

**SREE JNANODAYA GRAMEENA VIDYA TRUST
(SJGVT)**



ANNUAL REPORT 2021-2022



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1.0. About Jnanodaya

Sree Jnanodaya Grameena Vidya Trust (Jnanodaya) is a grassroots non-profit organization based in Chickballapur, Chickballapur district, southern Karnataka, India has dedicated to capacity building and institution building of women for enhancement of livelihoods, Farmers Collectives, Local Governance, concentrates' on the several verticals such as rural drinking water, health, primary and higher primary education, street light management, participatory actions and welfare of the vulnerable communities.

Jnanodaya is a strong grassroots NGO which develops partnership that promotes social, economic, and environmental equity for the rural communities. Since inception in 1993 Jnanodaya has strived to pursue its vision through a holistic and participatory approach. It firmly believes that participation of stakeholders is a crucial foundation across the project cycle on which sound values, purpose and action can be built upon.

2.0. Foundation of the Work

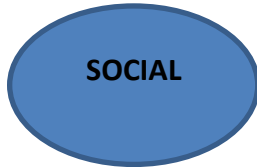
The organisation places emphasis on working in drought prone, resource poor areas and inadequate access to the rights and entitlements, where it is imminent to address the complex and interwoven fabric of social, economic and environmental concerns in an inclusive manner. Hence, the organisation works along with communities to plan and implement development projects which they perceive are important and where there is a need to make a difference. In addition, the organisation considers that innovative approaches, new concepts and learning from experiences are significant inputs to evolve and grow.

Jnanodaya also takes up **piloting new concepts, research, monitoring, evaluation, learning and documentation projects**. To achieve its vision, the organisation primarily **works with marginalised farmers, women, community-based organisations, functionaries of local governments (Gram Panchayats), state government, private foundations and like-minded organisations**.



3.0. Focus of Work

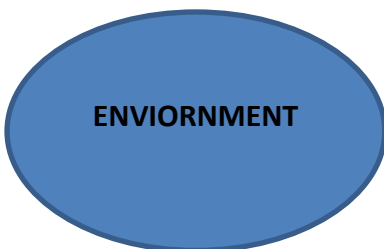
Jnanodaya works across various verticals of development sectors, but mostly addresses the focus areas:



Institution building	Nutrition
Women empowerment	Sanitation
Rural infrastructure	Local Governance
Water and Sanitation	Participatory studies
Education	Participatory Training
Preventive Health and RCH	



Thrift and Credit	Rural Employment
Livelihoods	Entrepreneurship development
Skill building	Convergence



Integrated Natural Resource Management	Research Studies, evaluation and Thematic studies
Rural Renewable Energy	Common Lands (Use and Management)

4.0. Journey so far

1.Social related activities:



1. Impacted 2.25 Lakh population
2. Organisational capacities enhanced in 143 Gram Panchayats in Kolar, Chickballapur and Tumkur districts of Karnataka and Bhilwara, Rajasthan and Kenjor, Odissa
3. Considerable improvement in drinking water supply, sanitation, street light, education, health, Nutrition, Resource leveraging Livelihoods and skill building in 625 villages across 79 Gram Panchayaths in Karnataka
4. Handholding support provided to improve Quality of education, Early child education, RCH, women empowerment and skill training for women to Ford-Amazon project in Bangalore Rural district
5. Students experiential learning - soils, rural crafts, agriculture operations and cultures for 80 students of Saandeevani Academy, Bangalore
6. Strengthened 201 standing committees of Gram Panchayaths
7. Strengthened 301 sub committees like Village Water and Sanitation committees, Schools Development and Monitoring committees, Bio diversity committees and Food security committees in Gram Panchayaths
8. Gram Panchayath Development Plans (GPDP) prepared for 18 GPs of Bangalore rural and Chickballapur districts.
9. Capacity building & Handholding support to 491 SHGs in across Karnataka
10. Trained 1591 SHG members/women of 618 SHGs on Grama Sabha in 51 Gram Panchayats of Kolar and Chickballapur district.
11. Conducted Kala Jatha on Sanitation in the Town Municipality area of Gudibande, Chickballapur district
12. Extended financial support to 16 students to pay school fee and purchase books
13. Capacity building of 4 Community led federations for commons development.
14. Capacity building of 3 SHG model federations in Tumkuru, Uttarakhand and Gadag district in Karnataka
15. Generated awareness on COVID19 through mobile calls to 4000 families in 24 Gram Panchayaths of 236 villages
16. Distributed 4600 Masks, 2300 Soaps and 250 Hand sanitizers to 1150 families
17. Ration kits supplied to 1150 families in Siddlghatta Taluk in Chickballapur and Bangarpet Taluk of Kolar districts.
18. Jnanodaya with the Health Department, in Bangarpet Taluk, Kolar district, Karnataka led to the vaccination coverage of 61,051 both 1st and 2nd doses in the villages where rampant hesitancy for COVID vaccination was existed.

2.Economic related activities:



- 1. Skill building for 900 rural women entrepreneurs in Koppal and Gadag districts of Karnataka**
- 2. Promoted 600 entrepreneurs in Koppal and Gadag districts of Karnataka.**
- 3. Mobilised Rs. 42 lakhs bank loan support for SHG members/entrepreneurs**
- 4. Job placement for 131 youths in Kolar district, Karnataka with the support of Mandamus**
- 5. Promoted small enterprises like provisions stores, sheep rearing, tailoring and poultry for 1500 Households in Chamaraj Nagar, Vijayapura, Kalaburagi, Yadagiri, Koppal, Gadag, Davanagere, Bidar, Chickballapur, Kolar and Tumkur in Karnataka**
- 6. Team Jnanodaya provided field assistance to conduct Heritage study in Banashankari, Pattadakalu, Badami, Ilkal and Banavasi to develop DPRs for economic development of the local entrepreneurs.**
- 7. 625 poorer families up to INR 15.00 lakhs were supported under the support of Target corporation for livelihoods Sheep/goat rearing, vegetables vending, Garments business, Tailoring and vegetable cultivation and also for setting up petty shops**

3. Environment related activities:



1. MELD for 69 sub watershed in IWMP watershed as field facilitation organisation with TERI, Bangalore
2. Promoted solar lighting for 600 households
3. Conducted energy survey in 42 households for LPG
4. Facilitated construction of 5000 toilets
5. 10500 toilets made to use, a move towards ODF
6. MELD in 9 Sub watershed (Tumkur, Davanagere, Chamarajanagar, Bijapur, Kalburgi, Bidar, Yadagiri, Koppal and Gadag in Sujala -03 project as field facilitation organization with TERI, Bangalore. Jnanodaya successfully undertaken this work for two years.
7. IEC in solar pumps project along with SEI Tejas Pvt Ltd for Surya Raitha project in Kanakapura Taluk, Bangalore Rural district
8. IWMP-03 watershed evaluation in 9 Sub watershed done as per the request of Joint Director of Agriculture, Chickballapur, Karnataka
9. Assisted 100 Gram Panchayats to plan for Soil and water conservation activities under NREGA
10. 6 Borewell recharges in Kolar and Chickballapur district with the support of Udhavam, Pune
11. Thematic study on "Impact of Sujala-III in Institutional strengthening in terms of capacity building partners through training for CBOs, Partners and infrastructure developed for Land Resource Inventory (LRI) under project.
12. 350 Tree plantation near SHG members houses

4.0. ACTIVITIES 2019-20

4.0. Details of activities of the reporting period:

4.1: Building organization`s capabilities of Gram Panchayats for better service delivery and enhance participation of women, Youths and farmers in local governance:

This Project is supported by **AZIM PREMJI FOUNDATION, BANGALORE** to Build organization`s capabilities of Gram Panchayats for better service delivery and enhance participation of women, Youths and farmers in local governance. India is one of the biggest democracies in the world believes strongly in the devolution of powers and resources to the Local / Sub National Governments. The 73rdAmendment to the Indian Constitution and State Panchayati Raj Acts have made provisions for creating of Panchayati Raj Institutions in the District, Block and village levels. In Karnataka Zilla Panchayats, Taluk panchayat and Gram Panchayath Three tier system exists. Through this system several Government schemes, development programs and projects are channelized. Our GPOD framework significantly contributes to the: Enhancement of People participation, improve democratic delivery system of rural development programs like education, health and livelihoods. As part of our strategy to make this project more effective we have taken the support of our Ex-Gram Panchayath members who worked as portfolio heads in the GPOD pilot project supported by MOPR, Government of India in Mulbagilu Taluk of Kolar district. These ex-Gram Panchayaths have skills and aptitude to mentor and build capacity of GP members. We recognised the Strengths of these ex-GP members and invited them as Panchayath Cadre Resource Persons (PCRPs) to work as our team to mentor GP members:

List of PCRPs engaged in mentoring of 10 GPs

SI no	Name	Designation	GP Name
1	Mrs. M Nethra	PCRPs	Hulibala
2	Mrs. V. Pamamma	PCRPs	Sulikote
3	Mrs.Rama Lakshmi G K	PCRPs	Kesaranahalli
4	Mrs.Sudha R	PCRPs	Channahalli
5	Mr.Sriramappa	PCRPs	Kathuganaha
6	Mrs.Varalakshamma	PCRPs	Chikka Ankondahalli
7	Mr.Gopala Krishna	PCRPs	Hunakunda & Mavalli
8	Mr.K Ram Murthy	PCRPs	Doddavalagamadhi
9	Mrs.Sudha	PCRPs	Magundhi

The project has two key objectives, activities, Indicators and progress:

4.2. Mentor 10 GPs to improve Governance and service delivery by Panchayath Cadre Resource Persons (PCRP)

	Key activities	Indicator	Activities done in the reporting period (November 2020 to March 2021)
1.1	Review on the access to entitlement and Welfare scheme in 10 GPs	12291 Persons in 70 villages across 10 GPs did not avail benefit	PCRPs and Jnanodaya team with the support of GP members/PDOs jointly conducted reviews of right and entitlement of the eligible persons in 14 GPs. Secondary Data available with the GP and Tehsil/Revenue department shown that 30% of eligible citizens couldn't access the entitlements or not receiving pensions for the varieties of reasons. As explained in our last year progress report the data generated from both secondary source and data collected directly from Jnanodaya team during the project year 1 and 2 was 6100 eligible persons across all GPs. Further, the GPs and Jnanodaya jointly submitted request to Tehsildar of 818 eligible persons to provide support after data reconfirmation available with the Tehsildar. However, the remaining data available with Jnanodaya still under scrutiny by Tehsil. Tehsildar office also conducted 6 Pension Adalat to address the issues pertinent for the release of entitlements.
1.2	Assess individual member wise requirements to access entitlement and welfare schemes	12291 persons requirements have been assessed in 3 years	Individual requirements of 6100 citizens from 14 GPs have been collected and computerised
1.3	Awareness Campaigns and Village level meetings on entitlements and Welfare schemes in selected villages of GPs	12291 applications submitted by the women, small and marginal farmers, elderly people and youths in 3 years	Conducted awareness on rights and entitlements through campaigns in 64 villages of 10 GPs
1.4	Training and meetings to discuss on entitlement and welfare schemes with the support of elected representatives/Gram Sabha	12291 applications processed by the GP in 3 years	Imparted 6 training to 146 elected representatives and staff in 6 GPs. 10 workshops at 10 mentoring GPs on rights and entitlements conducted, 216 participants attended these workshops
1.5	Mentoring of newly elected representatives in 10 GPs on GP functions, Role of elected representatives in Gram Panchayath, Ward Sabha and Grama Sabha. Mentor GPs to collect water tariff and house and property tax and also leverage more funds from various Government Schemes	10 GP wise analysis on their performance based on the GP Organisation mapping and mentoring areas by PCRPs	PCRPs and Jnanodaya team have continued to work on rights and entitlements. PCRPs have participated in Rights and entitlements awareness camps and training conducted to GP members. PCRPs have been very effectively mentoring the elected representatives on the drinking water supply, street lights managements, revenue collection and helped GP members in performing roles as articulated in section 58 of KGS&PR act. 10 PCRPS are working with 78 GP members in all 10 GPs. Also 7 Vision exercises in 7 GPs were conducted 232 GP members and GP staff were attended. Vision statement of all 7 GPs have also been finalised. Process mapping exercise completed in 4 GPs and facilitated selection of portfolio heads. Jnanodaya and PCRPs have attended 24 General meeting to discuss on the service delivery and importance of Grama Sabhas. PCRPs have conducted 4 Jathas in 4 GPs in collaboration of schools and children on the basic amenities and role of citizens in its managements. PCRPs and Jnanodaya staff have participated in GDP-PRA revisit exercise of the year 2022-23 in 8 GPs and provided feedback on cleanliness, health and nutrition.

4.3 Build deeper understanding on the roles and responsibilities of Gram Panchayath with the purpose of strengthening their functioning, efficiently leverage State and Central Governments resources and also develop effective leadership amongst elected representatives, staff and other stakeholders at Gram Panchayath levels including youth, women and farmers through GPOD framework in 4 GPs

Key activities	Indicator	Activities done in the reporting period (November 2020 to March 2021)
GPOD 4 GPs, Step 01: Environment building - District and Taluk level: 1. Writing to ZP and TP for the support to work GPs 2. Ensure ZP and TP issuing of letter to GPs to work with Jnanodaya	8 TP/ZP and 1 RDPR members meet to discuss on the GPOD project and seek their support for effective implementation of the GPOD project	Met Director, GP, RDPR, Bangalore and explained about the GPOD project in Bangarpet, 3 visits to Zilla Panchayath (ZP) to explain about the project and proposal to work in Bangarpet block was submitted to the Chief Executive Officer, Kolar, who in turn issued an official letter to Jnanodaya after a fortnight to work for 3 years in 14 GPs. We met 6 times the Executive Officer (EO), Taluk Panchayat (TP), Bangarpet to explain about the project's objectives and goals, discussed about shortlisted 14 GPs and requested for the final opinion to work with 14 GPs. The EO, TP, Bangarpet issued GO to Jnanodaya to work with 14 GPs
At GP level: i. Wall writings ii. Focussed group discussion with farmers, women, children and youths	1. No. of Wall writing slogans on Local Governance in all GPs 2. No. of Focussed Group Discussions conducted in all GPs	36 wall writings in 4 GPOD GPs (@ of 9 wall writings in each GP) have been completed, importance of GP, role of GP and citizens role in local governance in the form of slogans/messages to generate awareness was the written on the walls in the public place. 48 Focussed group discussion with farmers, women, children and youths @ 12 in each GP have been conducted to understand the experience of citizens in the local governance, what do they expect from local governance? and Citizen's dream about local governance
Baseline Survey on sectors like-drinking water, Health, Education, commons, Nutrition and Revenue Collection	Nanogaps where Baseline information collected	Baseline data collected on drinking water, health, education, commons and revenue collection in 4 GPs. This Baseline data was used for the visioning and Mission exercise of all 4 GPs to develop mission and indicators for the GPs.
GP profiling including demographic Data-Houses, Population, Literacy rate, sex ratio and GP member and Staffs profiles	No. of GPs where GP profiles collected	GP profiling including demographic Data-Houses, Population, Literacy rate and GP member and Staffs profiles collected for all 4 GPOD GPs
Presentation about GPOD framework to GPs	No. of GPOD presentation completed	Presentation to the elected representatives and GP staff on the GPOD process and framework was completed in 4 GPs

