

#### Sree Jnanodaya Grameena Vidya Samsthe

Dedicated to Participatory Actions and Partnerships for Community Development

www.jnanodaya.org

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#### Vision

Social, Economic and Environmental fairness for all

#### Mission

The organisation seeks to achieve its vision through the following:

- Support stakeholders through participatory actions that promote social wellbeing 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

#### Approach

The organization uses a multi-pronged approach to work on the mission and enable realization of the vision:

Support stakeholders through participatory actions that promote social well-being and social transformation

- Participatory Development
- •Institution Building

**E**nable communities to envision their needs and facilitate capacities, skills and action for change

- Capacity Building
- •Strengthening Local Governance

Enhance convergence for sustainable interventions to conserve, protect, and manage natural resources

- •Natural Resource Management
- Promoting networks, convergence and partnerships

Kindle, pilot and share new concepts and approaches through meaningful partnerships that bring out innovative ways of achieving sustainable development

- Monitoring, Evaluation, Learning and Documentation (MELD)
- Action research
- Outreach and Advocacy

# REPORT ON ACTIVITIES

#### 1.COVID VACCINATION INITIATIVES (APF)

#### a. Introduction:

The Kamasamudram Primary Health Centre (PHC) is located 14 kilometers from Bangarpet Taluk Health Centre and 30 kilometers from Kolar district in Karnataka. The Thoppanahalli PHC is 21 kilometers from Bangarpet and 37 kilometers from Kolar. Both PHCs serve villages near the borders of Andhra Pradesh and Tamil Nadu, including 68 remote villages out of a total of 124. During the COVID-19 pandemic and subsequent lockdowns, misinformation and hesitancy about the virus and vaccinations were widespread, particularly among small and marginal farmers. By July 22, 2021, the average first-dose vaccination coverage was only 38% in Kamasamudram and 27% in Thoppanahalli. To combat this, raising awareness and reducing vaccine hesitancy became critical. The non-profit organization Jnanodaya, with support from Gram Panchayats and the Health Department, took on this challenge and achieved a 97% vaccination rate. Initially planned for six months, the project extended to nine months.

#### b. Efforts – A Step-by-Step Approach:

Jnanodaya implemented a strategic approach to address myths, misconceptions, and hesitancy about COVID-19 vaccination, providing necessary support to health departments for organizing vaccination camps. The steps included:

#### **Pre-Vaccination:**

Before the vaccination campaign, data on unvaccinated individuals were collected, and surveys were conducted with ASHA and Anganwadi workers. Family visits were organized to educate and motivate people for vaccination, involving community leaders and COVID-19 committees. WhatsApp and phone calls were utilized to dispel myths and hesitancies, and COVID committee meetings in Gram Panchayats were regularized to address vaccination issues. Platforms were created that included

COVID committees, GP staff, and frontline health workers to improve vaccination coverage. Awareness activities such as cycle rallies, walks, and bike rallies were conducted with local Street support. plays were developed and performed in lowcoverage areas, and IEC materials were distributed to remove myths and misconceptions. Village meetings and motivational camps were held with support from vaccinated peer groups and community leaders. Short video



clips featuring local influencers were shared to encourage vaccination, and awareness activities were repeated in difficult areas to persuade people to get vaccinated. HR support was provided to PHCs, including health coordinators and data entry operators. Coordination with ANMs, ASHA workers, CHOs, and teachers was established for community mobilization and camp organization. Project staff received training on their roles, responsibilities, and effective communication. Support was given for vaccine supply chain management and transportation to ensure vaccine availability, and data entry support was provided to the Taluk Health Office to maximize urban vaccination coverage.

#### **During Vaccination:**

vaccination During the phase, detailed plans were prepared for each coordination PHC. and was established with the Health Department and Gram Panchayats. Vaccination camps were facilitated in villages, providing necessary facilities. Lists of individuals to be vaccinated were compiled, information on vaccination camps disseminated. Camps was were organized with necessary amenities, including food for volunteers and health staff. Key community members vaccinated first. and were transportation. data analysis. registration, and regular updates for vaccinations were provided.



