

# Annual Report 2020-2021



**Working Together for Health and Development  
&  
Adding Values to Life**



**West Bengal Voluntary Health Association**

## Contents

	<b>Page</b>
1. Basic Health Care Support Project .....	5
2. IQLFH (Improved Quality of Life of Families with HIV+) Howrah ...	17
3. HIV / AIDS Mainstreaming Project, Siliguri .....	19
4. Emergency Response.....	22
5. Flying Sex Workers.....	27
6. ASHA Project, Darjeeling and Kalimpong District .....	29
7. ASHA Project, Jalpaiguri and Alipurduar District .....	31
8. Reduction of Gender-Based Violence (GBV).....	33
9. Poverty Alleviation Program .....	37
10. Poverty Alleviation Through Livelihood & Agriculture Support Program.....	43



## From the Executive Director

West Bengal Voluntary Health Association (WBVHA) was registered as social organisation in the year 1974, envisions to create a society where every one has the access to affordable quality health and health care especially for the vulnerable section of the community. The organization seeks sustainable solution of health and health care problem through active community participation with the support of government. WBVHA over the last few decades has been working closely with national, international stakeholders, various government departments, community platforms.

Our goal is healthy community and our aim is to maintain the health of the community. The notion of community participation and Sustainable Development Goal is followed and respected by WBVHA to guide all Programme in its efforts to strengthen primary health care in the communities where it is active.



**D.P. Poddar**  
Executive Director

Covid 19 pandemic appeared is a big and deadliest public health challenge for all player in public health. It imposes huge burden on individuals, communities, health system and economics. WBVHA with its whole hearted effort try to support vulnerable section of community with livelihood support, awareness, and supplying of mask sanitizers in one hand and on the other worked closely with government health system and other government bodies to identify covid patient and linking them with health system, organise RTPCR test camp at GP level, support in organizing vaccination camp, running of quarantine centres, supplying of covid protective materials for health workers etc. Responses during any emergency whether it be pandemic or any natural calamity, WBVHA always stood behind the vulnerable community to support them to live with dignity.

WBVHA focuses on improving people's health and giving them the chance to lift themselves out of ill health, hunger, lack of extreme poverty by creating access to opportunities in selected geographical areas with the active involvement and participation of CBOs, SHGs and community and in cooperation with the local government for maintaining the core value of WBVHA which is "sustainability".

In this year 2021 WBVHA is completing 47 years in service. From the time of birth of WBVHA till now, the family of WBVHA has grown considerably and having committed and competent staff members who are moving towards the path of consolidation, innovation and sustainability. We appreciate the sincere and hard work of department heads, team members, consultants, partners, organizations forums, SHG members, well wishers, experts and resource persons associated with WBVHA.

WBVHA is privileged to work with State government, Central government, International organizations and corporate sectors, CBOs, SHGs and other community groups. WBVHA was privileged to serve in government committees and few organizations committee for mutual learning and sharing for more effective work. Few advisors of repute are associated with WBVHA too to guide our present thinking and doing our work including innovation.

We are indeed grateful to our Board members for their whole hearted cooperation, support and guidance. We are also grateful to all our supporters, donors, faculty members and advisers for their effective guidance and support.

Thank you,

Gratefully

**D.P. Poddar**  
**EXECUTIVE DIRECTOR**  
**WBVHA**



## **WBVHA VISION**

Create a positive attitude among people to adopt a multi-factor approach in order to facilitate health with rights, dignity and social human face.

## **WBVHA MISSION**

Making health and social awareness a reality to the people seeking assistance to improve the quality of life free from any bondage and social injustice.

## **WBVHA Philosophy**

What is our new Vision of health care? What makes it appealing? All we have to say is contained in the simple words: "Community Health". Well being with the community. Our goal is a healthy community. Our aim is to maintain the health of the community. We promote Social Justice through the provision and distribution of health care.

We believe in People. We work with people. We believe that people grow better when they are encouraged to do whatever they can for themselves. We hope that good health will become reality for all the people of West Bengal.

We say that Tax Money marked for health must be reasonably shared with all the people. It is mainly the Government's duty to provide health services for the people. We have made it our duty to help the Govt. reach the people and vice versa. Persons, associations classed as 'Voluntary' (Self willed) have a great opportunity to help people to see the value of good health.

We help them to take advantage of health services. It is good for us to encourage people to demand health services as a Human Right. The health services we speak of are mainly Basic or Primary. These most commonly meet the needs of the largest number of people.

We believe in Referral System. Primary health care is the base of the pyramid. This is most important. But it rises towards better health and health education.

## BASIC HEALTH CARE SUPPORT PROGRAM

The expected outcome of Basic Health Care Support Programme (BHCS) is to improve the healthcare status of people. The BHCS seeks to achieve its outcome through community based initiatives like formation of community groups to increase their awareness, stimulate thinking through group discussion, sharing dissemination and propaganda through awareness camps, conventions to change the mindset, behavior of individuals towards healthcare.

BHCS Programme of WBVHA works closely with the community people for positioning them within the local health system. The programme emphasizes towards strengthening the health service providers as well as the community groups, creating an enabling environment for the people to access, ensure quality health care services.

### GEOGRAPHICAL COVERAGE

Basic Health Care Support Program is implemented in 74 Gram Panchayats in 23 blocks in 5 districts of West Bengal namely; South 24 Parganas, North 24 Parganas, Howrah, Jalpaiguri and Darjeeling.

### SPECIFIC OBJECTIVE

Improve access to affordable, sustainable and equitable quality health services taking into account people's needs in an effective health system through a people centered partnership process with involvement of all stakeholders.

### ACTIVITIES DONE:

There are three main results achieved in the BHCS to reach the objective of the program. Result wise activities are as follows:

#### **Result 1. Capacity Building, promotion of good governance and developing strong linkage among communities, CBOs/CSOs, PRI, Public-Private Health actors and BHCS team which leads to better health governance.**

- A research study on Assessment of National Health Policy 2017, Plans, Programs and Strategies and assessing Health System Performance is in progress, in collaboration with the All India Institute of Hygiene & Public Health (AIIPH) Kolkata. Both North (22 blocks) & South 24 Parganas (29 blocks) were selected for this study.
- The BHCS staffs worked extensively during the COVID pandemic in 22 blocks of 5 districts. The data was compiled, analysed and shared with the block authorities of Darjeeling, Howrah & North 24 Parganas districts and the district authorities of South 24 Parganas respectively.



*“It is very nice to share the COVID report and is a very interesting. We are thankful to the BHCS Programme. I suggest to share this report to the block/Gp and Village level. Our grassroot level workers should be benefitted from this report. Your field level workers can do this”.....Deputy CMOH 3, Diamond Harbour District Hospital, South 24 Parganas.*

- Capacity building of CBOs and private sector. The objective of this activity is to initiate and support the various health activities that support a sustainably learning. Under this head altogether 12 Capacity building trainings for the Community Based Organizations were held in Darjeeling (3), Howrah (2), Jalpaiguri (1) North 24 Parganas (1) and South 24 Parganas (5) districts. Many CBOs had taken initiative to sanitize the public places like bank, Post Office, Sub Centre, market, LPG service Center, Panchayat/BDO office Kishan Mandi, medicine shop & clinic etc in collaboration with the Panchayat during Covid situation. Capacity building of RMPS is another activity under this head. 230 RMPs were participated in 14 capacity building training. Training outcomes were.
  - Prompt referral - accepted by BPHC.
  - Referral increased.
  - Help the GP/Block Task Force in Covid Pandemic.
  - Use of banned drugs reduced.
  - Referred the HIV+ patients, who were entitled to the Govt. Schemes, and linked them with the concern departments.
- Establishing peer learning network is another activity under result -1. It is a network at community level with the community stakeholders who facilitate cross dissemination and mentoring good practices and policy (Like knowledge, experience and expertise). There are 33 peer learning network meeting held at field level and total participants were 255. The outcomes are:
  - ✓ The network Leaders involved in awareness generation on various issues.
  - ✓ Due to peer pressure, 5 families were forced to construct toilet by their own at Paschim Surendra Nagar, under Dubachati GP, Pathar Pratima Block, South 24 Parganas.
  - ✓ Network leaders distributed sanitary napkins to 2000 families in Pathar Pratima GP, under Pathar Paratima Block, South 24 Parganas district.

*“We purchased nearly 5000 sanitary napkin packets containing 6 pcs of napkin per packet and distributed through other members during this lockdown. We earned INR 15000/- and this fund will be used for further investment.....Sangha leaders, G-Plot & Ramganga GP under Patharpratima block, South 24 Parganas.*

**Result:2. Quality of care issues in the local health system have been identified & properly addressed and appropriate changes at different levels in partnership with the community groups and other stake holders have been proposed and the evidence-based, people centred inclusive BHCS programme is acknowledged by various stakeholders.**

- Two days workshops on Case Building, good practices is organized with the objective to develop good health evidence. The participants shared the cases and good practices. The participants developed the cases as per the format.



- **Three Capacity building of Health actors** was held in Darjeeling, North and South 24 Parganas districts. All together 42 health actors (ANMs) were present in the trainings. The objectives of the training was to build capacity on providing alien services and improve the efficiency and effectiveness. The topic covered were Health plan, functioning of VHSNC, stress management and counselling etc.



*“We are really benefitted from this training. Nowadays stress is a major problem. We came to know how to manage a stressful situation. We try to apply this to the pregnant women.” .....ANM, Patra GP, Diamond Harbour II Block, South 24 Parganas.*

- **BHCSP team from 5 districts were actively involved on POSHAN Abhiyaan** (National Nutrition Mission) is India's flagship programme, launched in March 2018 to improve the nutritional status of children up to 6 years, adolescent girls, pregnant women and lactating mothers to achieve specific targets for reduction in low birth weight babies, stunting growth, under nutrition and prevalence of anaemia over next three years. All staffs and 200 community groups under BHCSP participated in this movements. The Govt. Officials like ASHA, ANM, AWW, CHO, CDPO and PRI members were also joined in this movement.