GP passing resolution to work with GPOD framework and sign MoU with Jnanodaya	No.of. GPs passed resolution and expressed willingness to sign MoU with Jnanodaya	Jnanodaya team members attended the General meetings of 4 GPs to discuss about the MoU content and willingness of GP to sign MoU. The GPs have passed resolution to work with Jnanodaya for GP organizational development and signed MoU with Jnanodaya.
GP organization mapping	No.of GP organizational mapping completed	Completed organizational mapping or GP grading in 4 GPOD GPs on 6 key parameters related to governance, meetings, fund management, Reporting, books and records keeping and Transparency
GPOD Step 2: Vision and Mission building: Field visit/FGD with women, youth, Children and farmers on their dreams about their village and Gram Panchayath	No.of. FGD/Dream mapping completed in the GP	66 dream maps @ 16 maps in each GP were done to understand the requirements of a village that needs support by GP to develop village infrastructure including drinking water, schools, health facilities and sanitation etc., Again these maps shall be used in vision and mission exercise and also in the GPDP preparation to incorporate in the plan plus
Pre vision and mission workshop for GP members and the GP staff Workshop on GP`s Vision and Mission to GP members and the GP staff	No. of participants attended the pre vision and mission workshop No. of GPs where Draft Vision and Mission Statements prepared	Prevision and mission workshop completed in 2 GPs-Gullahalli and Yelesandra and Prevision and mission workshop completed in 2 GPs-Balamande and A Jothenahalli Balamande, Gullahalli, Yellesandra and A.Jothenahalli GPs in Bangarpet was selected under GPOD support. All these 4 GPs were taken to Sankalp soudha, Sree Dharmastala Rural Development project, near Mysore- a two day`s vision exercise was conducted and draft vision and mission statement was prepared. 114 GP members and GP staff were present in the workshop and every GP has contributed transport charges for the workshop from their respective GP to Mysore.
Finalise the vision and mission statements at the GP level (GP level workshops and General meeting) GPOD Step 03: Process Mapping: Information collection on as-is- process in each GPs, systems and procedures for procurements, Revenue collections, beneficiary selection and Roles and Responsibilities of GP elected members, Adhyaksha, Upadhyaksha and PDO	No.of.GP where Final Vision and Mission Statements completed No. of GPs whereas-as-process mapping completed	Final vision and mission document for 4 GPs was prepared and the vision and mission statement are displayed in all 4 GPs Analysis on As-is-process in each GP on Drinking water supply, Education, Health, commons protection and Revenue collection was completed 98 GP members and GP staff were participated in 4 GPs

<p>Workshops for GP members to discuss on As-is-process and To-be-process</p> <p>Finalise sector wise process mapping for a process-oriented functioning in the Taluk level workshop</p>	<p>No. of Workshops held to deliberate on GP`s As-is-process and To-be-process</p> <p>No. of Sector wise process map completed</p>	<p>After analysis on As-is-process in each GP, process mapping exercise was conducted to map the To-be-processes 106 GP members and GP staff were participated in 4 GPs</p> <p>Process mapping exercise was conducted to enhance understanding of the GP members and GP staff on the steps to improve delivery of key functions/understand reality of village status on different functions/Responsibilities, Accountabilities, Coordination and Information sharing (RACI) and prioritization/ operational problems in each function/what steps are involved/ identifying problems/how to deliver and its nitty-gritty/ awareness generation for the whole team and moving from firefighting to processes. Process mapping of Drinking water supply, Education, Health, commons protection and Revenue collection was completed 118 GP members and GP staff were part of the process mapping in 4 GPs</p>
<p>GPOD Step 04: Structuring and Portfolios:</p> <p>Training/workshop to reflect on the SWOT of current GP structure including Sub Committee and Standing Committees, how to make it more accountable to develop our GP Organization</p> <p>Joint Exposure cum workshop to the Sector wise Portfolio Heads (Health, Education, drinking water etc.,)</p> <p>GP general meeting to develop criteria and selection of Portfolio heads and adoption through GP`s resolution</p>	<p>No.of. Workshops conducted in 4 GPs to discuss on GP structure</p> <p>No. of joint exposure cum workshop conducted for portfolio heads of 4 GPs</p> <p>No. of GP meetings held for selection of portfolio heads</p>	<p>SWOT analysis on Current GP structure, sub committees and standing committees was helpful in developing understanding on the need for establishing portfolio heads (similar to cabinet model) to improve delivery on the key vertical or portfolio as prioritized in the mission of the GPs. SWOT analysis was conducted in all 4 GPs and 78 members were present.</p> <p>Planned to take 21 portfolio heads to KILA, Kerala</p> <p>Creating a portfolio structure as per the Section 61 A, PR act of Karnataka was aimed at assigning accountability/to build sense of ownership among heads/clarity of difference between accountability and responsibility/empowerment to GP elected representative who have potential/specific roles/distribution of responsibility/ distribution of leadership/best capability building measure- learning on the job. 21 portfolio heads across 4 GPs were selected to handle Drinking water supply, Education, Health, commons protection and Revenue collection</p>
<p>Ratification of Portfolio heads list in the Gram Sabha and display details of the Heads in public</p>	<p>No. of . GPs displayed portfolio heads information in public places</p>	<p>Under progress</p>

places and send Share it through WhatsApp		
GPOD Step 05: Portfolio wise preparation of perspective plan and incorporation into GPDP:		
Support GPs to Prepare GPDP through PRA, ward Sabha and Gram Sabha	of. PRA, Ward and Gram sabhas facilitated	Under progress
Assist Portfolio Heads to prepare 5 years perspective plans for their portfolio/sector	No. of GPs completed sector wise perspective plans	Under progress
Assist GPs to include portfolio head`s perspective plans into the GPDP and upload to plan plus	No.of. GPs uploaded on plan plus	Under progress
GPOD Step 06: Handholding implementation: Assist Portfolio Heads to develop Annual plans based on their plan plus and public demand	No.of. Portfolio Heads prepared Annual plans	Under progress
Implementation of the activities with support of GP staff and Monitor the Quality of work	20 Portfolio heads of 4 GP`s Annual plans to be monitored for measurement of the physical activities	Under progress
Implementation of the activities with support of GP staff and Monitor the Quality of work	20 Portfolio heads of 4 GP`s Annual plans to be monitored for measurement of the physical activities	Under progress
GP wise Self-evaluation by the Portfolio Heads and rewarding achievers at Cluster level and Documentation: case studies and visuals	of. Portfolio heads selected for rewarding as achievers in the Cluster	Under progress
GPOD Step 07: Improved functional efficiency of Gram Sabhas, Standing and sub committees and portfolio heads: Mass training/workshops for the Youths, farmers, women and SHG members	500 youth, women and farmers participate in workshops across 4 GPs to develop strategy and approaches for increased awareness on citizen duties/responsibilities	8 meeting of Gram Rathana were conducted 240 youth, farmers, women and SHG members have participated and prepared action plans for the ward and gram Sabha discussions