#### **Post-Vaccination:**

After vaccination, post-vaccination concerns were addressed with PHC staff, and vaccination-related issues were raised with PHC medical officers and the Taluk Health Officer. Transportation was provided for post-vaccination follow-up. Follow-ups for second doses were conducted with ASHA workers and community leaders through village meetings. Reporting and analysis were carried out for decision-making and planning.

#### **Details of Activities:**

Jnanodaya's extensive efforts are detailed in the following table:

Activity	Thoppanahalli	Kamasamudram	THO	Total
Survey (Unvaccinated	13,000	18,785	1,100	32,885
Persons)				
Family Visits	13,000	18,785	1,100	32,885
Cycle Rallies	8	5	4	17
Walks	7	3	4	14
Bike Rallies	2	1	0	3
Street Plays	9	6	2	17
Vaccination Camps	34,056 (180	39,156 (206	3,000 (75	76,212 (461
	Camps)	Camps)	Camps)	Camps)
Strengthened Local	50	63	15	128
Platforms				
Transportation Provided	168	112	18	298



#### c. Results:

The vaccination project achieved excellent results. Initially planned for six months, the project extended to nine months, covering 124 villages and a population of 58,088 in Thoppanahalli and Kamasamudram PHCs. The initiative led to 76,685 doses administered, with an average cost per vaccination of INR 29.85. The detailed vaccination breakdown is as follows:

	Covishield (1st Dose)	Covishield (2nd Dose)	Covaxin (1st Dose)	Covaxin (2nd Dose)	Precaution Dose	12-14 Children	15-17 Children
31,787	25,996	24,249	10,417	9,597	384	2,904	3,138

#### **Target vs Achievement**

Dose	Target	Achievement
Total 1st Dose	21,464	40,123
Total 2nd Dose	34,572	36,178
Total Target	56,036	76,301

#### d. Challenges:

The project faced several challenges, including the quick hiring and deployment of human resources for a short-term project and coordinating with field staff amidst rapidly changing vaccination priorities. Overcoming vaccine hesitancy due to religious beliefs and alcoholism was particularly difficult. Plans often had to be adjusted to align with community priorities and hesitancies, and there was a 36% variance between target and actual achievements.

Through strategic efforts and community collaboration, Jnanodaya effectively increased COVID-19 vaccination coverage, overcoming numerous challenges to achieve remarkable results.

## 2.ENHANCING GRAM PANCHAYAT CAPABILITIES FOR IMPROVED SERVICE DELIVERY AND COMMUNITY PARTICIPATION

Recognizing the strengths of former GP members, we engaged them as Panchayat Cadre Resource Persons (PCRPs) to mentor current GP members. The following PCRPs have been instrumental in mentoring 10 GPs:

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

The project aims to mentor 10 GPs to improve governance and service delivery through the efforts of PCRPs, with key activities, indicators, and progress outlined below:

#### a. Key Objectives and Activities

#### Objective 1: Improve Governance and Service Delivery

To review access to entitlements and welfare schemes, it was identified that 12,291 individuals across 70 villages in 10 GPs had not availed benefits. PCRPs and the Jnanodaya team, in collaboration with GP members and PDOs, conducted reviews of rights and entitlements in 14 GPs. Over three years, the requirements of these 12,291 individuals were assessed, with data collected and computerized for 6,100 citizens from 14 GPs. Awareness campaigns on rights and entitlements were conducted in 64 villages across 10 GPs, resulting in 12,291 applications submitted by women, small and marginal farmers, elderly people, and youths. Six training sessions were held for 146 elected representatives and staff in 6 GPs, along with 10 workshops on rights and entitlements attended by 216 participants.

#### **Objective 2: Mentor Newly Elected Representatives**

Mentoring on GP functions and responsibilities included performance analysis based on GP organization mapping and mentoring areas by PCRPs. PCRPs and Jnanodaya teams conducted mentoring sessions focusing on rights and entitlements, drinking water supply, street lights management, and revenue collection. These efforts effectively guided 78 GP members in 10 GPs, facilitated 7 vision exercises involving 232 GP members and staff, and completed process mapping in 4 GPs. For community engagement and vision exercises, PCRPs and Jnanodaya staff participated in 24 general meetings to discuss service delivery and the importance of Gram Sabhas. PCRPs also organized 4 Jathas in collaboration with schools and children to highlight the role of citizens in managing basic amenities. Additionally, PCRPs and Jnanodaya staff took part in the GPDP-PRA revisit exercise for 2022-23 in 8 GPs, providing feedback on cleanliness, health, and nutrition.