- Formation and training of GP committee members is another activity under BHCSP. GP committee members had taken initiatives to prepare beneficiary list and distributed tarpoulin and dry ration to the worst affected families due to Super Cyclone –Amphan in Mathur and Patra GPs, Diamond Harbour II block, South 24 Parganas.

GP forum members were actively involved in awareness generation, monitoring to maintain social distancing at public place, assisting and follow up of people who were in the home quarantine.

- Publication is another component of BHCSP. One article is published within this reporting period (Mukherjee B; Weitz CA; Das K (2020) Indoor heat conditions measured in urban slum and rural village housing in West Bengal, India. *Building and Environment*. Vol 191 2021 107567) and book (**Sailing out from bay to the open sea: A challenging voyage to strengthen the local health systems -“Telling the story of 15 years’ journey of the Basic Health Care Support Programme in India”**) is under process.
- Participation of National & International Conferences and disseminating BHCSP results and concept is another major activity of BHCSP. A paper was accepted on *Health Forum Movement - Citizens voices in local health system strengthening – A study in Rural West Bengal, India* for an oral presentation at the 6th International Conference on Public Health 2020 (ICOPH 2020) which was held on 23rd & 24th November, 2020 in Bangkok, Thailand.
- Sharing of field level issues in various government platform is another activity of BHCSP. Under this head field workers participated at the GP level 4th Saturday meeting, 3rd Saturday meeting at subcentre level, general meeting at Panchayat level and shared their findings. Initiatives were taken during covid situation at village level and other health issues. Followings are the major achievements.
  - Cancer Screening camp was organised at Sub Centre level and 52 women were examined at Bhadura GP, Diamon Harbour II block South 24 Parganas.
  - Sixty HIV positive patients from district Howrah were linked with ART centre and received medicines.
  - During COVID 19 pandemic the preparation of low cost homemade hand wash formula was shared in the 3rd Saturday meeting with ASHAs and community members of Pancharul GP, under Udaynarayanpur block, in Howrah district.
  - BHCSP staffs as a task force members are closely working with the GP/Block authorities, health department for monitoring and follow-up of COVID related issues.
  - Identified the contact/suspected/COVID 19 + cases in collaboration with the health service providers, taskforce members and community. People having symptoms like fever, cough & cold and travel history & their families were motivated/sent for COVID 19 Test at Sub Centre/PHC/BPHC.
  - Assisting ANM in swab test at subcentre and also immunisation in outreach camps/Sub centre respectively
  - Provided counselling support to the people who were in quarantine and the victims of Domestic Violence and their families during lockdown.
  - Assisted the PRI in selection beneficiaries for relief distribution, organized by Panchayat and issuing of job card for the migrants.



- Assisting Village Resource team while spreading of lime & bleaching and sanitized Primary schools, ICDS centres, quarantine centres etc.
- **Promote equity in health and healthcare is another major activity under the result -2. Following are the major achievements.**
  - Elderly people were linked with the sub centre for blood sugar and blood pressure check up..
  - Families with differently challenged members were identified and linked with Manabik pension i.e., Govt. provides INR. 1,000 as monthly pension to persons with disabilities.
  - Community groups motivated suspected/contact cases and migrant cases for COVID test in Suryanagar GP, Kakdwip block, South 24 Pargans.
  - Three tribal and 3 minority children were linked with the Subcentre for immunization at Ramganga GP under Pathar Pratima block, South 24 Parganas
  - 67 volunteers & BHCS staffs donated 67 units blood for Thalassemia patients at SD hospital blood bank during the COVID pandemic.
  - Linking community with panchayat and block authorities for various Govt. schemes/programmes like disability pension, oldage pension, widow pension, Jay Bangla scheme, Jago Prokolpo etc
- Community key persons were capacitated to identify and prioritize the local issues. They shared and exchanged their ideas and views on an issue. 14 trainings were held in all the districts. Some achievements are :

- Block Forum members applied and advocated for Iron Folic Acid (IFA) supplement to the High School authorities as the students of class IX-XII were not getting during lockdown. It was decided that IFA tablets should be distributed to their guardians from schools.



*“This type of training is really good for us. We learnt a lot and is interesting too. It helps us a lot to identify the gaps. We want training at a regular interval.”.....Forum Member, Itinda Panitar GP, North 24 Parganas*

- The concept of **Community Health Fund** (CHF) was introduced in 2012 by BHCSP. The purpose of the fund was to support primarily the poor families to access the health facility during health emergencies. Community groups, especially the SHGs are saving money through equal monthly contribution by the members which is exclusively used for the mitigation of health needs. This initiative improved their access to health care and supports them during any health emergency. The monthly contribution varies from INR 10/- to 50/-. The CHF were used for pathological test, conveyance, minor surgeries etc. The CHF leaders helped others to create new groups and deposit some funds for health. In the reporting period 2020-21 there are 591 functional CHF covering 29,550 population. and total fund generated by these groups are 30, 44,956.00. 382 persons were benefitted from the CHF and total loaning amount is Rs. 7,60,49.00

*“The community health fund is available during health emergencies. Neither we have to pay high interest to the money lenders for borrowing money nor have we to sell household goods or properties for treatment.”..... Self-help group leader, Itinda-Panitar GP, North 24 Parganas 24 district*

*“The government schemes like the Swasthya Sathi etc are not enough to cover all the expenses during an illness. We can avail the facilities of Swasthya Sathi if admitted in the hospital. No OPD facilities are available. In such situations the community health funds come as a respite.” .....Self-help group member, Durbachati GP, South 24 Parganas 24 district*

- **Linkage with Academic Institutions and creation research field for MPH, PHD students.**Ms. Joyoti Chowdhury, M.A. Development of AZIM PREMJI UNIVERSITY, Bengaluru successfully completed her dissertation at SEVA, supported by WBVHA. Her research question was “How Covid-19 has impacted the cost-containment and quality of care beneficiaries are subjected to Maternal and Child ?”

- **Creation of mutual aid networks,** a network was developed by using baby sitting method which helped to build trust, reciprocity, cooperative ownership and local level networks as to building community sustainability.



The network members actively participated in awareness generation on hand washing practice, cough etiquette, social distancing, rules & regulations of quarantine during COVID 19 pandemic. Necessary arrangements were made to keep liquid soap at tube well area, ICDS centre, Primary School etc. Community groups were monitoring the maintaining of social distancing at public places like PDS, grocery shop, ICDS centre, bank, drinking water sources etc. They also tracked the migrant people who returned home from other Districts/States in collaboration with ASHAs and advised them for home quarantine. Community groups provided necessary support like food, drinking water, medicines and other essential commodities etc to people and their families, who were in home quarantine.



**Creation of Community hub** was a focal point and facilities to foster greater local community activity and bring the service providers, community and other organisations together to improve the quality of life in their areas. It was healthy living centers, which provided multiple activities and services i.e., health or other determinants of health. Altogether 5 community hubs were functioning in North & South 24 Parganas districts. Out of which 2 were functioning from GP offices and 3 were in the community level. Community Hub provided service related information, various Govt. Schemes etc. Hub members were actively involved in beneficiaries listing and relief distribution during Yaas and Covid. Hub members are also active in linking community with various Govt. Schemes like SSY, Joy Bangla, Manabik Pension etc. They had also taken initiatives to send migrant labourers who came from other districts or State in quarantine/home quarantine. During the Supercyclone Amphan, they assisted the high risk people to the flood relief centre.

*“Local club agreed to give us the space. We sit here for 2-3 hrs everyday. We are enjoying to running the hub. People are getting benefits from us.”.....***Member, Community Hub, Durbachati GP, South 24 Parganas**

### **Result:3. Resilient community leading to a more equitable society**

- **Identification of problems and priority solution and taking action is a major activity of result-3. Followings are the achievements:**

- 52 TB patients were surveyed in 5 GPs under Rangli Rangliot Block, Darjeeling as to assess their health status and provide nutritional support.
- Adolescent girls had given a written application to BMOH for getting Sanitary napkin under Sathi programme @ INR 8/- instead of INR 10/- ( Adolescent, Dimondharbour).

**3.6 Supporting local initiatives** is an integrated bottom-up development concept, which was based on full community involvement supported through inter-sectoral collaboration and self-sustained people-oriented strategy which addresses the diverse basic needs of the community. Community-based initiatives offer the added value of overcoming inequity which has positive implications for health. Few initiatives are:

- Repairing of Tube well platform were done by the community in collaboration with VHSNC members and PRI. Total expenditure was INR.30800/- of which community contribution was INR 12800/- , VHSNC, PRI and BHCSP contributed INR 3000/-, INR 3000/- and INR.12000/- respectively in Durbachati GP under Pathar Pratima block, South 24 Parganas.
- An approach road to Sub Centre (No. 32), Madhabkathi village repaired on Rajakhaki Khal which connect Madhabkhati to Pakghera villages in Jogeshgunj GP, Hingalgunj block, North 24 Parganas. The total community contribution was INR 6000/- which includes van cost, nails, labour etc. The BHCSP provided INR 7000/- which includes the cost of bamboo, clips & nails.