<p>on the Importance of Ward Sabha and Gram Sabha</p>	<p>500 youth, women and farmers participate in workshops across 4 GPs to develop strategy and approaches for increased awareness on citizen duties/responsibilities</p>	<p>As reported in the last progress report we continued, both GP and Jnanodaya will be identifying 60 Grama Rathans-20 women, 20 farmers and 20 youths from the villages in a GP to build Community Resource Cadre for the Local Governance- the role shall be participating in the Ward and Grama Sabha with a knowledge of Panchayati Raj, represents citizens views and opinion in the planning exercises, improve participation of the citizens in the Local Governance, extend physical support for GP work in the villages, facilitate access to Rights and Entitlements and support frontlines in the pandemic and disasters and support for the convergence of Gram panchayath and Gram Panchayat Level Federations . Benefit for these Grama Rathan's is Recognition by the GP/ communities, improved skills and knowledge on the local governance, potential to become community cadre resource persons to train or hand hold weaker GP members, can contest in the GP elections with a clear mandate and adequate skills and knowledge. Identification of 90 Grama Rathan and 1 round meeting in 2 GPs was conducted to discuss above concept both with the GP elected representatives and Grama Rathan</p>
<p>Assist Youths, farmers, women and SHG members to prepare need based action plans for their Ward and Grama Sabha</p>	<p>No. of Action plans presented</p>	<p>Prepared action plans for the ward and gram Sabha discussions</p>

Photos of the year for Local Governance



Vision building exercise at chickankandahalli GP



Social mapping for GPDP sanitation plan



Process mapping exercise



GP members meeting cum workshop on vision exercise in mentoring GP



Balamande GP-Grama Rathan meeting



Rights and Entitlements Campaigns in the villages of Hunuknda GP

GP members training on Rights and Entitlements



Portfolio Heads meeting to review the mission of Jothenhalli GP

Meeting of portfolio heads from 4 GPs to discuss on joint workshop at Yelesandra

ಸಾಮಾಜಿಕ ಭದ್ರತೆಗಳ ಅರಿವು ಮೂಡಿಸಿಕೊಳ್ಳಲು ಸಲಹೆ

ಬಂಗಾರಪೇಟೆ: ಕೇಂದ್ರ ಮತ್ತು ರಾಜ್ಯ ಸರ್ಕಾರಗಳ ಸಾಮಾಜಿಕ ಭದ್ರತಾ ಯೋಜನೆಗಳ ಬಗ್ಗೆ ಗ್ರಾಮೀಣ ಭಾಗದಲ್ಲಿನ ಬಡವರು ಮತ್ತು ದುರ್ಬಲ ವರ್ಗದವರಿಗೆ ಅರಿವು ಮೂಡಿಸುವ ಕಾರ್ಯವನ್ನು ಮಾಡಲಾಗುತ್ತಿದ್ದು, ಸದುಪಯೋಗಪಡಿಸಿಕೊಳ್ಳಬೇಕು ಎಂದು ಜ್ಞಾನೋದಯ ಗ್ರಾಮೀಣ ವಿದ್ಯಾ ಸಂಸ್ಥೆ ಮುಖ್ಯ ಕಾರ್ಯ ನಿರ್ವಹಣಾಧಿಕಾರಿ ಕೆ.ರಾಜೇಂದ್ರ ಪ್ರಸಾದ್ ಹೇಳಿದರು.

ಕಾಲೂಕಿನ ಹುನ್ನುಂದ ಗ್ರಾಮದಲ್ಲಿ ತಾಲ್ಲೂಕು ಪಂಚಾಯಿತಿ, ಗ್ರಾಮ ಪಂಚಾಯಿತಿ ಮತ್ತು ಜ್ಞಾನೋದಯ ಗ್ರಾಮೀಣಾಭಿವೃದ್ಧಿ ಸಂಸ್ಥೆ ಸಹಯೋಗದೊಂದಿಗೆ ತಾಲ್ಲೂಕಿನ 10 ಗ್ರಾಮ ಪಂಚಾಯಿತಿಗಳಲ್ಲಿ ಹಮ್ಮಿಕೊಳ್ಳಲಾಗಿರುವ ಸಾಮಾಜಿಕ ಭದ್ರತಾ ಯೋಜನೆಗಳ ಜಾಗೃತಿ ಅಭಿಯಾನ ಕಾರ್ಯಕ್ರಮಕ್ಕೆ ಚಾಲನೆ ನೀಡಿ ಮುತುಂಗಾದರು. ಸರ್ಕಾರ ವಿಧವಾ ವೇತನ, ವೃದ್ಧಾಪ್ಯ ವೇತನ, ವಿಶೇಷವೇತನರ ವೇತನ, ಪ್ರಧಾನ ಮಂತ್ರಿ ಸುರಕ್ಷೆ ವಿಮಾ ಯೋಜನೆ, ಪ್ರಧಾನ ಮಂತ್ರಿ ಜೀವನ ಜೋಡಿ ಯೋಜನೆ, ಅಬಲ್ ಪಿಂಚಣಿ ಯೋಜನೆ, ಆರೋಗ್ಯ



ಕಾರ್ಡ್ ಮತ್ತು ರೇಷನ್ ಕಾರ್ಡ್ ಸೇರಿದಂತೆ ಇನ್ನಿತರ ಸೌಲಭ್ಯಗಳನ್ನು ಒದಗಿಸಿದ್ದು ಅರ್ಹ ಫಲಾನುಭವಿಗಳಿಗೆ ಇವುಗಳನ್ನು ತಲುಪಿಸುವ ಕಾರ್ಯವನ್ನು ಮಾಡಲಾಗುತ್ತಿದೆ ಎಂದರು. ಅಂಗವಿಕಲರನ್ನು ಸಮಾಜದ ಮುಖ್ಯ ವಾಹಿನಿಗೆ ತರಲು ಹಾಗೂ ಅವರಿಗೆ ಅರ್ಥಿಕ ಭದ್ರತೆಯನ್ನೊದಗಿಸಲು ಅಂಗವಿಕಲತೆಯೊಂದಿಗೆ ಹುಟ್ಟಿದ ಮಗು, ಅಪಘಾತದಿಂದ, ಅಂಗವೈಕಲ್ಯಕ್ಕೆ ಒಳಗಾದ ವ್ಯಕ್ತಿಗಳು ಈ ಮಾಸಾಶನ ಪಡೆಯಲು ಅರ್ಹರಾಗಿದ್ದು,

ಗ್ರಾಮೀಣ ಭಾಗದಲ್ಲಿ 12 ಸಾವಿರ ಮತ್ತು ನಗರ ಪ್ರದೇಶದಲ್ಲಿ 17 ಸಾವಿರ ರೂಗಳ ವಾರ್ಷಿಕ ಆದಾಯ ಮಿತಿಯನ್ನು ಹೊಂದಿರುವ ಯಾರು ಬೇಕಾದರೂ ಈ ಮಾಸಾಶನ ಪಡೆಯಲು ಅರ್ಹರಾಗಿರುತ್ತಾರೆ ಎಂದರು. ಅಂಗವಿಕಲ ಮಾಸಾಶನ ಪಡೆಯಲು ಆದಾಯ ಪ್ರಮಾಣ ಪತ್ರ, ವೈದ್ಯಕೀಯ ಪ್ರಮಾಣ ಪತ್ರ, ವಾಸ್ತವ್ಯ ದೃಢೀಕರಣ ಪತ್ರ, ವಯಸ್ಸಿನ ದೃಢೀಕರಣ ಪತ್ರ ಮೊದಲಾದ ದಾಖಲೆಗಳನ್ನು ಸಲ್ಲಿಸಬೇಕಾಗುತ್ತದೆ.

ಇವುಗಳನ್ನು ಮಾಡಿಸುವ ಕಾರ್ಯವನ್ನು ಜ್ಞಾನೋದಯ ಗ್ರಾಮೀಣ ವಿದ್ಯಾ ಸಂಸ್ಥೆ ವತಿಯಿಂದ ಮಾಡಲಾಗುತ್ತಿದ್ದು, ಸದುಪಯೋಗ ಪಡಿಸಿಕೊಳ್ಳಬೇಕೆಂದರು.

