worker carries out this test as they are trained and if anyone person is tested HIV positive then for further confirmation, we have to refer them to ICTC.

## **Strengthen Outreach Activities (SOA)**

Strengthen Outreach Activities (SOA) started from December 2019 in TIs it will focus on hard to reach and hidden HRGs who are outside TIs. To saturate coverage, efforts will be made to reach to new populations and newer areas. Eligibility criteria for HRGs registration are individual who are 18 years and above, who have never registered TI and those who are engaged in high-risk behaviour.

TI-II has done 24 SOA camp in the financial year 2025-26 which were unreached areas before in Singtam and Rangpo areas. Counselling and Community Based Screening (CBS) HIV screening of new HRGs was done and have registered them under TI. On SOA camp, index testing of HIV positive HRG partners was done.



## **HIV Sentinel Surveillance (HSS)**

The Sentinel Surveillance is a joint effort of the National AIDS Control Organization (NACO), National Institute of Health Family Welfare (NIHFW), National Institute of Medical Statistics (NIMS) with the State AIDS Control Societies (SACS), and reputed regional institutes across the country.

Sentinel Surveillance provides essential information to understand the trends and dynamics of HIV epidemic among different risk groups in the country.

Every two years Targeted Intervention is conducting HSS among HRG (FSW). VHAS-II conducted HSS among FSW from the month of Feb-2026 and the total target for HSS is 75 and completed HSS in the month of Mid-April' 2026.

## Women's Day Celebration

On 8<sup>th</sup> March 2026, our TI celebrated International Women's Day with great enthusiasm and dedication with a Theme-driven event, "Invest in Women: Accelerate Progress." "With our community members. The celebration aimed to recognize women 'achievements and promote gender equality.

Ms. Dhan Maya Chhetri PM delivered welcome speech and the program was followed by Resource Person Dr. M.P Sharma MBBS, M.S Sr. Obstetrician & Gynaecologist (DHS) delivered an inspiring speech about the importance of women's day and their contribution towards society and women empowerment. The session focused on women's health, entrepreneurship, and leadership.

In the event PM felicitated our hardworking staff with beautiful gifts recognizing their contributions in the field of HIV prevention program (NACP Programme). The felicitation program symbolizing appreciation and respect were presented to the staff during a special ceremony, acknowledging their hard work and dedication towards the HIV prevention Program.

Open discussion session was carried by PM and Counsellor. The vote of thanks speech was delivered by Ms. Poonam Tamang Counsellor.

Lunch was provided to all the participants by Ms. Yamuna Khatiwada and team.



## WORLD AIDS DAY OBSERVATION -2025

On 1<sup>st</sup> Dec 2025, VHAS-I & II staff and community member observed WORLD AIDS Day at MG Marg Gangtok. The Theme of World AIDS Day 2025 was “Overcoming Disruption Transforming -The AIDS Response”. To promote Communities involvement in raising awareness about HIV/AIDS we involved our community through fashion show and installation of our community of their handmade ear rings, bracelets, hand knitting Sweaters, hair bands, socks, baby frock, bags, homemade pickles and local food item. For the first time our community members participated in fashion show in big stage in front of Ministers and Secretary and many officers, artists and huge crowded of people. In addition, our participants got nicely honorarium by our PD madam with amount of 4,000/- rupees per head.

For the Second time, our staff and community witnessed such a grand event and this event was a resounding success, not only in promoting community involvement but also in boosting the morale of our staff, leaving them feeling empowered, motivated, and energized. The event provided an opportunity for the community to come together and raise awareness about HIV/AIDS. The world AIDS Day event was a success, with active participation from communities’ involvement in fight against the disease.

The observance of World AIDS Day in Sikkim was part of the broader state-level initiative organized by SSACS and partner NGOs to promote HIV/AIDS awareness, reduce stigma, and encourage community participation in prevention and care activities.

During the event, various awareness and community-based activities were conducted. NGO partners and community members set up stalls at M.G. Marg, showcasing products prepared by High-Risk Groups (HRGs). These included items such as:

- Pickles (Aachar)
- Knitted garments
- Candles
- Handmade bags
- Earrings and other handicrafts



These initiatives helped promote economic empowerment and behavioural change among HRGs by encouraging their active participation in community-based activities. More than 30 HRGs from TI-I and TI-II actively participated in the programme and were also involved in:

- Stall management and product display
- Awareness activities
- Ramp walk and marathon participation

Such engagement provided them with opportunities for social inclusion, confidence building, and behavioural change communication, which are key components of Targeted Intervention programmes.