#### b. Challenges

The project faced several significant challenges. First, there was the need for the rapid hiring and deployment of human resources to meet the demands of a short-term project. This urgency created logistical difficulties in ensuring that qualified personnel were available and ready to work on time. Second, coordinating with field staff became particularly complex amid rapidly changing vaccination priorities, necessitating constant communication and flexibility. Additionally, overcoming vaccine hesitancy posed a major obstacle, influenced by factors such as religious beliefs and alcoholism, which required sensitive and tailored approaches to encourage participation. Plans also had to be frequently adjusted to align with the community's priorities and address their specific concerns and hesitancies effectively. Lastly, there was a notable discrepancy of 36% between the target achievements and actual outcomes, highlighting the gap that needed to be addressed to meet project goals fully. This structured approach has significantly enhanced the capabilities of Gram Panchayats, improving service delivery and encouraging greater participation from women, youths, and farmers in local governance.

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### 3.STRENGTHENING GRAM PANCHAYATH FUNCTIONING THROUGH GPOD FRAMEWORK

The initiative aims to enhance the understanding of roles and responsibilities within Gram Panchayaths (GPs) to improve their efficiency, leverage state and central resources, and foster leadership among elected representatives, staff, youth, women, and farmers across four GPs.

#### a. Key Activities and Achievements

#### • Environment Building at District and Taluk Level:

The project team sought support from Zilla Panchayath (ZP) and Taluk Panchayath (TP) by meeting 8 TP/ZP members and 1 RDPR member to discuss the GPOD project. Following meetings with the Director of GP, RDPR in Bangalore, and three visits to ZP, an official letter was issued to Jnanodaya to work in 14 GPs for three years. Additionally, six meetings with the Executive Officer (EO) of TP in Bangarpet secured the issuance of a Government Order (GO) to collaborate with 14 GPs.

#### • At the GP Level:

Wall Writings: Completed 36 wall writings in four GPs, emphasizing the importance of local governance and citizen participation.

Focused Group Discussions (FGDs): Conducted 48 FGDs with farmers, women, children, and youth to gather insights on their experiences and expectations from local governance.

#### • Baseline Survey and GP Profiling:

Baseline data on drinking water, health, education, commons, and revenue collection was collected in four GPs. This data informed the vision and mission exercises. Additionally, demographic profiles including household data, population, literacy rate, and staff profiles were compiled for all four GPs.

#### • Presentations and Resolutions:

The GPOD framework was presented to elected representatives and GP staff in four GPs. Jnanodaya facilitated general meetings in these GPs, resulting in resolutions to work with Jnanodaya and the signing of Memorandums of Understanding (MoUs).

#### • Organizational Mapping:

Organizational mapping was completed in four GPs, assessing governance, meetings, fund management, reporting, record-keeping, and transparency.

#### • Vision and Mission Building:

FGDs were conducted to map community dreams and needs, which informed the vision and mission workshops. Draft vision and mission statements were prepared for the four GPs during a two-day workshop attended by 114 GP members and staff. Final vision and mission documents were displayed in the GPs.

#### • Process Mapping:

The current processes in each GP for key functions such as drinking water supply, education, health, commons protection, and revenue collection were analyzed. Workshops were conducted to map desired future processes, involving 106 GP members and staff.

#### • Structuring and Portfolios:

A SWOT analysis of current GP structures led to the creation of portfolio heads for key functions. Twenty-one portfolio heads across four GPs were selected, with plans for a joint exposure workshop at KILA, Kerala. GP general meetings developed criteria for selecting portfolio heads and ratified the selection, with public displays and WhatsApp dissemination planned.