65 ವರ್ಷ ಅಥವಾ ಅದಕ್ಕಿಂತ ಮೇಲ್ಪಟ್ಟ ಹಿರಿಯ ಜೀವಗಳನ್ನು ಅರ್ಥಿಕ ಸಂಕಷ್ಟದಿಂದ ಪಾರು ಮಾಡುವ ಉದ್ದೇಶದಿಂದ ಸಂಧ್ಯಾ ಸುರಕ್ಷಾ ಯೋಜನೆಯನ್ನು ಪ್ರಾರಂಭಿಸಲಾಗಿದೆ. ಸಣ್ಣ ರೈತರು, ಅತಿ ಸಣ್ಣ ರೈತರು, ಕೃಷಿ ಕಾರ್ಮಿಕರು, ನೇಕಾರರು, ಮೀನುಗಾರರು ಮತ್ತು ಅಸಂಘಟಿತ ವಲಯದ ಕಾರ್ಮಿಕರು ಸೇರಿದಂತೆ ವಯಸ್ಸಾದ ಎಲ್ಲರಿಗೂ ಅನ್ವಯಿಸುವುದರಿಂದ ಗ್ರಾಮದಲ್ಲಿ ಈ ಯೋಜನೆ ಯುಡಿಯಲ್ಲಿ ಸೌಲಭ್ಯ ವಂಚಿತರಾಗಿರುವ ಪ್ರತಿಯೊಬ್ಬರೂ ಇದನ್ನು ಪಡೆದುಕೊಳ್ಳಬೇಕೆಂದು ಮನವಿ ಮಾಡಿದರು.

ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಗ್ರಾಮ ಪಂಚಾಯಿತಿ ಅಧ್ಯಕ್ಷ ಹೆಚ್.ಎಸ್.ರಂಜಿತಕುಮಾರ್, ಪಿಡಿಐ ಕೆ.ಎಸ್.ದಿವ್ಯ, ಜ್ಞಾನೋದಯ ಗ್ರಾಮೀಣ ವಿದ್ಯಾ ಸಂಸ್ಥೆ ಯೋಜನಾ ಸಂಯೋಜಕಿ ವೈ.ಎಸ್.ಕಲಾವತಿ, ಸಂಪನ್ಮೂಲ ವ್ಯಕ್ತಿಗಳಾದ ಶಿಲ್ಪ, ವಾರಾಯಣಪ್ಪ, ಸಿಬ್ಬಂದಿ ಬಸಪ್ಪ, ಮಾಲಾ ಮೊದಲಾದವರು ಇದ್ದರು.

Change story- No.01: A model for self and contemporaries

Issue faced by the Individual/communities

1. Inadequate knowledge and awareness leading to disappointment of an elected representative!
2. Interest to work for community alone shall not bring any change!
3. Can an elected representative maximise his/her contribution for the development?

Action

Maravahalli a small village with 48 Households and 460 population in Kesarahalli Gram Panchayath of Bangarpet Taluk and Kolar district and Sri. Manjunath s/o Patendrappa, 40 year old got elected as Gram Panchayath member and currently an Adhyaksha of the GP a graduate in Arts, a simple and humble human. He works in Bangalore as daily wage in moulding work and his family comprises of a spouse and 2 children, a boy and a girl has been a happy family. Manjunath always wants to lead a decent life and likes harmony in the society. He is a hard worker and intends to develop his GP villages a model. He could have put his children in English medium in a private school but he made his children to join Government School. Manjunath was a person of a right attitude with a clear vision to render service to communities, he was looking for possible options to work but he had issues of inadequate knowledge and awareness and role clarity as Gram Panchayath elected representative. In February 2021, Jnanodaya entered this Gram Panchayath and signed MoU with the Kesarahalli GP for the organisational development and improve service delivery to the citizens.

The inputs and hadholding support provided by Panchayath Cadre Resource Persons (PCRPs) and Jnanodaya about Panchayath Raj Act, Roles of elected representatives and Functions of Gram Panchayths, in addition the mentoring support provided by PCRPs and Jnanodaya team on drinking water, maintenance of street lights, WASH, collection of Revenues for GP and Training conducted by Jnanodaya on Rights and entitlements gave lots of insights to Manjunath to draw a road map.

Change

He understood the importance of ward/Gram Sabha and General meeting of GPs. He started focussing on strengthening General meeting where he influenced other elected representatives to regularly attend meetings convened by Gram Panchayat. Being Adhyaksha of the GP his desire to achieve maximum and further service delivery to citizen was always his top priorities and he decided to develop his constituency as a model for other GP elected representatives to emulate.

He made his plans and determined to mobilize maximum resources from NREGA, 15th Finance and local resources for building school compound, graveyard development, cement roads in the village, drains, Individual tap connection and street lights. He is successful in facilitating the implementation of intended activities. Today, his journey towards building a model village in the Gram Panchayath is slowly getting realised. Citizens and colleagues are appreciating his efforts for creating model for himself and others.

Change story- No.02: A rising interest

Issue faced by the Individual/communities

1. Lack of awareness and knowledge on the Local Governance
2. Conducting of GP meetings
3. Women elected representative's participation
4. Insubstantial concentration on the activities of the Gram Panchayats

Action: Jnanodaya along with Taluk Panchayath selected Balamande, Yelesandra, Gullahalli and A. Jyothnahalli Gram Panchayaths in Bangarpet Taluk, Kolar district to implement all steps and process of Gram Panchayath Organization Development (GPOD). Balamande GP is one of the farthest GP in Bangarpet towards Tamil Nadu Border and villages ambit is around 12 Kms for the GP headquarters. Balamande GP encompasses of 15 villages, 8637 population with 19 elected representatives, among them 10 were women and 09 were elected representatives. Totally, 16 staff including watermen-09, bill collector- 01, DEO-02, NREGA staff-01, attender-01, Secretary 01 and PDO 01. Out of 19 elected members, 13 literate/well educated members and 06 are illiterates, 95% members are first time GP elected representatives/GP members. Nevertheless, the elected body was 1 ½ year old, most of the GP elected representatives have inadequate awareness and knowledge on panchayat systems and processes that led to drop interest on the activities of GPs. They were attending meetings of GPs as and when required, some of them used to attend meeting once in 3 months. It is imperative to mention that at least 60% of elected members did not have adequate awareness about service delivery to citizens and promote rights and entitlements to the eligible citizens. Jnanodaya begun to interact with the GP from mid-January 2021 could rapidly assess the status quo of the GP members and GP as organization. Interventions to build capabilities of elected representatives with the support of GP staff and Taluk Panchayat has become the emphasis to Jnanodaya in Balamande GP. Essentially, Jnanodaya believes that step by step approach and processes can tremendously improve the performance of human and institution on a condition that capacity building of elected representatives and institution building of GP is done methodically. The GPOD is a methodical step by step approach that influences elected representatives and Gram Panchayat to improve performance of members and effectiveness of service delivery to the citizens.

Key actions or activities done jointly by Jnanodaya and Balamande GP:

1. **Environment building:** Wall writings about importance of Gram Panchayath/ decentralization and GP's functions, Regular visit to GPs, Focussed Group Discussion with children, women, youths and farmers about their dreams on GP and GP-Institution mapping to discuss on the GP's institution capabilities and area to be improved. GP members training on Rights and entitlements, GP functions and Role of GP members.
2. **Visioning exercises:** Based on the Balamande GP's **institutional capabilities**, **dream mapping** of the citizens, **baselines on the verticals** including-Drinking water, Health, Education, Common lands, Nutrition and Revenue collections and **dreams of the elected representatives and the staff** of GP a vision and mission exercise was conducted to address issues and concerns like importance of GP elected representatives, participation of GP elected representatives, leadership, decision making, communication, decentralization and constitutional values and Karnataka Gram Swaraj and Panchayath Raj Act. The draft vision for Balamande GP was inscribed, based on the draft vision statement and baseline data analysis on the verticals mentioned above the draft mission statement was written. Last week in the month of May 2022, in the GP's General Meeting a decision to adopt vision and mission with slight modification was completed.