*“Pregnant mothers were facing difficulties while visiting the subcentre and were risky too. Mothers did not want to come here. We were facing difficulties to give proper services. Now I can easily” .....ANM, Jogeshgunj GP Hingalgunj block, North 24 Parganas*

*“We had taken an initiatives to prepare a Community Garbage pit in Kumarpur village, Pancharul GP. The people are now benefitting from this. We are raising our own funds from community for maintainance and monitiring. The total cost was INR 8100/-. We generated INR 3100/- from our own and received INR 5000.- from the local NGO” ..... SHG Leader, Pancharul GP under Udaynarayanpur block, Howrah*

- **Organize interface between service receivers, service providers for sharing issues and concern for mutual cooperation and collaborative action on health and social determinants of health is another major areas of intervention of BHCSP where community put their demands and cocerns about various governmt health services. . Three interface meetings were held on various issues by adolescents and elderly as follows:**

➤ **Block level interface meeting by elderly groups:**

The Block level elderly interface meeting was held at ASHAKIRAN Hospital, Kautala, Mathurapur II block, South 24 Parganas district. The Govt. officials – Ex District Public Health Coordination (DPHC), South 24 Parganas district; Community Health Officer (CHO), Service providers - ANMs, AWWs of Mathurapur II block were present in this meeting. The elderly people placed their demand in front of them through a role play and a song. Their demands were as follows:

- Periodic screening and regular health check ups.
- Ensuring cheap supply of antihypertensive/antidiabetic medication for BPL families.
- Ensuring good quality health care services at the Sub Centre/Primary Health Care level for the elderly.
- Supplementary food support for the undernourished elderly.
- Ambulance facility like *Matrijan* should be there for the elderly.
- Oldage pension for all elderly.

*“A fast and long term concrete plan on food security should be developed by the govt. We have to ensure the health security also. The maintenance and Welfare of Parents and Senior Citizens Act, 2007 needs to be more effective. This type of Interface meeting should be organized more at various levels.” ..... Ex DPHC, South 24 Parganas.*

*“The services related to Non Communicable Diseases (NCD) are available at Sub Centre Level for the elderly. The ANM/CHO will refer the patients to the BPHC/Rural Hospital. Doctor will check up the patients. They can get free medicines also. If the medicines are not available then they can get medicines in discount rates at fair price shop. ASHA will fill up the Community Need Assessment form for all elderly; I am requesting you to take part in the survey .”.....CHO, Mathurapur II Block, South 24 Parganas.*



### ➤ Sub division level interface meeting by adolescent groups

The interface between service receivers, service providers & stakeholders of South 24 Parganas on issues of adolescents was held on 12<sup>th</sup> March, 2021 at Kakdwip Shisu Sikshayatan HS School, Kakdwip, South 24 Parganas District. Altogether 83 participants from Kakdwip and Patharpratima blocks were present in the meetings.



The Govt. Officials like Assistant Chief Medical Officer (ACMOH) & Block Medical Officer (BMOH), Kakdwip Sub division; Anwasha Counsellor & Nutritionist , Kakdwip SDH, Block ASHA Coordinator (BAC), Kakdwip block; 1<sup>st</sup> & 2<sup>nd</sup> ANM, ASHA, Health Supervisor and Head Master, Kakdwip Shisu Sikshayatan HS School, Kakdwip and NGO representatives were present in the meeting.

The adolescent group explained the service gaps and the problems faced by them while taking services through a role play. The duly signed demands were placed in front of the Govt. officials- by all adolescents. The demands were as follows:

- Quality of the napkin- small in size, less sticky and thin.
- Necessary arrangements should be made for better quality Napkins, IFA Tablets, Sanitizer, mask etc and should be available at Sub Centres and ASHA.
- Distribution of IFA tablets among the Class IX to XII.
- IFA should be provided for school drop-out adolescent girls also.
- Monitoring system should be developed to monitor the students whether they were taking or not.
- Health check up camp should be organised in schools on quarterly basis.
- Necessary arrangements should be made for Haemoglobin test.

- Necessary arrangements should be made for Napkin vending machine and incinerator for disposal in schools and other public places.
- Camp should be organized by Lady Counsellor as to improve the mental health of both adolescent girls/boys, at least once in month, at the Panchayat level.
- Government officials especially the Police department should be more active to prevent child marriage and child trafficking.
- Regular water testing facilities for existing tube-wells.
- Installation of toilet for newly created families.
- Road side tree plantation as numerous trees were uprooted during AMPHAN.

*“The quality of the napkin was good. The Govt. might not supply for long time. It would be nice if we organized training on hand made sanitary napkin of our own. Supply of IFA tablets was adequate in schools. Doctors were visiting school under school health programme. Early marriage was a major concern in these areas. A network should be developed”* .....  
The BAC, Patharpratima block.

*“ANM, ASHA regularly counselled them. Antara - an injectable contraceptive programme was launched to strengthen the family planning programme. It might reduce the early/teenage pregnancy”* ..... The 2<sup>nd</sup> ANM, Patharpratima block.

*“The school health programme was stopped during lockdown. Many schools were there in the block, it was difficult for a counsellor to visit all the places”* ..... The Anwasha Counsellor, SDH, Kakdwip.

*“Hypertension and diabetes were the 2 major diseases. We have to take balanced diet and no fast food. Green, white and saffron colour fruits and vegetables should be taken”* .....  
The Nutritionist, SDH, Kakdwip.



➤ **District level interface meeting by adolescent group in North 24 Parganas district**

The district level adolescent interface meeting were held in Titumir Hall, Zilla Parisad, Barasat, North 24 Parganas. The interface were attended by key actors like District Public Health Coordinator (DPHC), Sub Divisional Police Officer (SDPO), Karmadhaksha, Child Development Project Officer (CDPO)- Baduria, Health Supervisor – Basirhat I, District Child Protection Officer, Ex-Panchayat Pradhan (Gotera GP) were present in the meeting to ensure instant feedback on the issues. Some issues raised by the adolescents were resolved in the meeting.

The adolescent girls placed their demands through a role play and recitation and written copy of demand duly signed by them, in front of the Govt. officials. Their demands were as follows:

- Necessary arrangements should be made for better quality napkins, IFA tablets, sanitizer, mask etc and should be available with ASHA and at Sub Centres.
- IFA tablets should be provided for school drop-out adolescent girls.
- Necessary arrangements should be made for napkin vending machine and incinerator for disposal of napkins in schools and other public places.
- Representation of adolescent member in VHSNC's.
- Camp should be organized by lady counsellor as to improve the mental health of both adolescent girls/boys, at least once in month, at the Panchayat level.
- Government officials especially the police department should be more active to prevent child marriage and child trafficking.

*“Please make a list of the adolescents of your locality and give it to the Village Level Child Protection Committee ( VLCPC ) at Sansad level. I shall look after the matter and include as a representative in the VLCPC. You can also download SURAKSHA app and send message from android phone. The police will reach on the spot immediately. If the victim is below 18 yrs, can go for FIR. ....SDPO, Barasat, North 24 Parganas*

*“It is a nice platform, where I get the opportunity for interaction. You have to contact BMOH for IFA tablets and quality of napkins or supply of napkin etc. You can form a Kanyashree Club in your area.”.....CDPO, Baduria Block , North 24 Parganas*

*“Please place your demand on the letter head and submit this through proper channel. I promise that we will take action. We can include your representatives in VLCPC/VHSNC.”.....DPHC, North 24 Parganas*



• **Strengthening of potential VHSNCs:**

VHSNCs had taken initiatives for cleaning of drain and drinking water sources and stagnant ponds etc as per their plan and also repaired the tube well platform and taken initiatives in awareness generation on vector borne diseases in 12 Sansads in Khordo GP under Diamond Harbour II Block, South 24 Parganas.

22 VHSNCs opened their new bank account in Pathar Pratima GP under Patharpratima block, South 24 Parganas.



• **Networking of community groups** leading to evolving of Charter of Demands is another important intervention where network of community groups placed their demand to the concern authority. Following are the few achievements:

- Adolescents girls placed their charter of demand to BMOH, Health Supervisor and PRI, as they were in the private school and not getting IFA tablets. After the intervention, they were getting the IFA tablets regularly, Gopalnagar GP under Patharpratima block, South 24 Parganas.
- Adolescent girls had taken initiatives in awareness generation through postering and demonstration on hand washing practice and social distancing at Ramganga GP under Patharpratima block, South 24 Parganas.
- The charter of demand prepared by the elderly in Ramganga GP under Patharpratima block, South 24 Parganas are as follows:
  - Necessary arrangements to provide medicines at Sub Centre level
  - Regular health check up camp
  - Arrangements of separate queue at sub centre



## IMPROVED QUALITY OF LIFE OF FAMILIES LIVING WITH HIV/AIDS (IQLFH)

**Goal:** Creation of positive and enabling environment for the peoples living with HIV/AIDS in Howrah District through health, nutrition, education and livelihood skill building support.

**Objective:** To improve quality of life of 30 selected families PLWHA especially the women and children in Howrah district in terms of nutrition, education and livelihood support

### Project components:

#### *Nutritional support*

- Food support to 105 members from 30 families
- Kitchen garden support to 15 families

#### *Educational support*

- Due to lockdown coaching classes were postponed throughout the year

### Details of HIV Positive population:

#### *Age wise distribution*

Age Group	Male	Female
0-5 years	0	2
6 -10 years	1	0
11-18 years	6	4
19-30 Years	0	4
31-40 years	3	21
41-50 Years	8	5
51-60 Years	1	0

#### *Family wise distribution*

- 9 families with one HIV+ members
- 16 families with two HIV+ members
- 5 families with three HIV+ members

Block	Total Family	HIV+ members
Amta-II	2	2
Bagnan-I	1	2
Domjor	6	10
Jagat-ballavpur	5	10
Panchla	2	3
Sakrail	1	1
Shyampur-I	1	1
Shyampur-II	4	8
Udaynarayanpur	1	3
Uluberia-I	2	4
Uluberia-II	5	11

## Activities undertaken

Providing nutritional support and periodical assessment of nutritional status through Body Mass Index was one of the main components of IQLFH project. But due to Covid situation periodic BMI measurement was not possible but food support was continued. The following components were covered during the pandemic period. Few components were done virtually on regular basis as because of lockdown. Few services like supply of ART medicines were done through home visit.