## Integrated Health Camp

In the Financial Year 2025-26, we organized 08 (eight) integrated health camps. The main purpose of these camps was HIV screening. Along with this, we also conducted screenings for Syphilis, Hepatitis B & C and random blood sugar levels. During the camps, free medicines were distributed. These camps were also conducted outside non catchment areas, including pharmaceutical companies. In each of our camps, more than 100 patients participated, and all camps were successful. detected cases of syphilis in every camp and referred those patients for further proper treatment, including necessary follow-up care. In every camp, Dr. M.P Sharma (MBBS, M.S Sr. Obstetrician & Gynaecologist (DHSO) and Lab Tech Mr. Nanda Kishor Sharma were always present with us and supported throughout the program.

World AIDS Day serves as an important platform to:

- Raise awareness about HIV/AIDS prevention and care
- Promote safe practices and regular testing
- Reduce stigma and discrimination against affected individuals
- Strengthen community involvement in HIV response

Across Sikkim, the event was marked by various awareness programmes, rallies, and community activities under SSACS coordination, reflecting continued efforts toward HIV prevention and control.

The community members and our staff thoroughly enjoyed the evening live program of Adrian Pradhan (Nepalese Singer), Even flow band-Mizoram, Sofiyum (Lepcha Rock Band) Durgesh Thapa (Nepalese Singer) and various local artists. The evening program was well received by community members and staff, who appreciated the enjoyable experience.

The observance of World AIDS Day 2025 at M.G. Marg, Gangtok was a successful and impactful event. It strengthened awareness on HIV/AIDS, encouraged community participation, and supported the empowerment of High-Risk Groups through livelihood and behavioural change initiatives



## Details of Training

SL. NO	DATE	TRAINING ON	STAFF WHO ATTENDED TRAINING	PLACE OF TRAINING	TRAINING PROVIDED BY
1	30/05/2025 to 31/05/2025	Spa/Network Operator Intervention	Counsellor and ORWs	Hotel Imperial Gangtok	SSACS
2	5/6/2025	SOCH	Counsellor, M&E and ORWs	SSACS Hall	SSACS
3	16/12/2025	HIV Sentinel Surveillance	PM, Counsellor and ORWs	Hotel 7 Mirror, Gangtok	RI & SSACS
4	9/03/2026 to 11/03/2026	Induction/ Refresher	PES	Hotel Fressia, Gangtok	YRG Care/ SSACS
5.	9/03/2026 to 13/03/2026	Induction/ Refresher	Counsellor	Hotel Lemon Tree, Gangtok	SSACS/ FHI

## HEALTH ON WHEELS (HOW)

### 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 16 villages in East Sikkim, as follows: -

1. Rumtek-Samlik
2. Tumlabong
3. Radong
4. Namin
5. Namli
6. Chuba
7. Chuja
8. Tshalamthang
9. Mangthang
10. Namrang
11. Khimsithang
12. Nimitar
13. Yangthang
14. Dhankutey
15. Burung
16. Sangkhola

Presently, there are around twenty thousand populations covered under 16 villages with 37 ICDS & 4 Primary Health Sub Centre areas. The main target population is 0-6 year children, Pregnant and lactating mothers and Community.

### DELIVERABLES

To provide mobile health care services in East District of Sikkim covering 16 broad villages where the basic access to health services is lacking.

### 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
- To portray Glenmark as a concerned and responsible corporate that contributes to the growth and development of the nation

## MAJOR ACTIVITIES

**1. Health Camp:** A total of 311 Health Camps has been organized at project locations during 2025 – 2026. Services have been provided to 10856 people through Health Camps. Among them, the target population of mother and children up to 6 years of age, who have been provided services, were 5218 and the remaining people were from the community comprising of adolescent, adult and geriatric people.

A total of 311 Health Camps were conducted this year. To achieve these numbers, monthly plans were prepared and executed accordingly. Venues for Health Camps have been decided in consultation with other stakeholders and concerned authorities of various departments of state Governments like Health Care, Human Services & Family Welfare Department, Social Justice, Empowerment & Welfare Department, Panchayati Raj Institutions, and Schools etc.