Change: Capacity Building and Institution Building (CB&IB) empowered GP members and staff and also helped in assimilation of basic awareness and knowledge about GP systems and process. Further, the vision exercise was useful to derive at distinguish learning on the necessity for a vision and mission of the GP. The vision statement shall guide and direct the elected representatives and GP organisation to perform well. We have observed substantial improvement in the participation of elected representatives in all the events/activities of GP. It also developed an understanding that GP can extremely perform well if it is steered with right attitude and right behaviour of elected representatives and staff. It generated clarity on verticals like drinking water, health, education, revenue generation and common land management etc., and role of GP in delivering best in these verticals. However, right now, this change story is only the beginning and the effectiveness and efficiency of the elected representatives and GP as an organisation that going to lead to distinguish results yet to be comprehended!

5. Combating COVID 19 through relief support:

Jnanodaya with the support of Azim Premji Foundation, Bangalore worked with its small intervention in the 14 Gram Panchayaths of Bangarpet Taluk, Kolar district, because the second wave of Covid-19 has turned out to be very dangerous and unprecedented in surging covid infections and deaths. Also dislocating life of the vulnerable communities. The Janatha curfew and Lockdowns immensely impacted daily wage earnings of most of the families in our project area. The COVID infection and death rates among vulnerable communities considerably increasing concern and myth on COVID vaccination among these communities were high. The lack of knowledge on home quarantine and inadequate facilities like oximeter and oxygen concentrators at Gram Panchayat (GP) level was aggravating the situation. There was immediate need to extend every possible support to these vulnerable communities in the rural areas. Therefore, with the below objectives Jnanodaya worked for 4 months intensively to combat COVID 19:

01. Generate awareness on Covid 19, wearing mask, social distancing, testing, isolation and vaccination
02. Supply of masks, sanitizer and oximeter to vulnerable families and health workers
03. One time supply of Ration kit to 700 families @ 50 per Gram Panchayath (Migrant labour, poorest of poor families, elderly and differently able persons)
04. Awareness campaigns on vaccination and on COVID guidelines
05. Strengthening village level Covid Committees with required Government Circulars and Awareness through COVID safety booklets.

It was also intended to leverage available resources from Gram Panchayaths to increase outreach and Resources sharing with Gram Panchayaths to increase the effectiveness of the project was our design of the project delivery. However, following were the approaches for certain key activities:

01. **Supply of masks & sanitizer to vulnerable families and health workers:** Identification of primary stakeholders for this support by Jnanodaya/Ward GP member and list of beneficiaries was finalised in consultation of the GP and distribution was done with the support of the GPs.
02. **Oximeters:** Oxygen levels were checked by PHC staff during their village visits and Oximeters were not available with Asha/Anganwadi/ANMs at GP level to check oxygen levels of patient in the home quarantine. Oximeter that was bought has been handed over to the Asha/Anganawad/ANMs through GPs.
03. **One time supply of food kit to Migrant labour, Women, poorest of poor, elderly and differently able persons:**
Identification of primary stakeholders for this support by Jnanodaya/Ward GP member and list of beneficiaries was finalised in consultation of the GP and distribution was done with the support of the GPs.

Overall activities for combating COVID-19

1. Generated awareness on COVID19 through mobile calls to 2000 families in 14 Gram Panchayaths of 145 villages.
2. Distributed 4000 Masks, 700 Soaps and 250 Hand sanitizers to 700 families
3. Ration kits supplied to 700 families in Bangarpet Taluk of Kolar districts.
4. Provided 70 Oximeter to 14 GPs in Bangarpet



ಗ್ರಾಮಗಳನ್ನು ಖನ್ನಪ್ಪು ಅಭಿವೃದ್ಧಿಪಡಿಸಲು ಗ್ರಾ.ಪಂ.ಸದಸ್ಯರುಗಳಿಗೆ ತರಬೇತಿಗಳನ್ನು ನಡೆಸಲಾಗುವುದು : ರಾಜೀಂದ್ರಪ್ಪನಾಡ್

"ವಾಸ್ತವ ಕರ್ನಾಟಕ ವಾರ್ತೆ"

ಬೂ ದಿಕ್ಕೋಟಿ : ಬಂಗಾರಪೇಟೆ ತಾಲ್ಲೂಕಿನಲ್ಲಿ 14 ಗ್ರಾ.ಪಂ ಚಾಯಿತಗಳನ್ನು ಆಯ್ಕೆ ಮಾಡಿದ್ದು ಗ್ರಾ.ಪಂ.ಗಳನ್ನು ಸಂಸ್ಥೆಗಳಾಗಿ ಪರಿವರ್ತಿಸಿ ಗ್ರಾಮಗಳನ್ನು ಇನ್ನಷ್ಟು ಅಭಿವೃದ್ಧಿಪಡಿಸಲು ಗ್ರಾ.ಪಂ. ಸದಸ್ಯರುಗಳಿಗೆ ತರಬೇತಿಗಳನ್ನು ನಡೆಸಲಾಗುವುದು ಎಂದು ಶ್ರೀ ಜ್ಞಾನೋದಯ ಗ್ರಾಮೀಣ ವಿದ್ಯಾ ಸಂಸ್ಥೆಯ ಮುಖ್ಯ ಕಾರ್ಯನಿರ್ವಹಣಾಧಿಕಾರಿಗಳಾದ ರಾಜೀಂದ್ರಪ್ಪನಾಡ್ ರವರು ಹೇಳಿದರು.

ಹೋಬಳಿಯ ಗುಲ್ಲಹಳ್ಳಿ ಹಾಗೂ ಬಲಮಂದೆ ಗ್ರಾಮ ಪಂಚಾಯತಿಯಲ್ಲಿ ತಾ.ಪಂ, ಗ್ರಾ.ಪಂ, ಶ್ರೀ ಜ್ಞಾನೋದಯ ಗ್ರಾಮೀಣ ವಿದ್ಯಾ ಸಂಸ್ಥೆಯ ಸಹಯೋಗದಲ್ಲಿ ಹಮ್ಮಿಕೊಂಡಿದ್ದ ಗ್ರಾಮದಲ್ಲಿನ ಕಡು ಬಡವರಿಗೆ, ಅಂಗವಿಕಲರಿಗೆ ಆಹಾರದ ಕಿಟ್ ಹಾಗೂ ಮಾಸ್ಕ್ ಗಳನ್ನು ವಿತರಿಸಿ ಅವರು ಮಾತನಾಡಿದರು.

ಕೊರೋನಾ ಸಂಕಷ್ಟದಲ್ಲಿರುವ



ಬಡವರಿಗೆ ಅನುಕೂಲವಾಗಲೆಂದು ಆಹಾರದ ಕಿಟ್ ಗಳನ್ನು ವಿತರಿಸುತ್ತಿದ್ದು ಇದು ನಮ್ಮ ಸಂಸ್ಥೆಯ ವತಿಯಿಂದ ಅಳಿಲು ಸೇವೆಯಾಗಿದೆ ಇದರಿಂದ ಯಾರೂ ಸಹ ಜೀವನವನ್ನು ರೂಪಿಸಿಕೊಳ್ಳಲು ಆಗುವುದಿಲ್ಲ ಸ್ವಲ್ಪ ಮಟ್ಟಿಗಾದರೂ ಸಹಾಯವಾಗುತ್ತದೆಂಬ ನಿಟ್ಟಿನಿಂದ ಆಹಾರದ ಕಿಟ್ಗಳನ್ನು ವಿತರಿಸುತ್ತಿದ್ದೇವೆ ಎಂದರು. ಆತ ಕಾರ್ಯಕರ್ತರು ಹಾಗೂ ಅಂಗವಿಕಲರಿಗೆ ನೀಡಬಹುದಿತ್ತು ಆದರೆ ಅವರುಗಳಿಗೆ ಬೇರೆ ಕಡೆಗಳಿಂದ ಸಹಾಯ ದೊರೆಯುತ್ತದೆ ಆದರೆ ಕಡುಬಡವರಿಗೆ ದೊರೆಯುವುದಿಲ್ಲ

ಆದ್ದರಿಂದ ಬಡವರನ್ನು ಗುರುತಿಸಿ ನೀಡಲಾಗುತ್ತಿದೆ ಎಂದರು.