- Food support to 108 members from 30 families (One full meal per day)
- Promotion of kitchen garden, supply of seeds and sapling
- ART medicines supply (linking with health department)
- Monitoring of CD4 count
- Maintenance of Menstrual Hygiene
- Sensitization of beneficiaries on healthy living
  - ✓ Promotion of safe drinking water
  - ✓ Promotion of healthy hygiene practice – healthy food habit and cooking practice, water and sanitation

## Education support:

Providing educational support to the students of 30 targeted families is another component of the project to ensure regular and formal education as well as to control drop-out from school. During Covid situation regular coaching classes were stopped. Only six students were supported with educational materials. 3 students appeared for Madhyamik examination and all of them passed out successfully and 4 students appeared for higher secondary examination and passed successfully.

## Affect of Covid on Beneficiaries:

Covid pandemic has immense affect in the life of the PLWHA families. Due to lockdown they were not able to go for ART medicines collections from the hospitals and medical colleges. 9 families out of 30 families were lost their job.

## HIV/AIDS Mainstreaming among the HIV/AIDS infected & affected people.

### Objective of the Project

**Objective 1:** To increase ability of PLWHA and their families to manage the disease effectively, prevent further transmission, access health services, and maintain stable health and nutrition through increased income generation.

**Objective 2:** To increase social integration and reduced social stigma for PLWHA and their families through education, awareness rising, and advocacy.

**Objective 3:** To increase capacity for PLWHA and their families to maintain their health and increase social integration through improved critical health, nutrition, and education services.



### Activities Done:

- Organized Community Level awareness program on HIV/AIDS Mainstreaming for male & female (youths and aged).
- Commemorate World AIDS Day program through Rally, Tableau, awareness stall
- Organized community events like Annual Sports cum Cultural program
- Organized Review meeting (PLWHA), Panchayet members in yearly basis.
- Provided Emergency Medical Assistance to HIV infected People for ensuring healthy lifestyle.
- Provided Educational support to 10 underprivileged HIV infected/affected children.
- Provided supplementary nutritious food (Nutrimix).
- Conducted 1-Day Training Program on Child Rights, Nutrimix Preparation, on HIV/AIDS mainstreaming, Income Generation Program (IGP),
- Conducted 1-Day Follow up training for Care Givers at family level, Adolescent Health and Nutrition Management Training Programme for Adolescent Boys and Girls.



## Result

- ✓ Through the different training programme we have covered directly 52 male and female 94 (total 146)
- ✓ Through Awareness Programme, Community Event, World AIDS Day & Review Meeting we have directly covered male 77 & female 238 (total 315)
- ✓ We have provided Emergency Medical Support (EMS) to 44 Female, 23 male & 2 Children.
- ✓ We have provided Educational support to 5 boys & 4 girls.
- ✓ We have provided supplementary nutritious food (Nutrimix) to 12 female & 3 male.
- ✓ We have indirectly covered through different programme 524 male, 371 female & 39 children's.



### Geographical coverage

- ❖ 9 Gram Panchayats in Rajganj Block of Jalpaiguri District.
- ❖ 14 added ward of Siliguri Municipal Corporation (under Rajgunj block).

### Benefited by activities (Direct / Indirect):

1. 146 through Training, Meeting & Sensitization programme.
2. 1249 through awareness programme, community events & AIDS day.
3. 15 through Nutrimix (Supplementary Food) support.
4. 69 through Emergency Medical Support.
5. 9 through Education Support

### ***Covid Pandemic: Barirer of implementation***

The project has faced tremendous problems due to Covid pandemic. Long lockdown period, fear from being affected by CORONA virus and its effectiveness has become a barrier for smooth implementation of the project. In spite of all the obstructions, more than 80 % of project activities have been accomplished and the Final evaluation, external evaluation took place in time.

### ***Sustainability Plan:***

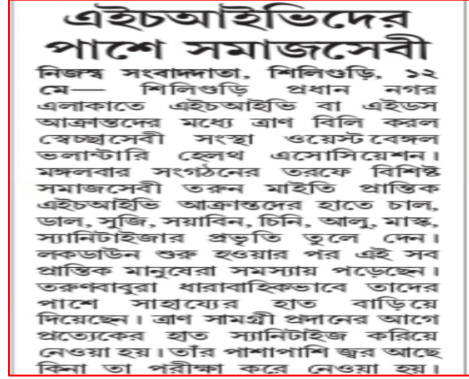
There is an inbuilt plan in the project where every year few beneficiaries who mainstreamed through knowledge, linkage with health system and livelihood support are phased out. Few beneficiaries were phased out who sustained through the project and same way, a plan of phase out beneficiaries are selected in reporting year. They all have sustained with all the opportunities given through the project and make themselves established. So, the sustainability is ensured at the community level, and in the project level, the sustainability is seen on the well equipped staff member, they are now capacitated enough to handle any kind of health program and can run any health project effectively at the grassroots level. They have acquired new skills; make an effective network with the health department.

## Emergency Response During Covid pandemic and Amphan cyclone



The global burden of novel coronavirus disease 2019 (COVID-19) imposes huge costs on individuals, communities, health systems, and economies. The central and state

Government have responded with multiple ways to prevent and control this pandemic.



West Bengal faced severe outbreak of the second wave of corona virus. The laxity of the common people is the reason for the recent spike of COVID 19 cases in the state. The severity of lockdown has also caused particular disruption and suffering to the most vulnerable groups of the society both in rural and urban areas.

Being a health promoting organization WBVHA responded in this crisis situation in various ways and supported most vulnerable section of the society with food and other protective materials. Along with that WBVHA has also provided support to the health system with necessary protective materials for the grass root health workers. West Bengal Voluntary Health Association (WBVHA) worked in the following areas in COVID pandemic situation:

### A. Humanitarian supplies:

- Mapping vulnerable families like elderly, women specially the pregnant and lactating women, children, migrants etc
- House listing
- Mapping/Track infected or exposed population
- Coordination with grocers, medicine shops, service providers, Public Distribution System ensuring supply of essential commodities, medicines and care etc
- Coordination with local authorities
- Monitoring effective lock down

### B. Communication and awareness:

#### 1) Create local Support group with community leaders

- Prevent the spread of infection – coordinating with the authorities
- Promotion of IEC materials (Govt.) only
- Awareness on social distancing, cough etiquette and hand washing practice



## 2) Maintain communication channels with community

### C. Medical aid etc.

- Mask, gloves & sanitizers were distributed to the frontline health workers (ANM, ASHA etc) as per the requisition of the Block authorities.
- Masks and sanitizer distributed to vulnerable community.
- The Networking partners (HNP+) advocated to the National Commitments and Policy Instrument (NCP), Swasthaya bhawan for ART for People living with HIV (PLHIV). The NCPI ordered the concern Block Primary Health Centre (BPHC) - ART link centre to take immediate action for distribution of ART Medicine for all adult PLHIVs.
- The Networking partners advocated with Block Medical Officer of Health (BMOH) for a vehicle as collecting ART medicine from STM & SSKM hospital. Later they appealed to WBVHA for a vehicle for home delivery at different places of the district. They distributed ART Medicine to 47 PLHIVs.



### D. Relief Distribution:

#### Phase-1:

- The personal hygiene kits were handed over to the Sub Centre (SC) and Primary Health Centre/ Block Primary Health Centre (PHC/BPHC) in Takda and Rangli Rangliot blocks of Darjeeling district for the health workers. The 400 frontline health workers (ASHA, ANM, AWW, NGO Workers) were benefitted from this support. Each personal hygiene kit consists of mask (3pcs), glove (1 pair) and hand sanitizer (1 bottle).
- 100 families from the 4 GPs of Siliguri Subdivision and municipal corporation were supported with Rice, pulses (2 variety), soyabean, onion, potato, mustered oil, sugar, Salonika (suji), salt, mask, sanitizers. These families are from the vulnerable section of the community consisting of HIV infected persons, Female Sex Workers, Scheduled Cast and Distressed people.
- 300 families from 2 GPs of Jalpaiguri District were supported with Rice, pulses (2 variety), soyabean, onion, potato, mustered oil, sugar, Salonika (suji), salt, mask, sanitizers. They are Tribal women, Female Sex Workers and Scheduled Cast.
- The personal hygiene kit consisting of sanitary napkin (1pkt=18 pcs) and soap (1 pc) were distributed to 25 adolescent girls of Howrah District.
- The personal hygiene kit consists of mask (3pcs), glove (1 pair) and hand sanitizer (1 bottle) were handed over to Primary Health Centre/Block Primary Health Centre (PHC/BPHC) and subcentre of Howrah, North & South 24 Parganas districts. 800 front line health workers i.e., ASHA, ANM, AWW were benefitted from this support.



**Phase-2:**

- The ration kit consists of rice (5 kg), mix pulse (1 kg), soya chunk (1 kg), potato (1 kg) and oil (1 lt) were distributed in working areas under BHCSP in Howrah, North & South 24 Parganas districts. 80 pregnant and lactating mothers were benefitted.
- The personal hygiene kit consisting of sanitary napkin (1pkt=18 pcs) and soap (1 pc) were distributed to 185 adolescent girls of North & South 24 Parganas districts.
- The personal hygiene kit consisting of 6850 masks, 5400 sanitizers and 600 gloves were handed over to the officials of GP/Block/Sub Division of North & South 24 Parganas based on their requisition by WBVHA
- The personal hygiene kit for frontline health workers consisting of mask (3pcs), glove (1 pair) and hand sanitizer (1 bottle) were handed over to Primary Health Centre/Block Primary Health Centre (PHC/BPHC) and subcentre of North & South 24 Parganas districts. 300 front line health workers i.e., ASHA, ANM, AWW were benefitted from BHCSP support.
- WBVHA also distributed 114 masks, 495 sanitizers and 109 gloves to the health workers, who are working under BHCSP.



