

Project

**Promotion of Community Health through Capacity Building of PRI / Local Self Governance**

Project Supported by

**SIR DORABJI TATA TRUST, Mumbai**



Report Submitted by  
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## List of abbreviations / Acronyms

Auxiliary Nurse Midwives	ANM
Anganwadi Centre	AWC
Anganwadi worker	AWW
Community Development Centre	CDC
Community Organizer	CO
Foundation for Research in Community Health	FRCH
Gramin Vikas Mandal	GVM
Integrated Child Development Scheme	ICDS
Integrated Nutrition and Health Project	INHP
Joint Forest Management	JFM
Madhya Pradesh Voluntary Health Association	MPVHA
Nirmal Gram Purushkar	NGP
National Rural Employment Guarantee Act	NREGA
National Rural Health Mission	NRHM
Other Backward Classes	OBC
Project Coordinator	PC
Public Distribution System	PDS
Project Implementation Plan	PIP
Panchayat Raj Institution	PRI
Right to Information	RTI
Schedule Caste	SC
Sir Dorabji Tata Trust	SDTT
Swarn Jayanti Swarojgar Yojna	SJSY
Self Help Group	SHG
Srijan Kendra	SK
Srijan Samuh	SS
Swasthya Sanrakshak Samiti	SSS
Schedule Tribe	ST
Total Sanitation Campaign	TSC
Village Forest Committee	VFC
Village Health Committee	VHC

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## 1. Summary .....

Community Development Centre [CDC] is happy to present Annual Progress Report of the project supported by SDTT. The title of the project, which is funded by the trust, Promotion of Community Health through Capacity Building of PRI and Local Self –Governance.

CDC has started implementation of the project by 15<sup>th</sup> Dec. 2006 in selected 6 Panchayat of Lalburra block of Balaghat district. As per PIP [Programme Implementation Plan] different capacity building programme and activities organized by the organization with different target groups i.e. Panchayat representatives, women panchayat representatives and youths, SHG women's. Different groups i.e. Srijan Samuh of youth and adolescents, SHG's, VHC [Village Health Committee] etc.

The project area which CDC has chosen to work was new, in the very first quarter we have worked on rapport building and making relation with community, PRI and Govt. department, No any voluntary organization were worked in the area or around the project area, so the community were unaware on NGO or work of voluntary organization.

When organization started project Panchayat Raj Institutions; Panchayat and Gram Sabha were not functioning effectively, we have seen and observed, there was no community participation in gramsabha and panchayat. A simple answer was among the community; The Sarpanch is not organizing gram sabha or what will happen in gram sabha. We have started discussion in community on different issues, i.e. safe drinking water, hygiene, sanitation, public distribution system and their different rights. Parallel the process of discussion started with Sarpanch, Panch and Panchayat secretary. After discussion and few trainings, a process of dialogue started among the community. The project has establishing in the area, community is empowering with information's on different issues, NREGA, RTI, TSC, NGP etc. People are demanding for organizing gram sabha.

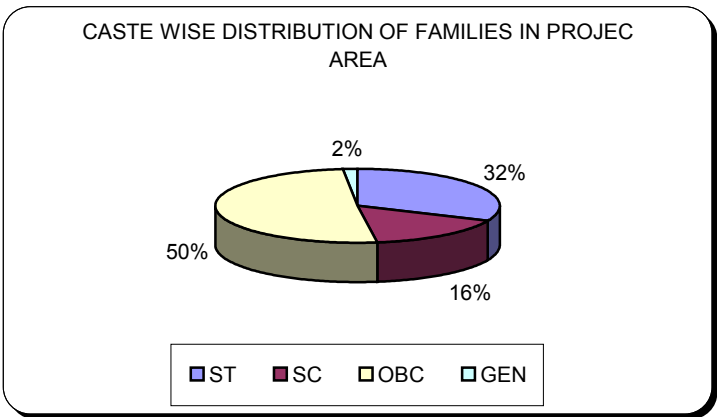
Women's are showing their interest to participate in panchayat and its programme, they are organizing in small groups, trying to raise issues in panchayats and being involved in community level activities. Project has brought the youths and adolescents in centre of village community through SRIJAN KENDRA. These KENDRA will not play as information centre but provide a plateform to community for discussion, sharing of views and problem and play role between Panchayat and community. The project has formed VHC in all villages and now trying to get approval from Panchayat and Gram Sabha because in coming year these VHC will play effective role in village health. Project has focused on VHC and its