ಈ ಸಂದರ್ಭದಲ್ಲಿ ಗುಲ್ಲಹಳ್ಳಿ ಗ್ರಾ.ಪಂ, ಅಧ್ಯಕ್ಷರಾದ ನೀಲಾಬಾಯಿಗೋವಿಂದರಾವ್, ಉಪಾಧ್ಯಕ್ಷರಾದ ಸಿ.ವೈ.ಸುಷ್ಮಾ ಬಲಮಂದೆ ಗ್ರಾ.ಪಂ.ಅಧ್ಯಕ್ಷರಾದ ಕೆ.ವಿ.ರಾಮಪ್ಪ, ಉಪಾಧ್ಯಕ್ಷರಾದ ಗೀತಾ, ಪಿಡಿಒಗಳಾದ ಮಧುಚಂದ್ರ, ಸಿರಿನ್ ತಾಜ್, ಸದಸ್ಯರುಗಳಾದ ರಾಮಚಂದ್ರಪ್ಪ, ಮಂಜು, ಕುಪ್ಪಯ್ಯ, ವಿಶ್ವನಾಥ್, ಗಿರಿಪ್ರಸಾದ್, ಈಶ್ವರ್, ವೆಂಕಟೇಶ್, ಸುರೇಶ್, ಸಂಸ್ಥೆಯ ತಾಲ್ಲೂಕು ಸಂಯೋಜಕರಾದ ಕಲಾವತಿ, ಬಸಪ್ಪ, ಸೇವಿಕಂಠೆ ಮುಂತಾದವರಿದ್ದರು.

6.COVID 19- vaccination drive initiatives:

INTRODUCTION:

Kamasamudram PHC is 14 Kms and Thoppanahalli PHC is 21 Kms away from Bangarpet- Taluk Health Centre and 30 Kms and 37 Kms respectively away from Kolar district, Karnataka. Both these PHCs are in the border areas of Andhra Pradesh and Tamil Nadu. Out of 124 total villages about 68 villages are situated in remote areas. During the COVID-19 Pandemic and lockdowns, myths about the Corona and COVID vaccinations have spread rampantly, specifically, hesitancy on vaccination in all age group was high. All these villages have more



than 80% small and marginal farmers who own ½ Acre to 3 Acres of land. As of 22ndJuly-21, the average vaccination coverage 1st dose was 38% in Kamasamudram and 27% in Thoppanahalli PHC area, which was quite low. Consequently, it became essential to raise awareness among vulnerable communities and it also became an absolute necessity for non-profit organizations like Jnanodaya to work in remote

villages to remove hesitancy on COVID Vaccination with the support of Gram Panchayaths and Health Department. There were rumours, myths, misconceptions, hesitancy and fear about COVID-19 vaccination and also glitches existed in health system for organisation of vaccination camps in remote areas, vaccine supply chain management, demand generation etc. These prerequisites and challenges were addressed with the support of Gram



Panchayaths, Health department and Azim Premji Foundation in accomplishment of 97% vaccination.

EFFORTS- A STEP BY STEP APPROACH:

Jnanodaya designed a unique approaches and methodologies for removing rumours, myths, misconceptions, hesitancy and fear on COVID-19 vaccination amongst the communities and extended all need-based assistance/supports to the health department in organisation of camps and conveying health personnel to the remote areas. Our step-by-step approaches and methodologies are as under:

Pre-vaccination

1. Collected village wise data of persons those not taken vaccination from the health department, and conducted village wise survey of the persons who did not taken jab with the support of ASHA/Anganawadi workers.
2. Conducted family visit to educate and motivate family members to get vaccinated. These visits also include religious/ opinion/ community leaders and COVID-19



- committees
3. Used WhatsApp and regular phone calls to remove myths and hesitancies of individuals.
4. Rejuvenated and regularised GP wise meeting of the 'COVID committees' to discuss on the COVID vaccination issues and plan meetings, camps and follow-up.
5. Created GP wise platforms comprises of COVID committees, GP staff and frontline health workers to resolve vaccination issues including removal of hesitancies,

- Myths and Misconception and improve vaccination coverage.
6. Conducted cycle Jathas, padayatras and bike jathas in the remote villages to raise awareness on vaccinations with the support of Anganawadi/Asha workers, school teachers/students, SHG women and GP members
7. Developed covid vaccination script for street play and conducted Kala Jatha in the village where vaccination coverage is less than 30% for awareness generation and demand creation for the vaccination.
8. IEC materials developed on COVID management and vaccination to remove myths and misconceptions including viz., handouts and booklets as per the guidelines of the Ministry of health and family welfare.



9. Convened village level meetings, motivational camps with the support of vaccinated peer groups, elected representatives, religious leaders, and opinion makers.
10. Circulated short AV clips made with their village elites and shared with community in a more resistance village to motivate for vaccination and remove misconceptions.
11. Conducted repeated awareness raising activities like-Padayatra, Cycle jatha and Kala Jatha in the difficult villages to persuade people in the villages for vaccination.
12. Augmented the functioning of the PHC for COVID-19 Vaccination by providing critical HR support viz., Health Coordinator, Associates and data entry operators.
13. Established close coordination with 2As and 1C– ANM, ASHA, CHOs and teachers to mobilize community, hold camps and cover more eligible population.
14. Conducted need-based training to the vaccination project staff on their roles and responsibilities and effective communication and co-ordination with PHC staff, Panchayats, COVID-19 committees and religious/opinion/ community leaders
15. Supported health department in vaccine supply chain management and provided transportation facilities to transport vaccines and ensured availability of vaccines for the camps as per the demand.
16. Provided need-based support like data operator to Taluk Health Office to maximise coverage of vaccination in the urban areas and colleges in Bangarpet.



During vaccination

1. Prepared macro and micro plans for each PHC covering GPs and villages as per the suggestions of the Health Department.
2. Facilitated and provided planning support to Health department and Gram Panchayaths in conducting vaccination camps at villages.
3. Listed out persons to be vaccinated as per the Government advisory and motivation and information provided on the vaccination camps including date, time and persons to be contacted.
4. Organised camps in the villages with the required facilities like chairs, banners, Shamiyana and food for the volunteers/health staff (where ever required) in the villages.
5. Facilitated vaccination of all the key persons first in the community like PRIs, SHG women members, Opinion / community / religious leaders.
6. Provided transportation, analysis of data for planning and decision making for the vaccinations, data entry and registration for vaccinations and updated it regularly.



Post Vaccination

1. In case of difficulties after vaccination worked with PHC staff (Doctor, LHV, ANM, CHO and ASHAs) on follow-up with the vaccine receivers to address their concerns and issues.
2. Elevated vaccination related issues with the PHC medical officers and Taluk Health Officer to address the concerns and issues on a timely basis.
3. Provided transportation for post vaccination follow-up.
4. Follow up for 2nd dose from the Staff of Jnanodaya, ASHA workers and elected representatives and conducted village meetings for the vaccination.
5. Reporting and analysis for decision making and proper planning.