**2. Awareness program on various health issues:** A total of 72 Health Awareness programs has been conducted in the year 2025-26 and total beneficiaries who attended Awareness Program is 1781. Awareness have been generated on various health issues and the broad topics covered were:

1. Nutrition: Awareness program was focused on importance of Nutrition as it is one of the most vital parts of life.
2. Reproductive & Child Health: Importance of Ante Natal and Post Natal Care, Institutional Delivery, Immunization, Family Planning, Exclusive Breastfeeding etc.
3. Communicable Diseases: Awareness have been generated on various communicable diseases like Tuberculosis, HIV-AIDS

4. Non-Communicable Diseases: Awareness have been generated on various NCDs like Diabetes, Hypertension, Heart Diseases, Liver Diseases, Different Cancers, Substance Abuse etc

5. Hygiene, Sanitation & Safe Drinking Water: Awareness has been generated on the issues of Hygiene, Sanitation and Safe Drinking Water from time to time.

**3. Free Medicines:** A total of 20,913 medicines for various ailments like fever, cold, cough, worm infestation, skin problems, cut injuries, multi vitamins etc. were given to the needy patients free of cost along with iron and calcium supplements to pregnant and nursing mothers during 2025-26.

**4. Health Related Days/Weeks celebrated:** An Important health related days/ weeks have also been celebrated by HoW Project Team at various project locations. Nutrition Week, Breastfeeding Week, Diabetes Week, National De-worming Day and all health-related days were observed and awareness has been generated to the people.

**5. Random Blood Sugar (RBS) Test:** Facility for Blood Sugar Test through One touch Glucometer at Health Camps and Home Visits had been provided and 1619 people were provided with this service.

**6. Haemoglobin (HB) Test:** Health on Wheels project has the Facility for haemoglobin test at health camps and home visits. During 2025-26, a total of 546 people has been tested.

**7. Blood Pressure Measurement:** Under this head, a total of 6829 people were provided services throughout project locations in 2025-26.

**8.Home Visits:** Home visits to the project villages have been done to inform the people about the project. Besides, people with mobility problem, who could not make to Health Camps, have been given services like Random Blood Sugar testing, Blood Pressure measurement and services to the emergency cases were also a part of home visit. 247 Households were visited and 880 people were met during home visits in 2025-26.

**9.Meeting with Stakeholders/Govt. Officials/Glenmark Officials:** Networking, Rapport Building and project update meeting with Health Department officials like Chief Medical Officer, Primary Health Centre officials and PHSC staff, ICDS Supervisors and AWWs, Panchayats, ASHAs have been organized by HoW Team from time to time. Along with this, update meeting has been done with Glenmark Plant officials as well.

## BENEFICIARIES

Initially, free medicines and ambulance services were provided only to children up to 6 years, expecting mothers and lactating mothers but from 2019 onwards, free health services have been provided to all the community people who are in need of health facilities. Services provided to the community were Random Blood Sugar testing, Blood Pressure measurement, Haemoglobin estimation and Urine Pregnancy Test as well.

## HoW TEAM

HoW team consists of seven members in total as follows: -

1.Project coordinator	: 01
2.Accountant:	: 01
3.Medical Officer:	: 01
4.Health worker:	: 01
5.Nurse:	: 02
Driver:	: 01

## OUTPUT OF ACTIVITIES:

1. Number of health camp conducted: 311
2. Number of patients seen: 10856
3. Number of target group examined: 5218
4. Number of health awareness conducted: 72
5. Number of people attended awareness program: 1781
6. Number of medicines distributed: 20913
7. Number of people who did RBS Testing: 1619
8. Number of people who did Haemoglobin Testing: 546
9. Number of people who did BP measurement: 6829
10. Number of Home Visited: 247
11. Number of People met during home visit: 880
12. Number of people referred to higher health facilities: 106
13. Number of children Immunized: 654
14. Meeting with CMO (Singtam Dist., Hospital): 4
15. Meeting with MO/IC & Staff (Sang PHC): 3
16. Meeting with Glenmark Pharmaceuticals: 2
17. Meeting with Gram Panchayats: 3



## USAID PRERANA PROJECT

### Background

Promoting Equity & Reproductive Health Access for Northeast India  
“PRERANA,” a USAID-funded initiative, focuses on strengthening Sexual and Reproductive Health (SRH) services across the eight North Eastern states of India-Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, and Tripura. The project aims to develop innovative, locally relevant solutions and support collaboration between government bodies, private sector stakeholders, and civil society organizations.