#### • Perspective Plans and GPDP Integration:

GPs were assisted in preparing sector-wise perspective plans and integrating them into the GPDP using PRA, Ward Sabha, and Gram Sabha. These plans are in progress and will be uploaded to Plan Plus.

#### • Handholding Implementation:

Portfolio heads were supported in developing annual plans based on public demand and Plan Plus. The implementation of activities and quality monitoring are underway, with ongoing self-evaluation and reward documentation for achieving portfolio heads.

#### • Improving Functional Efficiency:

Mass training and workshops were conducted for 240 youths, farmers, women, and SHG members to enhance awareness of citizen duties and responsibilities. Ninety Grama Rathans were identified to act as community resource cadres for local governance, supporting participation in planning exercises and facilitating access to rights and entitlements. Action plans for Ward and Gram Sabha discussions were prepared.

This comprehensive approach aims to build effective leadership and operational efficiency within GPs, ultimately improving service delivery and governance at the grassroots level.

Consolidation of the activities undertaken by Jnanodaya and their outcomes across all 14 GPs from November 1, 2020, to March 30, 2023:

Activities Carried Out	Outcomes
Signed MoU with all 14 GPs	Increased citizen participation
Conducted environment	Addressed 42 citizen complaints regarding
building activities	various issues
Conducted FGDs with diverse	Attendance increase of 12-15% in
groups in 4 GPs	community meetings
Prepared GP profiles for 14 GPs	Improved governance processes
Conducted grading for 14 GPs	<ul> <li>Leveraged 5% more funds compared to the</li> </ul>
twice	previous year
Conducted rights and	Enhanced understanding of roles and
entitlements campaigns	responsibilities among stakeholders
Conducted training sessions for	<ul> <li>Improved service delivery and efficiency</li> </ul>
152 GP members	
Mentored and hand-held 126 GP	Facilitated access to essential services
members	
Collected data of 12,291 eligible	<ul> <li>Secured support for 5,950 eligible persons</li> </ul>
persons	
Coordinated efforts for pension	• Ensured pensions for 5,950 eligible persons
releases	
Conducted visioning exercises,	Enhanced GPDP with infrastructure projects
process mapping, etc.	
Conducted workshops for	Improved implementation of perspective
portfolio heads	and annual plans
Identified and trained 315	Strengthened community participation
Grama Rathans	
Participated in Grama Sabha,	Provided feedback for enhancing citizen
ward Sabha, etc.	participation
Reviewed and trained standing	Enhanced committee efficiency and
committee members	effectiveness

#### b. Key Outcomes:

The project achieved several key outcomes. It facilitated access to essential documents and benefits for 5,950 eligible individuals, significantly improving their access to necessary services. Additionally, 42 citizen complaints on various issues were addressed, demonstrating a responsive and effective grievance redressal mechanism. The project also saw a 12-15% increase in attendance at community meetings, indicating higher community engagement. Financially, it leveraged 5% more funds compared to the previous year, enhancing its resource base. Vision and mission documents were developed for all 14 Gram Panchayats (GPs), providing a strategic direction for local governance. Moreover, vertical-based process maps for key functions were finalized, streamlining operations and improving efficiency. Perspective and annual plans were prepared and incorporated into the Gram Panchayat Development Plans (GPDP), ensuring comprehensive planning and implementation. Lastly, regular review and monitoring of the progress of portfolio heads ensured accountability and sustained progress towards the project goals.



#### **Case Study:**

The Impact of Capacity Building on Delivering Community Development Work - Alambadi Jyothenahalli Gram Panchayat, Bangarapete Taluk, Kolar District, Karnataka, India

#### **Introduction:**

This case study delves into the transformative effects of capacity building initiatives on community development in Alambadi Jyothenahalli Gram Panchayat, situated in Bangarapete Taluk, Kolar District, Karnataka, India. It investigates how capacity building endeavors by Sree Jnanodaya Grameena Vidya Trust (Jnanodaya), supported by the Azim Premji Foundation, have influenced the Gram Panchayat's ability to plan and execute community development projects effectively, fostering lasting change.