BHCSP received a humanitarian support from Azim Premji Initiatives. 530 Covid Victim families from Darjeeling, Howrah, North & South 24 Parganas were benefitted from this support. They received both food kit and hygiene kit.

WBVHA has also mobilized funds from individuals and govt. servants to support the most vulnerable section of the society. 80 such individual and well-wishers were extended their cooperation and support for the vulnerable section of community during the pandemic. The details are given below:

- BDO Rajgunj and IC Siliguri police station support 118 vulnerable families with foods
- 36 babies were supported with baby food supported by individual donors
- 124 PLHIV supported with food and other materials with the support from individual donors
- 300 members from FSW and adolescents supported with sanitary pad
- 37 families from Laltung forest busty were support with food products
- 500 masks, 300 soap and hand sanitizer distributed to PLHIV, Tea Garden workers and among traffic police in Siliguri sub division
- 500 mask, 300 sanitizers and 300 soaps were handed over to CMOH, Darjeeling
- 500 mask, 300 sanitizers handed over to BMOH Rajgunj, Jalpiaguri
- 500 Mask, 200 sanitizer distributed to CMOH Alipurduar
- 22 packet nutrimix provided to 11 poor Tribal families of Bagdogra





## Training:

WBVHA representative was selected as a trainer (online) for frontline workers of West Bengal by State Inter Agency Group (State IAG) and UNICEF. WBVHA also conducted virtual training for their field staffs. The sessions were as follows:

- Safe Environmental Sanitation and Hygiene in times of COVID outbreak
- Maintaining Healthy Eating and Lifestyle during COVID-19 outbreak
- Supporting Responsive Parenting for Young Children's parents in times of COVID-19
- Psychosocial Support for Children during COVID-19
- Pregnancy Care During Covid-19
- Disability Inclusive Covid-19 Preparedness & Response, India



## Relief support in AMPHAN affected areas:

WBVHA provided relief support in the vulnerable blocks like Hingalgunj, Sandeshkhali I & II blocks of North 24 Parganas and Diamond Harbour II, Gosaba and Kakdwip blocks of South 24 Parganas districts. Altogether 400 vulnerable families were benefitted from BHCSPP support. The ration kit consists of both Food items and non food items as follows:

*Food Items:* Baby food (500 gm), rice (2 kg), pulse (1 kg), soya chunk (1 kg) and sugar (1kg)

*Non-Food Items:* Mosquito net (1 pc), mosquito coil (1pkt), soap (2 pcs), torch (1 pc) and sanitary napkin (1 pkt=18 pcs), Tarpaulin (1pc).

BHCSPP staffs collected local supports from various well wishers for AMPHAN relief. The relief materials like rice, pulses, potato, oil, soya chunk etc were distributed to 450 families in Partharpratima, Mathurapur I and Sandeshkhali I & II Blocks of North & South 24 Parganas.



## Need Assessment:

**Joint Rapid Need Assessment Report on Cyclone Amphan** - Cyclone Amphan made landfall on the West Bengal coastline on 20th May 2020. A multi sectoral joint rapid needs assessment was conducted by members of State IAG West Bengal. The report published by State Inter Agency Group, West Bengal.

The objectives of the Joint Rapid Need Assessment (JRNA) are given below:

- Collect information related to humanitarian needs in the Cyclone Amphan affected districts from primary and secondary sources of data
- To estimate the damage caused by the super cyclone
- Provide an overview of the assessed districts in the state including the demographic and socio-economic profile of the community at risk
- To undertake sector wise assessment for the damage caused and the impact on general people
- To design intervention plan and reach out to the most marginalised
- To submit the report to Government departments for immediate response
- Provide recommendations for addressing the critical gaps in the Covid19 informed Cyclone Amphan response programming to support an informed decision making for the next phase



The representative of the BHCSP team was representing in the report writing team and the responsibilities was to analysed the situation and assessed the immediate, mid/long term health need.

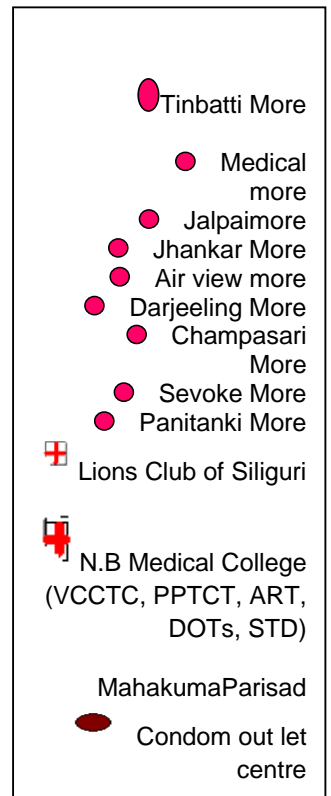
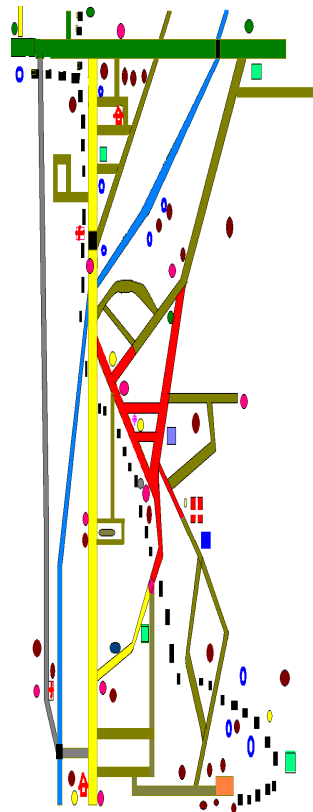
## Flying Sex Workers

### Goal of the Project:

To improve the Sexual Health status of the Flying Sex Workers of Siliguri Subdivision by reducing the incidence of STD & HIV/ AIDS.

### Objective of the Project:

- 1) To increase the Knowledge score on STD/HIV/AIDS.
- 2) To reduce the incidence of STD prevalence by providing Proper STD management.
- 3) To increase the consistent and correct condom use.
- 4) To create an enabling environment through proper Advocacy & Networking.



### The Key activities of the project are:

- Field visit, Awareness Generation through speech, Hotspot Meeting
- One to one and one to group interaction with targeted community
- Counseling support
- STI treatment, Syphilis screening, Presumptive treatment, Regular medical check up
- Advocacy with Govt. officials



## Result of Activities

APRIL 2020 TO MARCH 2021

<b>Indicator</b>	<b>Achievement</b>
Regular Contact	4258
RMC (Regular Medical Checkup)	1530
Presumptive Treatment	31
VDRL Test	500
ICTC Actual Test	911
Condom Promotion	56937
Special Event	1
Review Meeting	36
DIC (Drop In Centre) Level Meeting	18
STD Treatment	22
Hotspot Wise Condom outlet	14
HIV Positive	23 (Cumulative)
ART Registration	23 (Cumulative)

## Total benefitted from the project

<b>Area of work</b>	<b>No. of benefitted.</b>
FEMALE Sex Worker Brothel	310
FEMALE Sex Worker NON BROTHEL	264

## SUSTAINABILITY PLAN

A strategy have been taken with the community members along with Peers to make a small scale Restaurant so that the support for High Risk Groups (HRGs) will remain continue from its profit specially those who are elderly. A committee has formed for that and four meetings have already been done in this regard.

## Justification of Activity

As per WBSAP&CS direction FSW project continued in same areas with the reduction of STD/HIV/AIDS Intervention programme among the Female Sex Workers, Siliguri, and Darjeeling Dist. are based on the following fundamental principles of targeted interventions:

- Behaviour Change Communication (BCC) through Peer Education, Counselling and Outreach Work
- STI management.
- Linkages and Referrals
- Condom promotion and Condom Social Marketing
- Creation of an Enabling Environment
- Community Mobilization.

## ASHA Project, Darjeeling and Kalimpong District

WBVHA in collaboration with government is implementing ASHA training in Darjeeling District. WBVHA is responsible to provide training and necessary handholding support to the ASHAs selected in Darjeeling and Kalimpong district (plain and in Hill areas).

### Goal of the Project:

As per the National Health Mission (NHM), government of India has a mission to provide every village in the country with ASHA who will responsible to mobilize community and facilitate in accessing the services of Sub Centres and Anganwadi Centres.



### Activity done:

- i. Conducted 8 days induction training for 420 Urban & Rural ASHA
- ii. Conducted 5 days 1<sup>st</sup> round ASHA 6<sup>th</sup> & 7<sup>th</sup> Module training for 419 Urban & Rural ASHA
- iii. Conducted 5 days Non-Communicable Diseases (NCD) training for 261 rural ASHA
- iv. Conducted 56 times Hand Holding Support to ASHAs by the District Trainers through family visit
- v. Conducted monthly meeting with District ASHA Facilitator, DTs & other staff members of ASHA project.

### The Beneficiaries

- ASHAs of Urban & Rural level.
- Post Natal Mother at the community level.
- Infant up to 42 days at the community level.
- Infant 43 days to 1year at the community level.
- Eligible Couple at the community level.