capacity building. We have started work on raising awareness on NREGA and collection of data of NREGA. To aware and sensitize gramsabha on NREGA and role of Gram Sabha a campaign has organized called GRAM SABHA CHALO ABHIYAN.

At this stage project has established among community and we have made linkage with Janpad Panchayat, which is second and very important tier of this three-tier panchayat raj system. We have linked with NRHM, TSC, SGSY and ICDS at the block as well as district level. To insure health rights of the people, need to work at this level.

**2. Background of the Project .....**

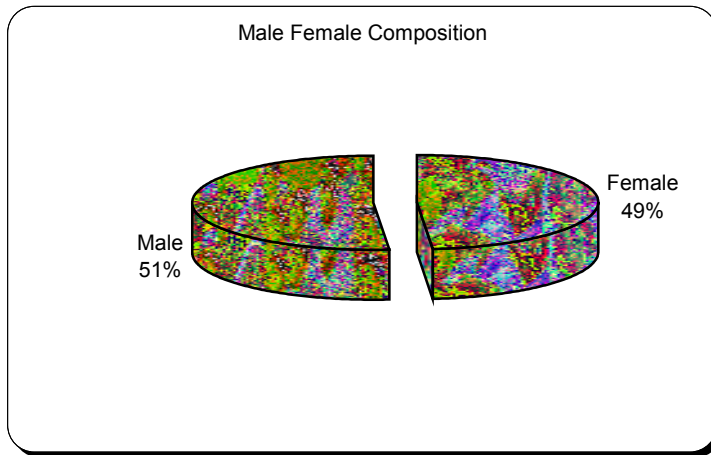


The project is working in 18 villages of 6 Panchayat, this is undeveloped area in the block, and there are no proper communication and transportation facilities available. Some village comes under cutoff area in rainy seasons, some villages situated under deep forest. The whole project area is one side covered with dense forest and hills; there are forest villages also. Gond and Baiga are main tribes living in unreachable areas and under the forest area. There economic status is very poor. They depend on making of incense stick's, selling firewood, making of liquor and daily wages.

Main social problem among tribes is consumption of liquor in huge quantity. After drinking of liquor they are unable to do anything. Other castes are Pawar, Lodhi and Marar. These castes come in OBC. There is very low literacy percentage only 51% people are literate in the project area. Other facilities i.e. education, health is also not functioning very well.



Coverage of immunization is now becoming good, because of intervention of INHP project and our regular intervention at sector level. Sanitation facilities are very poor only 20% families having toilets in their houses. Sanitation practices also not good. Skin deceases are



very common in the villages. These all are due to lack of awareness and information. Main occupation of the people is agriculture and daily wages. But work also not available to people after coming NREGA. It is observed that no one has getting 100 days employment in last one-year period.

**PROJECT AREA AT A GLANCE [See annexure]**

**Table 01 : Project area details**

**Table 02: Facilities available in Project area**

**Table 03: Self Help Groups [SHG] in project area**



### 3. Program Findings .....

#### a. Fulfillment of objectives


As per project objectives, we are going forward to achieve our objectives. To understand easily objectives of project made simplify with the project staff and prepared assessment indicators of all the objectives. Quarterly we have reviewed the objectives in the basis of indicators and measured the progress and impact of the project.

- Developing the collective strength of the PANCHAYAT and building their capacities for promoting their participation in the institutions of local self-governance.
- Building capacities of the institutions of local governance for creating a conducive environment for the public health and entitlements.
- Documentation and sharing of experiences of promoting community health in governance.