#### **Background:**

Alambadi Jyothenahalli Gram Panchayat encountered various hurdles, including resource constraints, limited awareness and skills among elected representatives, and struggles in achieving sustainable impact. In response, Jnanodaya, recognizing the imperative for capacity building, initiated the Gram Panchayat Organisation Development Project (GPOD), bolstered by the Azim Premji Foundation's support.



#### **Capacity Building Initiatives:**

Jnanodaya implemented tailored capacity building initiatives, including:

i. Capacity Building of Elected Representatives: Utilizing the GPOD framework, Jnanodaya enhanced governance processes, vision development, and training programs for elected representatives. These efforts aimed to equip representatives with the skills needed for effective community service, governance, leadership, and convergence.

- ii. Participatory Planning by Village Community Members: Jnanodaya facilitated participatory planning processes involving village community members and Gram Rathans. Through workshops and meetings, the community engaged in identifying needs, setting priorities, and designing solutions, fostering active participation in Gram Sabhas and efficient demand articulation.
- iii. Constituting and Strengthening the Grama Ratna Team: Jnanodaya prioritized the strengthening of the Grama Ratna team's leadership, project planning, and communication skills. This initiative aimed to cultivate local champions capable of driving sustainable community development initiatives.

#### **Impact of Capacity Building Initiatives:**

The implementation of capacity building initiatives yielded significant impacts:

- i. Empowered Elected Representatives: Equipped with enhanced skills and knowledge, elected representatives gained a deeper understanding of governance principles and community engagement strategies, enabling them to efficiently address community needs and drive positive change.
- ii. Enhanced Participatory Planning: Village community members' active involvement in decision-making processes fostered a sense of ownership and commitment to projects. This participatory approach ensured the relevance, sustainability, and alignment of initiatives with local aspirations.
- iii. Strengthened Grama Ratna Team: With improved capacities, the Grama Ratna team played a crucial role in driving community development initiatives, ensuring successful implementation and long-term sustainability.
- iv. Sustainable Community Impact: Through empowered representatives, participatory planning, and a strengthened local team, sustainable community impact was achieved, fostering positive and lasting change within Alambadi Jyothenahalli Gram Panchayat.

#### **Conclusion:**

The case study underscores the transformative impact of capacity building initiatives on community development in Alambadi Jyothenahalli Gram Panchayat. Jnanodaya's efforts in capacity building, targeting elected representatives, participatory planning, and strengthening the Grama Ratna team, have collectively contributed to sustainable community impact and holistic development. This emphasizes the pivotal role of capacity building in promoting local leadership and participation in decision-making processes within Local Self Governance Institutions.

## 4.WOMEN'S EMPOWERMENT AND LIVELIHOODS PROGRAM WITH TARGET/CAF SUPPORT

Jnanodaya, in collaboration with Target/CAF, has undertaken significant initiatives in Anur, Y.Hunasenahalli, Devaramaruluru, Kundalgurki, and Y.Hunasenahalli Gram Panchayaths of Siddlaghatta Block in Chickballapur district. The focus has been on empowering Self Help Groups (SHGs) and vulnerable communities, particularly during the Covid-19 pandemic, through awareness, rehabilitation, livelihood support, and capacity building. These activities aim to empower women, enhance livelihoods, improve health and education outcomes, and strengthen community organizations to facilitate sustainable development in the target Gram Panchayaths.

#### **Objectives:**

- Enhance Covid awareness and rehabilitation efforts.
- Promote livelihoods among poor women.
- Build capacities of SHGs and women in group management, bookkeeping, and leadership.
- Facilitate marketing opportunities for poor women through agricultural exhibitions and interactions with Gram Panchayath members.
- Strengthen SHG federations (Gram Panchayath Ookuta) to increase outreach and access to government entitlements.