### Future Plan:

WBVHA is responsible for different round training of ASHA 6<sup>th</sup> & 7<sup>th</sup> module and related training as per guide line of state ASHA Cell, Dept. of Health & Family Welfare, Govt. of West Bengal both rural & urban ASHA. The state ASHA cell would like to introduce the different health training on our state and which will be completed by 2020-2021 & 2022-2023. The following training and Hand Holding Visits will be conducted:

- Conduct Induction Training
- ASHA 6<sup>th</sup> & 7<sup>th</sup> Module Training
- Non-Communicable Diseases (NCD) for New ASHA both Rural & Urban.
- HBYC training for ASHA both Rural & Urban.

### Sustainability Issues:

As ASHA project is running under the supervision of state government, it is renewed after every five years. So all the rules and regulations is decided by the government .to make it effective for the long term basis and there maximum no of ASHAs engaged with the training programme. And after the training was taken by the ASHAs they have to follow the guideline of the government while working on the field level. They can access any kind of external support if they needed.

## ASHA Project, Jalpaiguri and Alipurduar District

WBVHA in collaboration with government is implementing ASHA training in Jalpaiguri and Alipurduar District. WBVHA is responsible to provide training and necessary handholding support to the ASHAs selected in Jalpaiguri and Alipurduar district. .

### Goal of the Project:

Government of India under National Health Mission (NHM) has a mission to provide every village in the country with ASHA who will responsible to mobilize community and facilitate in accessing the services of Sub centres and Anganwadi Centres

#### Activity done:

- vi. 42 ASHAs completed Induction training
- vii. 43 ASHAs completed 1<sup>st</sup> round 6<sup>th</sup> & 7<sup>th</sup> Module training
- viii. 141 ASHAs completed 2<sup>nd</sup> round 6<sup>th</sup> & 7<sup>th</sup> Module training
- ix. 65 ASHAs completed 3<sup>rd</sup> round 6<sup>th</sup> & 7<sup>th</sup> Module training
- x. 37 ASHAs completed 4<sup>th</sup> round 6<sup>th</sup> & 7<sup>th</sup> Module training
- xi. 47 Rural ASHAs completed 6<sup>th</sup> & 7<sup>th</sup> Module Refresher training
- xii. 40 rural ASHAs completed Non-Communicable Diseases (NCD) training
- xiii. Conducted 360 Hand Holding Support to 360 families by the District Trainers through family visit

#### The Beneficiaries

- ASHAs of Urban & Rural level.
- Post Natal Mother at the community level.
- Infant up to 42 days at the community level.
- Infant 43 days to 1year at the community level.
- Eligible Couple at the community level.

### Future Plan:

WBVHA is responsible for different round training for ASHAs as per guide line of state ASHA Cell, Dept. of Health & Family Welfare, Govt. of West Bengal both in rural & urban areas. The state ASHA cell has a plan to introduce the different health training in future and that will be completed by 2021-2022 & 2022-2023. They have also planned to recruit another 1000-1500 new ASHA for both Jalpiaguri and Alipurduar districts.

Following training and Hand Holding Visits for both districts will be conducted in next two years:

- Induction Training for New ASHA both Rural & Urban.
- ASHA 6<sup>th</sup> & 7<sup>th</sup> Module Training for New ASHA both Rural & Urban.
- Refresher Training for New ASHA both Rural & Urban.
- Non-Communicable Diseases (NCD) for New ASHA both Rural & Urban.
- Home Based Care Young Child for New ASHA both Rural & Urban.

### Sustainability issues:

As ASHA project is running under the supervision of state government, it is renewed after every five years. All the rules and regulations is developed by the government to make it effective on long term basis and focusing on skill and knowledge development of maximum no of ASHAs through the continuous training program.



## Reduction of Gender-Based Violence (GBV) through the promotion of Justice & Peace activities

Gender-Based violence is a harmful acts directed at an individual based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms. Gender-based violence (GBV) is a serious violation of human rights and a life-threatening health and protection issue. The Naxalbari, Khoribari (both rural and urban areas) is located at Indo-Nepal border and Bihar state. A large section of population is tea garden labourers, and vulnerable to drug use and addiction. Tea garden labourers often have lower levels of income, education and awareness around gender equality paired with hazardous working conditions that may result in higher incidences of gender-based violence in these communities. Due to the proximity with international borders, these districts have been identified as highly vulnerable to human trafficking and drug trafficking that discriminately impacts women and girls.



### **Long Term Goal: Prevention and Mitigation of Gender-based Violence in Darjeeling district through equipped Peace builders**

#### **Objectives:**

- To increase capacity building and knowledge in Peacebuilding skills among WBVHA staff and participants to address GBV in society.
- To reduce GBV among the 300 disputed families through awareness programs and conflict resolution meetings.
- To empower children to make their own decisions and have a voice in issues that affect them.

### **Activities at a glance:**

1. Conducted situation assessment study among the 100 women on GBV & Child Protection issues.
2. Conducted Two-day workshop on skills & capacity on Peace building among WBVHA staff and participants to address GBV related issues like Patriarchy, gender equity and equality etc.
3. Conducted One day orientation on child protection, child rights, role & responsibilities of parents among the Panchayat members & Community Key Influencers.
4. Conducted One-day follow-up workshop on Peace building (*sharing the field level experience & plans*).
5. Organized community level awareness Program on Gender Issues and legal rights of women & child among the community members.
6. Conflict-resolution meetings on women empowerment issues.
7. Organized Stakeholders meetings on 'Gender Issues' and PC&PNDT (Pre-Conception and Protection of Pre-Natal Diagnostic Techniques Act. 1994) with (NGO's/CBO's/Clubs & Religious Leader.
8. Observation of International Day of Peace and International Day of Non-violence.
9. Organized awareness programme on "Good Touch and Bad Touch" among the school going & school drop-outs students of Naxalbari & Khoribari blocks.
10. Formation of community based child friendly support group (Peace Club) among the community members.

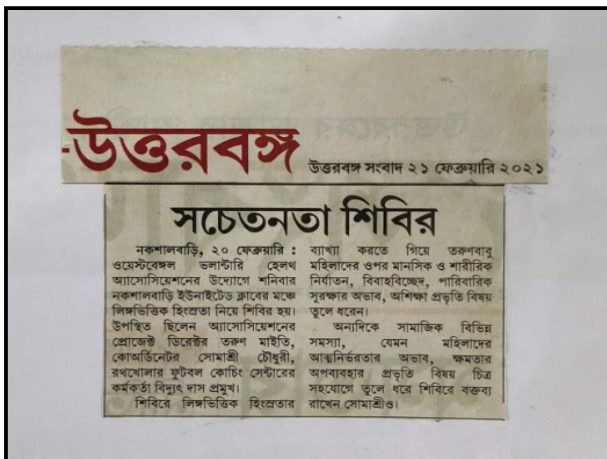
## Targeted Beneficiaries

- i. Dispute family members.
- ii. Adolescent boys & girls.
- iii. School going & dropouts children.
- iv. Self Help Group members.
- v. Tea Garden labours.
- vi. Elderly population
- vii. Members of Peace Clubs.



## Benefited from activities

	Work shop	Orien tation	Commu nity Level Awarene ss Prog.	School Level Awaren ess Prog.	Stakeho lder Meeting	Forma tion of Peace Club	Observan ce of Internati onal Day of Peace	Observa nce of Internati onal Day of Non Violence	Total
<b>Male</b>	12	07	00	00	25	20	00	07	71
<b>Female</b>	20	13	207	00	10	81	81	25	437
<b>Children</b>	<b>Boys</b>	00	00	36	00	00	00	00	36
	<b>Girls</b>	00	00	00	66	00	00	00	6
<b>Adolescent</b>	00	00	198	00	00	00	62	33	293
<b>Total</b>	32	20	405	102	35	101	143	65	903



## Future Plan

This is very new project which was started 2020 and last year (2020) the project team have faced COVID pandemic situation although more than 75% activities are completed. The project is implemented in two blocks of Siliguri Sub-Division. A plan has been prepared to expand the project in another two blocks. WBVHA has developed two peace clubs and in future, every Gram Panchayat will have at least one Peace Club in future.



## Case Study

Swapna Mali, 18 years old she is studying in Class XII. She is a resident of village Tarabari (NeyarGangaram Tea Garden) in Nxalbari Block of Darjeeling district.

Swapna has been in love affair for the last one year and as a result they became intimate several times. But over the past few months, relationship problems because of the boy. her problems with the boy and the girl has become mentally debilitated even she attempted suicide several times, her parents thought that if the girl could not get out of this problem quickly, something more serious could happen later.

Through a community level program of WBVHA we have known all the above mention facts from Anita Kujur (SHG members) who is a relative of Swapna Mali.

After home visit we realized that the girl was not willing to talk about her problem, because she thought there was no solution to this problem. Then we talked to her parents and found out that her daughter was introduced to the boy in September 2019. The boy used to study at his aunt's house in that village. The boy had his own house in Gangtok, but the boy lived in his aunt's house in Tarabari to study. The school was closed due to the Corona pandemic, so he returned to Gangtok without informing the girl. From September 2019 to August 2020, the boy lived in Tarabari and they used to communicate regularly. The boy also promised to marry the girl. But when the boy suddenly returns home, he doesn't want to have any contact with her, to pick up the girl's phone. The girl went to the boy's aunt's house and reported the incident, but they refused to accept it, adding that all the blame was on the girl.

After several time visited in their house the girl agreed to talk to the counselor because her parents told her that the counselor had come to her house to solve her problem. After listening to them, the girl told the counselor all the details and cried in front of him. The counselor listens to all the incidents and advises that it is not possible to change what happened but there are solutions to all the problems and as soon as she forgets about her relationship with the boy she will go on normal life and counselor, field supervisor have visited the girl's house once a week and listened to their problems and discussed various ways to solve the problem.