*[See annexure] Output Tracking Report  
Table 04 to10*

#### b. Project Design and Implementation

CDC is playing an important role for the implementation of the project along with two partner organizations namely SSS and GVM. As project designed, CDC has planned the project and implementing in three different blocks with partner organization. In the beginning of the project a three days orientation workshop organized by the CDC for all partner organization. Both partners were first time working on this issue, SSS got first outside support to work on specific project. GVM was working in the area in another project on issue of women empowerment. To orient the partners on project objectives and theme of the project was very important. Organization worked nicely on this matter. Primarily focused on capacity building of the project staff whose will work in the project, CDC supports SSS to identify field staff also because they have first chance to recruit any person in the organization as staff, some systems also developed i.e. financial management, reporting system etc.



Capacity building of the all project staff done by the CDC with the help of other resource organizations i.e. MPVHA, SAMARTHAN, and FRCH etc. Some other learning forums also provided to staffs of all partners, opportunity provided to some staffs to learn and understand new issues i.e. disability, JFM etc. During this year CDC has worked centrally for making of skilled team for effective implementation of the project. Now all the project staff has competent to work on issue of Governance and community health.

A system also developed for review and monitoring of the project, in the first two quarter whole project team [CDC, SSS and GVM] sits together to share experiences and making of plan. After that monthly staff meetings organized by the each organization in their respective organizations. Partner coordinators and project coordinators meets monthly, quarterly review meetings organized centrally by the CDC. These meetings organized in the area of each partner organizations.

An internal review process also done collectively after nine months of the project, In this process three teams have formed with mixing of whole project team, each of the team spent full day in project area and made an assessment of project impact through a questionnaire. Second day findings discussed and tried to find gaps. In this process lots of gaps comes forward and made an action plan to fulfill the gaps. This process was planned in common understanding for critical evaluation. All are agreed to conduct this type of evaluation in regular interval. With the program evaluation CDC has supported its partners for financial management. Accountant of the organization visited partners and observed the financial management systems and provided necessary suggestions.

These all things conducted with common understanding and giving all respect to each of the partners, it has been taken by the organization as learning process. Communication between organizations has been increased for better implementation of the project. SSS was very closed to CDC to learn the process of implementation of the project. Being a networking project CDC has created better clarity and support system for all partner co-coordinators for programme planning, reporting and monitoring of the project.





### c. Project Output and Dissemination

After one-year intervention we have put one step towards projects outputs, some signs could be observed in the project area. Process of change has been started in community. As per project, outputs can be observed in **annexure [output tracking report]**. Project outputs were simplified and indicators defined.

We have made communication strategy for dissemination of the project outputs and its results, project has used different method of communication i.e. making of digital story, collection of case and success story, making radio programme. During the year a very small digital story has on sanitation has been prepared by the project and disseminated through organizing film shows. Youths and adolescents are mainly involved in the project through SRIJAN KENDRA. Project has published quarterly newsletter in the name of **SRAJNIKA**, and it is circulated to all SRIJAN KENDRA and Gram Panchayat along with local officials. Lots of news published in local news paper of project activities.

A very good book on Panchayat and Gram Sabha has been prepared and distributed in the project area to community members, Srijan Samuh and Panchayat. The book is in very simple language and giving proper information on Panchayat raj and its system. The book name is **Panchayat Our Gram Sabha Ek Parichay**.

- Local Self Governance institutions strengthened by promoting community leadership to ensure entitlement primary health for community.
- Capacities of PRI representatives enhanced in promoting Local Self Governance and Health issues.
- Policies and programmes influenced in favor of decentralized governance by participatory research, micro planning and dialogue for community health and social development.

### d. Capacity Building

Capacity building is one of the major parts of the project for both project staff and community, number of capacity building activities initiated by the project on different issues. Capacity building opportunity identified by the organization and provided to the staff. **See annexure Table 11 to 13**

#### 4. Project Management Section .....

Project has contributed organizations to strengthen project management system. Our previous systems become more realistic. Organization has made and follows the system for programme implementation, programme monitoring and financial management. All the systems have well defined to the project staffs.