Through co-designed, evidence-based strategies targeting Family Planning and Reproductive Health, particularly for youth, PRERANA aligns with India’s FP 2030 goals. Its primary objective is to establish a responsive health system that addresses the SRH rights of young people through community participation and equitable, comprehensive, and client-centered services.

The initiative places special emphasis on improving health outcomes for marginalized and vulnerable populations, including survivors of Gender-Based Violence and People Living with HIV/AIDS. PRERANA is implemented by Jhpiego as the lead partner, along with six consortium partners.

For the state of Sikkim, the Voluntary Health Association of Sikkim (VHAS) was selected as the lead Civil Society Organization (CSO) for implementation. With approval from the donor agency and in consultation with Dr. Dhvani (Teamlease Foundation), VHAS undertook a three-month intervention (January–March 2026) focusing on:

### “Awareness Program on Menstrual Hygiene & Distribution of Sanitary Pads.”

#### **Program Overview:** Menstrual Hygiene Awareness & Distribution Initiative

As part of this initiative, VHAS conducted a total of 10 awareness programs, combining educational sessions on menstrual hygiene with the distribution of reusable sanitary pads and handwashing materials at both school and community levels.



## Program Implementation Details

Sl. No.	Date	Venue	District	Total Participants
1.	31/01/2026	Lower Martam Village (Community)	Gangtok	30
2.	12/02/2026	Government Junior High School, Lower Samdong	Gangtok	15
3.	17/02/2026	Government Secondary School, Raley	Gangtok	53
4.	24/02/2026	Government Senior Secondary School, Bermiok	Namchi	87
5.	05/03/2026	PM Shri Government Secondary School, Ralap	Gangtok	68
6.	10/03/2026	Government Secondary School, Tumin	Gangtok	37
7.	11/03/2026	PM Shri Government Secondary School, Turung	Namchi	27
8.	13/03/2026	Government Secondary School, Phamphok	Namchi	20
9.	16/03/2026	PM Shri Government Senior Secondary School, Samdong	Gangtok	153
10.	21/03/2026	Pabyuik Village (Community)	Gangtok	37
<b>TOTAL</b>				<b>527</b>

## Key Achievements

Conducted 10 awareness programs across 8 government schools and 2 community locations in Gangtok and Namchi districts.

- Reached a total of 527 adolescent girls with menstrual hygiene education.
- Distributed reusable sanitary pads and handwashing materials to all participants.
- Promoted awareness and adoption of safe menstrual hygiene practices

## Role of Resource Person

All sessions were facilitated by Dr. Prabika Lama, Medical Officer, who served as the Resource Person. The decision to engage a female doctor ensured a comfortable and open environment for adolescent girls to discuss sensitive topics related to menstrual health.

The sessions were highly interactive, encouraging participants to ask questions and clarify doubts, thereby enhancing understanding and breaking taboos surrounding menstruation.

## Implementation Strategy

School-Level Programs: Conducted with prior permission from school authorities.

Community-Level Programs: Organized in collaboration with Accredited Social Health Activists (ASHAs), who played a key role in mobilizing beneficiaries.

IEC Materials: Information, Education, and Communication materials were developed, printed, and distributed to reinforce key messages related to menstrual hygiene.

## Monitoring and Feedback

Post-program monitoring visits were conducted to assess the effectiveness and impact of the initiative. Feedback from beneficiaries was overwhelmingly positive, indicating increased awareness and improved practices related to menstrual hygiene.

## Conclusion

The Menstrual Hygiene Awareness and Distribution Program under the PRERANA project has successfully contributed to improving knowledge, attitudes, and practices among adolescent girls in selected areas of Sikkim. The initiative not only addressed immediate hygiene needs but also fostered a supportive environment for open dialogue on reproductive health.