DETAILS OF ACTIVITIES:



Jnanodaya as mentioned before spent substantial time in reaching out to the communities to raise awareness on COVID precautions and Vaccinations. The Table below is the details of activities carried out to surge the coverage of vaccinations in the project area

S. NO	Activities	Thoppanahalli	Kamasamudram	THO	Total
1	Survey (Not vaccinated Persons)	13000	18785	1100	32885
2	Family visit to Motivate	13000	18785	1100	32885
3	Kala Jatha/Awareness				
3.1	Camps-Cycle Jatha	8	5	4	17
3.2	Padayatra	7	3	4	14
3.3	Bike Jatha	2	1	0	3
3.4	Street play	9	6	2	17
4	Need based Support for Vaccination Camps	34056 (180 Camps)	39156 (206 Camps)	3000(75 Camps)	76212(461 Camps)
5	Strengthen Local platforms	50	63	15	128
6	Transportation Provided	168	112	18	298

RESULTS:

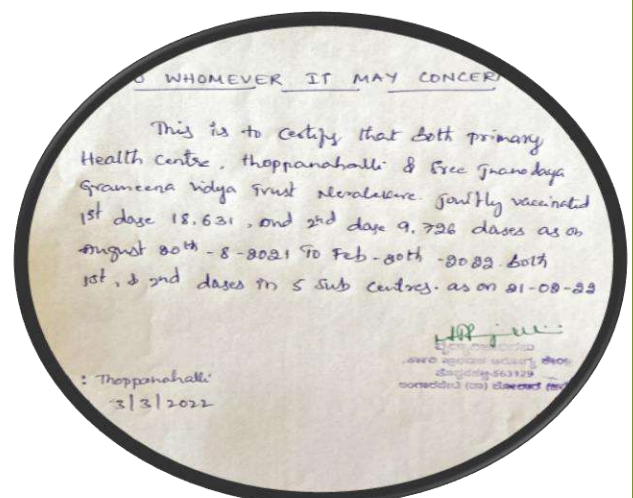
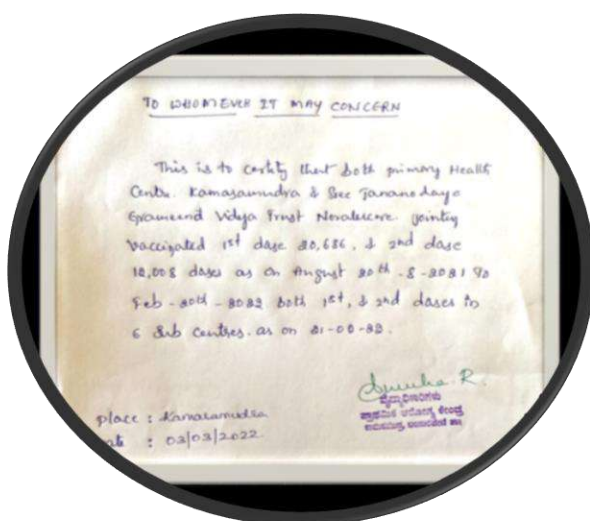
The results accomplished in the vaccination project has been excellent, Jnanodaya could utilise the available resources and support very efficiently to realise the objectives of the project. The project initially had 6 months period and got extended for another 3 months with the funds available, therefore, the project period of 9 months was better to cover

vaccination to elders, adults and children population in the project area. Thoppanahalli and Kamasamudram PHCs were covering 11 Sub Centres 124 villages and Total population was 58,088. This initiative of Jnanodaya with the Health Department, Bangarpet Taluk led to the total COVID vaccination coverage of **61,051** doses (i.e., 32694 1st doses and 28357 2nd doses) in the project area for a period of 6 months, the average cost per for admin of vaccination being **INR.29.85**.

CHALLENGES:

1. Hiring Human Resources for a short span project and deployment of the staff within 10 days of project's commencement.
2. Coordination with the field level staff of Health Department in a catastrophe situation and also handling rapid change of priorities on vaccination campaigns between sub centres and villages.
3. Vaccine hesitancy was high on two fronts i.e., religious and alcoholism. Due to myths and misconceptions, community was hesitant to take the vaccine jabs and daily wage earners, who consume alcohol every day, were not coming forward. Both men and women were consuming alcohol equally and hence vaccination in some villages was tough.
4. Both macro and micro plans could not be executed due to community's priorities and hesitancies on vaccination after spending time in preparation of these plans. This scenario always led to prepare plan B!
5. The target set in the proposal and actual achievements a 36% diverse was found during the execution of the project.

CERTIFICATES FOR THE VACCINATION COVERAGE BY THE HEALTH DEPARTMENT



7. Covid Relief, Rehabilitation, women empowerment and Livelihoods:



Sree Jnanodaya Grameena Vidya Trust (Jnanodaya) has received excellent grant support from Target Corporation, through Charities America Foundation (CAF). The grant support received from Target for 2020-21 was used in the Devaramarllur, Anur and Y. Hunasenahalli GP covered 09 villages. It is proposed to use 100% grant for COVID relief and Rehabilitation activities. Jnanodaya Signed MoU with another 27 SHGs comprises of 312 members. The COVID relief and rehabilitation work was given top priority as per the project objectives.

1. Generated awareness to 1218 families on social distancing, frequent hand wash and wearing masks.
2. Supplied 400 ration kits to 200 families with one month gap
3. Supplied 1600 masks and 400 soaps to 200 families
4. Conduct counseling to 32 families during home quarantine
5. Conducted PRA to identify Livelihood needs and identified most vulnerable 18 families for the livelihoods supports
6. Trained 81 SHG members in financial literacy and livelihoods, book keeping and leadership

The Second grant support received from Target for 2020-21 was used in Kundalpurki GP covering 9 villages. Jnanodaya Signed MoU with another 10 SHGs comprises of 118 members. It is proposed to use the grant 20% for COVID relief 80% for women empowerment and livelihoods.

The following are the activities undertaken:

1. Generated awareness to 865 families on social distancing, frequent hand wash and wearing masks.
2. Ration Kits distributed to 100 families in Kundalpurki GP. The families have been identified by SHG and Gram Panchayath members.
3. Distributed 600 masks and 150 sanitizers to 100 families and 50 front line workers like Anganawadi teachers, Asha workers, GP staff like Bill collectors, water person and sweepers.



OVERALL: Covid Relief and Rehabilitation support:

1. Generated Awareness on COVID to 3346 families across 4 Gram Panchayaths
2. 600 Ration Kits distributed to 500 families across 4 Gram Panchayaths
3. Supplied masks 2700, soaps/sanitizers 750 to 500 vulnerable families and 50 front line workers.
4. 32 counseling of COVID affected families
5. Assisted 65 families to revamp livelihoods.
6. Conducted training on SHG strengthening to 368 SHG members.



Our partners and well wishers



**TO MAKE A DIFFERENCE IN SOMEONE'S
LIFE. YOU DON'T HAVE TO BE BRILLIANT,
RICH OR PERFECT**

BUT

YOU JUST HAVE TO CARE

Vision, Mission and Values



MISSION

- Support stakeholders through participatory actions that promote social well-being and social transformation
- Enable communities to envision their needs and facilitate capacities, skills and action for change
- Enhance convergence for sustainable interventions to conserve, protect, and manage natural resources
- Kindle, pilot and share new concepts and approaches through meaningful partnerships that bring out innovative ways of achieving sustainable development

CORE VALUES

- **Participation**
- **Integrity**
- **Professionalism**
- **Equality**
- **Transparency**