**Monthly Planning :** Monthly planning is more important for implementation of any project, all the project staff making own monthly plan and discuss with project coordinator. This plan comes from the quarterly plan, which is developed collectively before each quarter.

**Meetings :** We promote frequent dialogue among staff, monthly meeting with project coordinator, weekly meeting with partner coordinator and staff is forum to discuss success, problems and plan. Each staff making own presentation on what they have done during the month and getting feedback from the colleague and PC.

**Review:** We are organizing quarterly review meeting for all project staff and making critical review.

**Finance:** As per programme planner, beginning of the month partner coordinator making a fund request to project coordinator for organizing events/ activities. With the consultation of Director Account section providing advance to coordinator, and trying to clear advances with in the month with proper bills and vouchers. Accountant cum administrator also try to visit ongoing project activities.

#### 5. Impact .....

In the very first year we could not assess the impact of the project, but some signs of changes coming in the project area, these are as follows;

- Attendance of women's in Gram Sabha.
- Panchayat members having few information on panchayat raj systems.
- Village Health Committee formed in the project area.
- Panchayat representatives are now sensitized on community health.
- Cleanliness in village road. Trying to safe disposal of solid waste.
- Peoples are asking information from Panchayat by the using of RTI.
- Community has information and taking benefits on some health schemes i.e. *Janani Suraksha Yojna* and *Prasav Parivahan Yojna*.

**See annexure: Table 12 for quantitative result of project activities**



**6. Overall Assessment .....**

If we see in totality after one year of time period, project is now establishing among the community. Panchayat and community is familiar with organization and project activities. Accessibility of Govt. schemes is now easy after getting information by the project. PDS system is functioning fairly. Most important activities; training of panchayat representatives was very effective, mainly women's representatives first time they have come to panchayat for learning and sharing their views, and also interested to learn more about panchayat raj system.

Youth and adolescents are organized in SRIJAN samuh, now they are seeking to work for their community. Schoolteachers also mobilized for providing health education in schools. We could say that the process of change has started in these 18 villages, its a very slow process but in coming years this will be institutionalized and sustainable.

**7. Recommendations .....**

Training at FRCH was a very good opportunity for all organization; we have learnt lots of thing for community health and development. The trainings come in very suitable time for us. To bring change in the panchayat raj system is not easy because every one hopes from Panchayat. They have own problems; they are facing lots of problem from administration side, because administrations are not interested to deliver power of control to panchayat raj systems. They want to control all the panchayats and representatives of panchayat raj.

These types of interventions giving supports to people whose trying to do good for their people. Change in present situation will come, but it takes time.

**8. Acknowledgement .....**

Board members of Community Development Centre giving heartily thanks to Sir Dorabji Tata Trust for this opportunity, they are thankful to project staff and partner organizations to complete one year successfully. Hope in the remaining years we will be able to achieve our goal for betterment of rural community and system of self governance will brings real changes.





**Project Area Details**

Panchayat	Village	Distance in KM from Block HQ	Population			Families				Total Families
			Female	Male	Total	ST	SC	OBC	Gen	
Dharawasi	Dharawasi	12	449	712	1161	24	15	195	2	236
	Mousami	14	235	206	441	19	2	71	1	93
	Manutoal	15	242	210	452	61	2	23	0	86
	Malgondi	16	11	8	19	0	0	4	0	4
	Chavapani	18	20	16	36	1	0	5	0	6
Bahiyatikur	Bahiyatikur	12	576	570	1146	86	55	79	1	221
	Marera	13	375	371	746	21	18	98	0	137
	Sirsatola	15	131	115	246	20	0	3	0	23
	Pematola	13	90	89	179	17	7	32	0	56
Tekadi	Tekadi	12	807	990	1797	180	210	120	37	547
Ranikuthar	Ranikuthar	14	670	667	1337	115	2	100	0	217
	Devgaon	15	363	460	823	38	22	105	0	165
	Pandrapani	12	441	313	754	52	5	68	0	125
Salhe	Salhe	8	469	494	963	36	18	136	0	190
	Khairgondi	11	116	108	224	38	0	2	0	40
Chichgaon	Chichgaon	12	716	722	1438	45	20	158	0	223
	<b>Total</b>		<b>5711</b>	<b>6051</b>	<b>11762</b>	<b>753</b>	<b>376</b>	<b>1199</b>	<b>41</b>	<b>2369</b>