At present we saw that the girl has become a little stronger mentally than before and her family members have also helped her recover in various ways. Now the girl is much better than before and she is studying and also participating in our various programs.

# POVERTY ALLEVIATION PROGRAM THROUGH GOATERY & WOMEN EMPOWERMENT PROGRAM THROUGH TAILORING PROJECT

## Goal of the Project:

Economically empowered SHG women will continue goat rotation activity under SHG led Livelihood Cluster to sustain and continue livelihood activity towards economic development of vulnerable women representing SHGs.

## Project Objective:

- Formation and nurturing of SHGs in intervention villages.
- Impart health education to SHG on health, hygiene, and sanitation issues.
- Provide training to SHGs on goat rearing activity.
- Facilitate SHGs to promote liaison with Government specially Block Livestock Development Officer (BLDO) to avail benefits to promote livestock activity.
- Provide capacity building to selected SHG leaders on management of Livelihood Cluster
- Support functioning of Tailoring Unit to promote economic empowerment of marginalized SHG women



## Geographical Coverage:

The project covers two Gram Panchayats (GP) of Lalgola Block namely Bahadurpur GP and Paikpara GP.

### GP-wise details of intervention villages

GP- BAHADURPUR		GP-PAIKPARA	
SI No	Village	SI No	Village
1	Pipla Sarai	1	Rajanagar
2	52 Bigha Basti	2	Chandpur
3	Damodarpur	3	Chakmoharrampur
4	Tiktikipara	4	Sagia Natunpara
5	Krishnapur-Chaipara	5	Bilai Hachari
6	Paharpur	6	Nareshgaunj
7	Sikarpur	7	Haripur Balipara
8	Tetuliya	8	Mulidanga

### Activity at a glance:

#### Monthly Meeting:

Due to severe COVID-19 outbreak in Murshidabad District, There were some restrictions which are followed rigidly by government authority. By following the government protocols we were able to conduct few monthly meeting are as follows:

Month	GP	Number of Health Meetings	Number of Attendees
July	Bahadurpur	1	13
August	Bahadurpur	1	14
	Paikpara	1	17
September	Bahadurpur	2	17
	Paikpara	1	13
Total		6	74

Apart from that home visit was also done to

#### **Health Meeting:**

Due to continuous COVID-19 outbreak and resulting afterwards lockdown only six health meetings have been conducted in July, August and September for this quarter. Considering the health situation of workers and SHG members all necessary pre-cautions have been taken for the attendees who joined the health meetings and below topics have been discussed for their awareness:

- Health & Hygiene
- Quitting the 'Beedi' industry and getting back to the normal flow of Life through WBVHA IG Program
- Covid - 19

Below chart represents the number of health meetings organized in this quarter:

Month	Number of Health Meetings	Number of Attendees
January-march	6	78
April- June	4	35
July-August	6	74
<b>Total</b>	14	187

### House Visit:

Project staffs have taken out time to visit houses of beneficiaries who have received goats under this project. The objective behind this house visit was to monitor and follow-up of beneficiaries and how they are taking care of their livestock about timely vaccination, administering medicines and contacting local Prani Bandhu to address any health issues of livestock. Due to continuous outbreak of Covid-19 project staffs have also been conducted house to house awareness regarding covid 19 idealistic lifestyle, safety measurement, symptoms and identification at the early stage. 52 SHGs were supported with Mask. Project staff was able to reach 526 households out of which 247 were from Bahadurpur GP and 279 were from Paikpara GP.

### Goat Distribution:

Covid - 19 pandemic has changed the style and commencing of work for all our health workers. We used to schedule Goat Distribution program in the villages where SHG mothers were gathered and identification of distribution were accomplished considering the priority of indigence of the respective SHG beneficiaries. Now we work in a mobile mode where we take part in the following activities:

1. Monitoring of the goats which we distributed in earlier months by inspecting their health, care, and hygiene
2. Getting touch with the beneficiaries from whom we will be receiving the goats and instruct them to arrive to the scheduled place where the ownership would be transferred.
3. Door to Door campaigning of present adverse health hazards (For Example Covid 19, Dengue, Malaria)

We were able to distribute 3 goats to the 3 needy SHG beneficiaries of Bahadurpur and Paikpara GP through goat rotation activity. The details of goat beneficiaries are given below:

Bahadurpur GP				
Sl No.	Name of Donor Beneficiary	Name of SHG	Name of Recipient Beneficiary	Name of SHG
1	Kusum Halder	Meghna SHG, Krishnapur	Minati Bhakat	Aparajita SHG, Sikarpur
2	Soma Halder	Dipa SHG, Krishnapur	Supriya Mondal	Satarupra SHG, Paharpur
3	Kamana Mandal	Aponjon SHG, Krishnapur, Chaipara	Runa Laili	Arowin SHG, Sikarpur
4	Madhobi Mandal	Pratidin SHG, Krishnapur, Chaipara	Shamoli Bibi	Apsa SHG, Sikarpur

**Status of goat returned by beneficiary under goat rotation activity:**

Paikpara GP				
Sl No.	Name of Donor Beneficiary	Name of SHG	Name of Recipient Beneficiary	Name of SHG
1	Salema Bibi	Mamtaj SHG, Haripur	Rinku Ghosh	Kalimata SHG, Paharpur

**Case History: Empowering through goat rearing**

**Meena Koiri** is a resident from Koiripara, Lalgola block is a member of the SHG named 'Arowin SHG'. The name of her husband is Dilip Koiri, who is a day labourer by profession. In the year of 2018-2019, she received a goat from WBVHA as a Goat distribution initiative by the organization. The total monthly income of her family is Rs. 6000/- which is not at all enough to sustain a fruitful lifestyle. Till now she is able to sell 2 goats to the local market securing the total price of Rs. 6000 /-. She informed us this amount of money was very crucial while she spent all the amount for the purpose of the education of her children. She still has 4 goats which she is taking care of by heart. Now when we talk with her, we always see an iron will of confidence dedicated to her family in case of any unknown upcoming urgency and upon arriving the readiness from her to tackle it with the strong economic faith from Goat rearing activity. She also conveyed a big 'Thanks' to WBVHA. She also demanded more goats from WBVHA for her better stability of life as WBVHA is not in any position to arrange so, the connected members have linked her with local Panchayet Samiti so that the government initiative of any such goat distribution would make her as comfortable to lead a successful life.

**Initiative towards Sustainability**

To monitor/sync the below activities performed by SHGS / SANGHA, WBVHA associates are already participating in their rearing activity schedules and this rigorous involvement needs to be extended for one more year:

- The SHGS are performing internal rotation activity of the goats for SHG mothers who have not received any goats in the beginning. They are also taking care of the medical fitness (i.e., Vaccination Camp) of the distributed goats.
- The Goats which are turned out to be excessive to the internal SHG group they have been transferred to the other SHGS who really have needed Goat rearing activity.
- The goat rearing activity was also been conducted via `SANGHA` (Collection of individuals from different SHGS). Sangha usually has the list of all the recipients who are interested and in need of Goats for their daily livelihood. Being an old participant of WBVHA Livelihood program the organization is aware of such distinct propaganda.



## Tailoring Program



Class Topics	Batch	Day of operation	Timing of 1 <sup>st</sup> Batch	Timing of 2 <sup>nd</sup> Batch
Theory / Practical	2	Monday/Wednesday/Friday	12 PM – 2 PM	2 PM - 4 PM
	2	Tuesday/Thursday/Saturday	12 PM – 2 PM	2 PM - 4 PM
	Total=4	Total no. of operational days in a week=6		

### Geographical Coverage:

The tailoring program is now covering all the villages of 12 GP under Lalgola block.

### Details of Admission Process:

Admission Slot: 10 – 11 AM

Frequency: Mon – Sat

Process: Offline (Paper format to be filed by the participant)

### Details of Class timing of Tailoring Centre:

- Class Timing: Monday to Saturday - 6 days in every week.
- Total number of batches per day is 2

### Key Highlights of the project:

Due to second wave of pandemic COVID -19 there is a huge impact in the daily activities of Tailoring Unit program operation considering the health of workers and students resulting lower number of operated classes and admission in the student's counts than the previous quarter. Still below trainings on below items are being thoroughly conducted as to make the students self – reliable:

- Umbrella Cut Baby Frock
- Baby Skirt
- Salwar Kameez
- Maxi
- Nighty
- Petticoat
- Blouse
- Princes Blouse
- School Uniform
- Dhoti Trouser
- Plazo
- Formal Shirt
- Masks (3 layer)



Taking caution of the severe outbreak proper sanitization of the training centre has been taken care of properly. Also, WHO recommended masks along with hand sanitizers have been arranged for the students who have attended the sessions in the month of October.

- Total no. of students in this quarter: 107
- Total no. of new admission in this quarter: 19
- Total no. of students to be appeared for exam in next month: 75

### Case Study – 1:

**Dipika Halder**, wife of Mihir Halder is a resident of Jamtala Colony under Maya GP. Dipika being a housewife has received the training for 6 months from the WBVHA Tailoring training unit, Lalgola. From childhood, Dipika is struggling with poverty. She came to know about

WOMEN EMPOWERMENT PROGRAM THROUGH TAILORING PROJECT from the health awareness camp organized by WBVHA. While getting the training she is now making trained items as orders which have been found very useful to



her customers. Specially during the lockdown in Phase-1/2/3. She was able to supply all the local clothing demands by her customers from her house itself. WBVHA is endeavouring her intense wish of participating for the greater will of society. She is now generating a handsome amount of RS 2500 to 2800 INR per month. With this initiative, she is now fully confident and self-dependent and expressed her heartiest gratitude to WBVHA.