## TRAINING ATTENDED BY VHAS STAFFS

Sl. No	Name of Participants	Training/Meeting/Seminar/Webinar	Date	Venue	Resource Agency	No. of Participants
1.	1. Dr. Ash Bdr Subba 2. Ashok Sharma 3. Sawan Rai 4. Umesh Kr. Chettri 5. Dal Bdr Gurung 6. Lakpa Choki Bhutia 7. Nikita Rai	One day regional workshop on Social Audit, 2025	20 to 21/August' 2025	NIRD & PR, NERC-Guwahati	MoRD	07
2.	1. Ashok Sharma 2. Tina Rai 3. Umesh Kr. Chettri 4. Saysay Hang Limboo 5. Lakpa Choki Bhutia 6. Nikita Rai	Training of Master Trainers on Social Audit of Samagra Shiksha Scheme, Education Department	8 to 9/September ' 2025	HRDD Conference Hall Secretariat Gangtok	NCERT	06



## PHOTO GALLERY MGNREGA SOCIAL AUDIT



Document  
Verification



Postering for  
Social Audit



Worksite  
Verification



Jan Sunwai /  
Public Hearing



*PHOTO GALLERY*  
**SOCIAL AUDIT OF SAMAGRA SHIKSHA SCHEMES, PM  
POSHAN AND PM SHRI SCHOOLS**



Document  
Verification



Class Room  
Inspection



PM Poshan  
Meal



School Sabha/  
Public Hearing





*PHOTO GALLERY*  
**SOCIAL AUDIT OF SAMAGRA SHIKSHA SCHEMES, PM POSHAN AND PM SHRI SCHOOLS**



ToT of Master Trainers on Social Audit of Samagra Shiksha Scheme



Workshop on Social Audit on PM Poshan, PM Shri & Samagra Shiksha at SAU Sikkim



Cluster Public Hearing



Social Audit Team





**PHOTO GALLERY**  
**SOCIAL AUDIT OF NATIONAL SOCIAL ASSISTANCE PROGRAMMES (NSAP)**



Record Verification



Interaction with Benefeciaries



Public Hearing



Discussion of Report and Findings with Concerned Officials





**PHOTO GALLERY**  
**TARGET INTERVENTION PROJECT ON HIV/AIDS & STIS**



Felicitation of Peer Educator during the Women's Day Celebration



IEC Distribution



Medical Camp during the local Mela



Strengthening Outreach Activity



**PHOTO GALLERY**  
**HEALTH ON WHEELS**



Health Camp



Celebration of Breast Feeding Week



Home Visit



School Health Camp



**PHOTO GALLERY  
HEALTH ON WHEELS**



Update Meeting with Chief Medical Officer Singtam District



Update Meeting at Sang PHC



HoW Project Handover Ceremony



National Nutrition Week

**PHOTO GALLERY**  
**USAID PRERANA PROJECT**



Awareness Program at PM SHRI Govt Sr. Sec. School, Samdung



Awareness Program at PM SHRI Govt Sec. School, Turung



Awareness Program at Pabyuik



Awareness Program at Govt Sec. School, Raley



## VHAS Management Board Members



**Dr. (Ms.) Bela Cintury**  
President

Near TNSS School,  
Development Area,  