Table - 1

**Facilities available in project area**

Panchayat	Village	Hand Pump	Open well		Pond	Toilets	
			Individual	Community		Personnel	Community
Dharawasi	Dharawasi	11	60	2	2	60	0
	Mousami	4	13	1	1	6	0
	Manutoal	4	10	0	2	3	0
	Malgondi	1	1	0	1	0	0
	Chavrapani	1	2	1	0	0	0
Bahiyatikur	Bahiyatikur	7	29	0	1	15	0
	Marera	5	45	0	0	18	0
	Sirsatola	1	7	1	1	1	0
	Pematola	1	19	0	1	3	0
Tekadi	Tekadi	7	10	1	0	11	0
	Chikhlabaddi	1	2	2	1	1	0
	Navegaon	3	2	0	0	0	0
	Silejhari	1	0	0	1	0	0
	Sonewani	1	0	1	0	0	0
Ranikuthar	Ranikuthar	7	35	6	5	30	0
	Devgaon	4	78	2	1	20	0
	Pandrapani	7	20	2	1	0	0
	Ranitola	2	6	0	1	3	0
Salhe	Salhe	9	48	3	2	22	0
	Khairgondi	3	8	0	1	1	0
Chichgaon	Chichgaon	8	46	2	1	65	0
	<b>Total</b>	<b>88</b>	<b>441</b>	<b>24</b>	<b>23</b>	<b>259</b>	<b>0</b>