### Initiative towards Sustainability

From the commencement of the previous quarter WBVHA is contributing all the **raw materials** of trained tailored items for **free** to the trainees, so that they can use their training skills as to build the items and sell them directly to the open market as to generate income for self-reliance.

## Poverty Alleviation Through Livelihood & Agriculture Support Program

**Introduction:** WBVHA is a member of ATMA (Agriculture Technical Management Agency) under the Dept. of Agriculture, Govt. of West Bengal since 2011. As a NGO representative WBVHA help the ADA (Assistant Director of Agriculture), Matigara to conduct different type of Training Program, Krishi Mela, Provide Demonstration Centre (DC) for agriculture, goat, Poultry, Piggery, Fish cultivation, Mushroom cultivation, Flower cultivation, Nursery etc. ATMA also provide technical support to farmers, SHGs and individuals.

**Objectives:** To improve the soil health, production in crop & vegetable, sustainable financial condition of poor family through technical & financial support in Matigara Block, Darjeeling district.

### Components and few more details:

Through the ATMA WBVHA has developed a linkage with different Govt. department (Agriculture, Animal Husbandry, Fishery, Sericulture and also marketing) and we have provided Demonstration Centre (DC) to our poor project participants (HIV infected/affected) families to improve their financial condition through vegetable cultivation, goat rearing, Poultry, Piggery, Fish cultivation, Mushroom cultivation, Flower cultivation, Nursery etc. In the year 2020-21 WBVHA has provided 6 nos. Demonstration Centre (DC) and conducted 1-Day Farmers Training Program with total participants 50 (male 18 & female 32).



## Case Story

**Shikha Majumder Mondal**, 36 years widow, one of the participants is living in Dhudhiya, (Milan Pally) under Mantadari Gram Panchayat with her 3 children (2 Daughter & 1 Son) & others family members. After the death of her husband in 2009 she faced lots of problem to continue her life, because she is also HIV infected. With the support of family members she had survive and able to arrange her elder daughter's marriage (who is also HIV infected) before joining in the HIV mainstreaming project. After her detection by WBVHA staff and seeing her economic condition and willingness, WBVHA decided to support her for Income Generation Programme from December 2019 she has set-up a new stall (shop) by her own capital in front of her house & WBVHA provide her Rs. 8500/- for goods purchase purpose and Shikha also invest Rs. 3000/- for the same. Shikha started her new hope with the small shop and decided to deposit Rs. 20/- per day at any cost for her daughter's future. Beside the small business she also works as a daily labor nearby her village to fulfill her daily expenses.

After 3 months LOCK DOWN has been declared by the Govt. due to COVIN-19, but the shop is running and Shikha slowly growing her business and maintain her daily expenses and the education expense of her 2 children's and she deposited Rs. 20/- per day for her daughter. After lockdown period she has continuing her business, but in low margin due to less income. Now Shikha think to take some loan from local loan providers and invest in her business.



## LIST OF ABBREVIATIONS

AIIH&PH	ALL INDIA INSTITUTE OF HYGIENE & PUBLIC HEALTH
ANC	ANTE NATAL CARE (PREGNANCY CARE)
ANM	AUXILIARY NURSING MIDWIFERY
ART	ANTI RETROVIRAL THERAPY
ASHA	ACCREDITED SOCIAL HEALTH ACTIVIST
AWW	ANGAN WADI WORKER (NUTRITION WORKER)
BHCS	BASIC HEALTH CARE SUPPORT
BMOH	BLOCK MEDICAL OFFICER OF HEALTH
BPHC	BLOCK PRIMARY HEALTH CENTRE
CBO	COMMUNITY BASED ORGANISATION
CDPO	CHILD DEVELOPMENT PROJECT OFFICER
CHO	COMMUNITY HEALTH OFFICER
CMOH	CHIEF MEDICAL OFFICER OF HEALTH
CSO	CIVIL SOCIETY ORGANISATION
DPHC	DISTRICT PUBLIC HEALTH COORDINATOR
FCRA	FOREIGN CONTRIBUTION REGULATION ACT
FIR	FIRST INFORMATION REPORT
GoI	GOVERNMENT OF INDIA
GoWB	GOVERNMENT OF WEST BENGAL
GP	GRAM PANCHAYAT
HF	HEALTH FUND
HH	HOUSEHOLD
HIV	HUMAN IMMUNODEFICIENCY VIRUS
IAG	INTER AGENCY GROUP
ICDS	INTEGRATED CHILD DEVELOPMENT SERVICES
IEC	INFORMATION EDUCATION COMMUNICATION
IFA	IRON FOLIC ACID
INR	INDIAN RUPEE
L&T	LARSEN & TOUBRO
NCD	NON COMMUNICABLE DISEASE
NCPI	NATIONAL COMMITMENTS AND POLICY INSTRUMENT
NGO	NON GOVERNMENT ORGANISATION
OPD	OUT PATIENT DEPARTMENT
PDS	PUBLIC DISTRIBUTION SYSTEM
PHC	PRIMARY HEALTH CENTRE
PRI	PANCHAYAT RAJ INSTITUTE
RMP	RURAL MEDICAL PRACTITIONER
SAM	SEVERELY ACUTE MALNUTRITION
SC	SUB CENTRE
SDPO	SUB-DIVISIONAL POLICE OFFICER
SEVA	SOCIETY FOR EQUITABLE VOLUNTARY ACTION
SSKM	SETH SUKHLAL KARNANI MEMORIAL
SSY	SAMAJIK SURAKSHA YOJONA (SOCIAL SECURITY SCHEME)
STM	SCHOOL OF TROPICAL MEDICINE
TB	TUBERCULOSIS
UNICEF	UNITED NATIONS CHILDREN'S FUND
VHSNC	VILLAGE HEALTH SANITATION & NUTRITION COMMITTEE
VLCP	VILLAGE LEVEL CHILD PROTECTION COMMITTEE
WBVHA	WEST BENGAL VOLUNTARY HEALTH ASSOCIATION
WHO	WORLD HEALTH ORGANISATION

## WBVHA Office

### KOLKATA

#### WBVHA Office (Headquarter):

- 1) West Bengal Voluntary Health Association  
Project Facilitation office:  
WBVHA TOWER, 3<sup>rd</sup> Floor, 580 Anandapur, Kolkata-700 107  
Phone: +91-33-2443-6162 (M) – 9674922044  
Email: [wbvha@vsnl.com](mailto:wbvha@vsnl.com) / [wbvha@viascl01.vsnl.net.in](mailto:wbvha@viascl01.vsnl.net.in) / [wbvha1974@gmail.com](mailto:wbvha1974@gmail.com)  
Website: [www.wbvha.co.in](http://www.wbvha.co.in)

### NORTH BENGAL

- 2) WBVHA North Bengal Training Centre (Vocational and Rehabilitation)  
Lokenath Nagar, P.O. Lower Bagdogra, Siliguri Darjeeling.
- 3) WBVHA North Bengal Health Resource Centre  
Opposite SMT Godown, Pradhan Nagar, Siliguri, Darjeeling District
- 4) Flying Sex Workers Project (HIV/AIDS)  
Durgaguri, Ward no 45, P.O.-Pradhan Nagar, P.S.- Pradhan Nagar, Siliguri  
District of Darjeeling, Pin.-734003
- 5) WBVHA Training & Retreat Centre East Teshimla , P.O. Hai Hai Pathar, Malbazar,  
Jalpaiguri 735230

#### WBVHA Staff Members

Name	Designation
Mr. D. P. Poddar	Executive Director
Mr. Biswanath Basu	Project Director
Mr. P. Chakraborty	Finance Manager
Mrs. Bharati Dutta	Office Manager
Mr. Avijit Ghosh	Office Asstt.
Mrs. Tanusri Chatterjee	Project Asstt. (Finance.)
Dr. Ketaki Das	Public Health Research Officer
Mr. Sandip Bagchi	Project Manager.
Mr. Abhravan Gangopadhyay	Project Asstt.
Mr. Mithu Kumar Dhali	Project Asstt.
Mr. Tarun Kr. Maiti	Project Manager, Siliguri
Mr. Sambhu Singh	Office Asstt.

## WBVHA Governance:

WBVHA is Governed by 9 Elected Board Members.

## WBVHA Board Members

1.	Dr.(Prof.) Malay Chatterjee	President	B 6/2 Ircon Tower, Action Area 1. New Town, North 24 Pgs. Kolkata-700156
2.	Dr.(Prof.) Bijoy Mukherjee	Vice President	188, Purashree, Chandannagar,mc) Chandannagar, Hooghly-712136, West Bengal
3.	Mr. D. P. Poddar	Secretary	48 Gorchand Road, Intally, SO. Kolkata 700014
4.	Dr.(Prof.) J. Goswami	Treasurer	B-1/6 Payamanti, ECTP 1. EKTSO, EKT KOLKATA 700 107
5.	Mrs. A. Gomes	Member	Panchavati Complex, Block A, Flat No.15 VIP. Road Kaikhali Kolkata Airport SO Kolkata 700 052
6.	Mr. Biswajit Mukherjee	Member	Srijani, Aghore Sarani, Rajpur, Dhamaitala, Chowhati, South 24 Pgs. 700149
7.	Mr. Bishnu Chakraborty	Member	Govt. Saw Mill Road, Chand Park, Mahananda Para, Siliguri (M.Corp) Darjeeling, West Bengal - 734005
8.	Mrs. Bharati Kanjilal	Member	311 Salt Lake, Block HA, Salt Lake (S) North 24 Pgs, Kolkata-700097
9.	Mr. M. Bansria	Member	Jhapetapur, W No-28, Kharagpur (M) West Midnapore 721 301