Gangtok District



**Mr. Karna Kumar Rai**  
Vice- President

Assam Lingzey, Near  
Saint Peter's Church  
Pakyong District



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

Gauchran, Assam  
Lingzey,  
Pakyong District



**Mrs. Anjana Rai**  
Treasurer

Development Area,  
Gangtok District

## VHAS Management Board Members



**Mr. Topzor Dorjee  
Bhutia**

Joint Secretary  
Kewzing Youth Club  
Kewzing Bazar, Namchi  
District

**Mr. Ganesh Prasad Sharma**

Executive Member  
Himali Vikash Sanstha,  
Gyalshing District



**Ms. Jay Jay Lepcha  
Executive Member**

Mutanchi Loom Aal  
Shezum  
P.O. Passingdong-  
Dzongu  
Mangan District

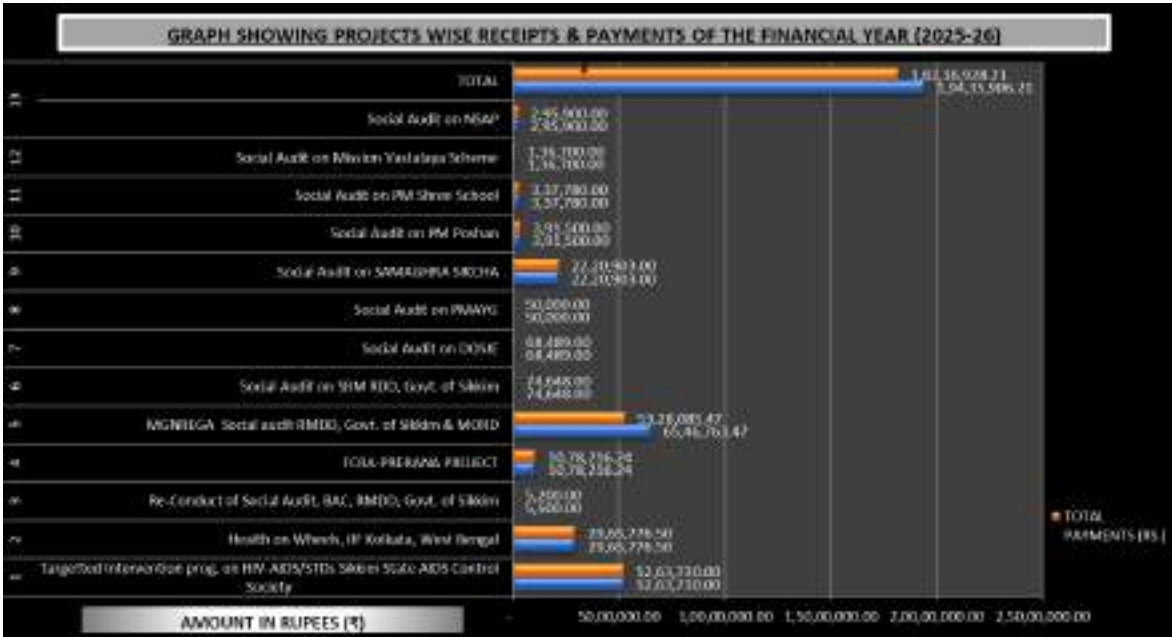
**VOLUNTARY HEALTH ASSOCIATION OF SIKKIM**

**STATEMENT OF SOURCES AND UTILISATION AS ON 31.03.2026**

SL. NO	ACTIVITY /SOURCE	OPENING BALANCE AS ON 01.04.2025 ₹.	RECEIPTS 2025-26 ₹.	INTEREST EARNED 2025-26 ₹.	TOTAL RECEIPTS 2025-26 ₹.	TOTAL PAYMENTS ₹.	CLOSING BALANCE AS ON 31.03.2026 ₹.
1	Targeted Intervention prog. on HIV-AIDS/ST Ds Sikkim State AIDS Control Society	--	52,63,730.00	--	52,63,730.00	52,63,730.00	--
2	Health on Wheels, IIF-Kolkata, West Bengal	12,661.50	29,53,115.00	--	29,65,776.50	29,65,776.50	--
3	Re-Conduct of Social Audit, BAC, RMDD, Govt. of Sikkim	--	5,500.00	--	5,500.00	5,200.00	300.00
4	FCRA-PRERANA PROJECT	10,78,216.24	--	--	10,78,216.24	10,78,216.24	--
<b>TOTAL - A</b>		<b>10,90,877.74</b>	<b>82,22,345.00</b>	<b>-</b>	<b>93,13,222.74</b>	<b>93,12,922.74</b>	<b>300.00</b>

<b>B</b>		<b>Livelihood Division</b>					
5	MGNREG A Social Audit RMDD, Govt. of Sikkim & MORD	17,37,958. 47	47,76,000.0 0	32,805.00	65,46,763. 47	53,28,085.4 7	12,18,678. 00
6	Social Audit on SBM RDD, Govt. of Sikkim	74,648.00	--	--	74,648.00	74,648.00	--
7	Social Audit on DOSJE	8,165.00	60,324.00	--	68,489.00	68,489.00	--
8	Social Audit on PMAY-G	50,000.00	--	--	50,000.00	50,000.00	--
9	Social Audit on Samagra Shiksha Scheme	5,53,293.0 0	16,67,610.0 0	--	22,20,903. 00	22,20,903.0 0	--
10	Social Audit on PM Poshan	--	3,91,500.00	--	3,91,500.0 0	3,91,500.00	--
11	Social Audit on PM Shri School	--	3,37,780.00	--	3,37,780.0 0	3,37,780.00	--
12	Social Audit on Mission Vastalaya Scheme	17,350.00	1,19,350.00	--	1,36,700.0 0	1,36,700.00	--
13	Social Audit on NSAP	1,97,700.0 0	98,200.00	--	2,95,900.0 0	2,95,900.00	--
<b>TOTAL - B</b>		<b>26,39,114. 47</b>	<b>74,50,764.0 0</b>	<b>32,805.00</b>	<b>1,01,22,68 3.47</b>	<b>89,04,005.4 7</b>	<b>12,18,678. 00</b>