Table - 2

**SHG in PROJECT AREA**

SN	Village	Panchayat	Name of SHG	Date of Formation	Members						Bank Account	President	
					F	M	Total	BPL	APL	Total			
1	Salhe	Salhe	Saraswati	28/03/2006	13	0	13	8	5	13	10443	Anita Katre	
2	Salhe		Anchal	09/03/2007	10	0	10	0	0	0	CBI	Archana Patle	
3	Salhe		Kishori Shakti	24/02/2005	10	0	10	5	5	10	Coop	Shashikala	
4	Salhe		Deepmala	31/08/2004	0	6	6	0	6	6	9211	Deeplal	
5	Salhe		Jai Kisan	17/09/2004	0	10	10	10	0	10	9222	Bastaram	
6	Chichgaon	Chichgaon	Gayatri	18/08/2000	10	0	10	8	2	10	2346	Baijanta Waghade	
7	Chichgaon		Laxmi	18/11/2003	10	0	10	0	10	10	2145	Anita Bhagat	
8	Chichgaon		Ekta	27/12/2004	15	0	15	0	15	15	2187	Puranta Thakre	
9	Chichgaon		Jagriti	19/10/2004	10	0	10	10	0	10	2181	Chandrakala	
11	Chichgaon		Saraswati	19/10/2004	10	0	10	10	0	10	2180	Maya	
12	Chichgaon		Vivek	30/12/2006	10	0	10	0	10	10	10327	Surman	
13	Chichgaon		Poonam	03/01/2007	11	0	11	0	11	11	10330	Anita Bai	
14	Dharawasi	Dharawasi	Pragati	27/04/2001	11	0	11	11	0	11		Revti	
15	Dharawasi		Sharda	09/12/2004	10	0	10	10	0	10		Raman	
16	Dharawasi		Durga	08/12/2004	10	0	10	10	0	10		Devki Pancheshwar	
17	Dharawasi		Aadarsh	17/12/2004	6	0	6	6	0	6			
18	Dharawasi		Swarna	24/12/2001	10	0	10	10	0	10	2560	Sarawati	
19	Mousmi		Shivshakti	20/02/2002	10	0	10	3	7	10	2624	Sunita Bhojar	
20	Mousmi		Adarsh	13/02/2005	0	10	10	3	7	10	3122	kashiram	
21	Mousmi		Shivmahima	15/02/2004	10	0	10	7	3	10	2930	Manta Uikey	
22	Mousmi		Nari Shakti	08/09/2003	11	0	11	4	7	11	2738	Chetna Pardhi	
23	Mousmi		Unnati	15/03/2004	10	0	10	1	9	10	2947	Lilan Rana	
24	Manutola		Nari Chetna	20/08/2002	14	0	14	14	0	14	2695	Sukwan	
25	Manutola		Saras	05/11/2004	0	10	10	10	0	10	3099	Chunnilal	
26	Manutola		Pooja	10/12/2004	11	0	11	11	0	11	3100	Urmila	
27	Manutola		Jyoti	22/02/2005	11	0	11	11	0	11	3127	Dhanwati	
28	Manutola		Jaishri	08/04/2005	10	0	10	8	2	10	3158	Geetabai	
29	Manutola		Gandhi	10/02/2007	10	0	10	10	0	10	3157	Chainsingh	
30	Kevatola		Navdurga	10/02/2007	15	0	15	3	12	15		Shanta patles	
31	Malgondi		Abhay	08/04/2004	11	0	11	10	0	10	3054	Sukhwanta	
32	Malgondi		Ramabai	08/04/2004	13	0	13	12	1	13	3056	Pushpabai	
33	Malgondi		Chandan	17/03/2005	0	6	6	5	1	6	3040	Ramdayal	
34	Bahiyatikur		Bahiyatikur	Jagriti	04/02/2004	10	0	10	9	1	10	1095	Kurantabai
35	Bahiyatikur			Pragati	07/02/2000	13	0	13	4	9	13		Geetabai
36	Pandrapanti		Ranikuthar	Vishvakarma	23/03/2007	0	10	10	8	2	10	3642	Suresh
37	Ranitola			Ekta	10/09/2004	10	0	10	9	1	10	3046	Shashikala
38	Ranitola			Indu	26/12/2004	10	0	10	8	2	10	3095	Harvanta
39	Devgaon			Vina Dhwani		10	0	10	9	1	10	3103	Rashmi
40	Devgaon			Maa Shakti	12/12/2004	11	0	11	7	4	11	3078	Darkan
41	Devgaon			Vaibhav	12/12/2004	10	0	10	1	9	10	3076	Kusman
42	Devgaon			Ganga	12/12/2004	11	0	11	7	4	11	3102	Parmila
43	Devgaon			Bhagwati	12/12/2004	0	10	10	0	10	10	3079	Ramratan
44	Devgaon			Saraswati	25/12/2006	10	0	10	10	0	10		Fulwanti
45	Ranitkuthar			Jaimaa Santoshi	20/10/2006	12	0	12	10	2	12	3598	Anoopa
46	Ranikuthar			Saraswati	10/01/2005	10	0	10	7	3	10	3110	Kavita
47	Ganeshtola			Shanti	02/07/2007	0	10	10	10	0	10	3697	Shivlal

48	Ganeshtola		Jagriti	19/12/2004	10	0	10	6	4	10	3091	Munni
49	Ganeshtola		Gayatri	11/09/2000	10	0	10	7	3	10	8169	Sonki
50	Ganeshtola		Mahua	23/01/2007	0	10	10	7	3	10	3597	Rajkumar
51	Poorantola	Tekadi	Ekta	19/07/2004	10	0	10	10	0	10	10041	Kapoor
52	Tekadi		Aadarsh	19/07/2004	0	10	10	10	0	10	9191	Premal
53	Tekadi		Jai Bajrang	04/09/2004	0	10	10	10	0	10	9905	Ramprasad
54	Katangtola		Jai Bamleshwari	20/03/2005	10	0	10	10	0	10	10473	Buddobai
55	Tekadi		Ujala	23/09/2004	10	0	10	10	0	10	10475	Sushila
56	Tekadi		Mahatma Jyotiba	09/09/2006	0	10	10	10	0	10	10261	Bastaram