C Capacity Building, Research Studies, Communication & Information Division						
TOTAL - A+B	37,29,992.21	1,56,73,109.00	32,805.00	1,94,35,906.21	1,82,16,928.21	12,18,978.00



## VHAS-STAFF STRENGTH



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



Mrs. Anjana Rai  
Sr. PO-cum-Office  
Incharge  
M.A (Sociology)



Dr. Ash Bahadur Subba  
PO-cum-Director (SAU)  
Ph.D



Mr. Ashok Sharma  
PO- cum-Jt. Director (SAU)  
M.A (Sociology)



Mr. Sawan Rai  
Asst. Program Officer  
B.Sc & M.A  
(Rural Development)



Mrs. Sunita Gurung  
Finance Officer  
B.Com



Ms. Seema Rai  
Accountant  
B.Com



Mrs. Suk Maya Rai  
Office keeper-cum-  
Kitchen Staff



Ms. Hemlata Manger  
Receptionist-cum-Office  
Assistant  
Class-XII Passed



Mr. Pema Lepcha  
Driver-cum-Office Attendant  
Class-X Passed

## VHAS-STAFF STRENGTH



Mrs. Laxmi Mishra  
Project Manager (TI-I)  
M.A (Sociology)



Mrs. Dhan Maya Chettri  
Project Manager (TI-II)  
M.A



Mrs. Devika Gurung  
Counsellor TI-I  
AISSC



Mrs. Poonam Tamang  
Counsellor TI-II  
BA



Mrs. Manju Lama  
Outreach Worker TI-I  
BA



Mrs. Anupama Gurung  
Outreach Worker TI-I  
B.A



Mrs. Sujata Rai  
Outreach Worker TI-II  
B.A



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

## VHAS-STAFF STRENGTH



Dr. Prabika Lama  
Medical Officer  
MBBS



Ms. Mayalmit Lepcha  
Health Worker  
B.Sc (Nursing)



Ms. Ashika Rai  
Nurse  
GNM



Ms. Songmu Lepcha  
Health Worker  
GNM



Mr. Ongyal Lepcha  
Driver  
Class-VII Passed

## VHAS-STAFF STRENGTH



Mr. Umesh Kumar  
Chettri  
State Resource Person  
B.A



Ms. Pingkey Lepcha  
State Resource Person  
B.Sc



Mr. Dal Bdr Gurung  
District Resource Person  
B.A.



Ms. Puja Rai  
District Resource  
Person  
B.Sc



Mr. Saysay Hang Limboo  
District Resource Person  
B.Sc



Ms. Lakpa Choki Bhutia  
District Resource  
Person  
M.Sc (Zoology)



Ms. Nikita Rai  
District Resource Person  
M.A (English)



Ms. Sridhi Rai  
District Resource Person  
B. Com



Ms. Mamta Gurung  
District Resource Person  
B.A

## Acknowledgement

I would like to express my deepest appreciation to all those who provided me the possibility to complete this report. Furthermore, I would also like to acknowledge with much appreciation the crucial role of the Dr. B.B. Rai-Executive Director, VHAS Management Board Members, staff of the VHAS, Akshita Maity (Intern- BITS Pilani Mumbai) and Aaditya Patel (Intern- COEP Pune) who gave the permission to use all required equipment and the necessary materials to complete the task.

## WORD OF APPRECIATION

Ministry of Rural Development, Government of Sikkim  
Rural Development Department (RDD), Government of Sikkim  
Education Department, Government of Sikkim  
Health Care, Human Services & Family Welfare Department,  
Government of Sikkim  
Sikkim State AIDS Control Society (SAACS), Government of Sikkim  
Social Welfare Department (SWD), Government of Sikkim  
Women, Child, Sr. Citizen & Divyangjan Welfare Department,  
Government of Sikkim  
American India Foundation (AIF), JPHIEGO, Teamlease,  
Commutiny (A Delhi Based Organisation)  
Glenmark Foundation Pvt. Ltd.



**THANK YOU**

FROM VOLUNTARY HEALTH ASSOCIATION OF SIKKIM