#### **Activities and Outputs:**

SI No	Activities	Output
1.	Discussion with District Panchayat and Karnataka State Rural Livelihoods Promotion Society	Letter of agreement to work with 02 GPLFs
2.	Identification of 02 GPLFs	MoU between GPLF and Jnanodaya
3.	Visioning Exercises (for Self Help Group, Ward Level Federation, Gram Panchayat Level Federation) - 800 women members engaged in conceptualizing vision	Vision Document
4.	Develop Business Development Plan and Annual Action Plan	5-year Business Development Plan
5.	Support each GPLF up to Rs.1.00 Lakh working capital	Livelihood support to 50 vulnerable SHG members (1 year)
6.	Health camps	Health check-ups for 300 members; medication support
7.	Education	Quality test for 150 children; debates for 30 students
8.	Capacity building activities for SHG members	Training for 150 members in book-keeping, leadership

#### Case Study: Empowering Women and Enhancing Livelihoods in Rural Karnataka

#### **Introduction:**

This case study delves into the transformative impact of a Women's Empowerment and Livelihood Program, supported by Target, in the rural areas of Siddlghatta Block, Chickballapur district, Karnataka, India. Implemented by Jnanodaya, this initiative aimed to uplift marginalized women and communities through capacity building, livelihood support, and Covid relief efforts.

#### **Background:**

In response to the challenges faced by rural women and vulnerable families, Jnanodaya initiated a comprehensive program focusing on capacity building, livelihood support, and Covid relief. This initiative targeted villages in Siddlghatta Block, addressing the needs of women and families affected by the pandemic and economic hardships.

#### **Activities Undertaken:**

- i. Capacity Building: Training sessions were conducted for 173 SHG members, focusing on concepts, bookkeeping, leadership, and organic cultivation. Additionally, representatives of 38 SHGs received training on bookkeeping and participation in Gram Sabha.
- ii. Livelihood Support: Assistance was provided to 68 families to revamp their livelihoods, including distribution of livestock, seeds, and other essential items.
- iii. Covid Relief: Awareness campaigns reached 3080 families, while ration kits, masks, and sanitizers were distributed to vulnerable families and frontline workers. Counselling was also provided to 41 Covid-affected families.

#### **Impact:**

The program yielded significant outcomes, both quantifiable and qualitative:

- i. Increased Income: Income of 50 families rose by 15 to 18%, contributing to their economic stability.
- ii. Empowerment of SHGs: 23 out of 46 SHGs upgraded to A grade, showcasing improved organizational capacity.
- iii. Enhanced Participation: Women's participation in Grama Sabha surged, empowering them to access entitlements and voice their concerns.
- iv. Asset Creation: Livelihood support led to the creation of assets like livestock and sewing machines in 68 families.
- v. Covid Relief: Awareness efforts reduced vaccine hesitancy and increased vaccination rates in rural areas.

vi. Organizational Strengthening: Jnanodaya enhanced its credibility and capacity to support vulnerable communities during crises.

#### **Impact on Organization:**

The grant has brought about tangible changes within our organization, enhancing our capacity and credibility:

- Enhanced Women Empowerment Activities: The grant has fortified our efforts in women empowerment, allowing us to reach more rural women and provide them with essential support to enhance their livelihoods.
- Increased Organizational Capacity: Through this grant, our organization has developed the capacity to effectively support vulnerable communities, especially during the Covid-19 pandemic. We have adapted our strategies and operations to meet the evolving needs of the communities we serve.
- Improved Organizational Credibility: By upholding professionalism, transparency, and accountability in our operations, we have earned greater credibility within our working area. This has bolstered trust among stakeholders and enhanced our reputation as a reliable partner in community development.

#### **Learning Outcomes:**

The program has been instrumental in fostering learning and skill development among rural women, leading to several positive outcomes:

- Economic Independence: Training workshops and exposure to the Self-Help Group model have opened up new opportunities for rural women to achieve economic independence. Through initiatives like financial literacy, bookkeeping, and leadership training, they have gained the skills needed to manage their livelihoods effectively.
- Increased Participation: Traditionally marginalized, rural women have found their voices through participation in Self-Help Groups. They are now actively engaged in community discussions and decision-making processes, contributing their views and opinions on various issues.
- Holistic Empowerment: Our Women Empowerment program aims not only to increase income but also to foster a sense of self-respect and dignity among women. This holistic approach has resulted in secondary benefits such as reduced domestic violence and increased respect within their households.
- Beneficial Support: The support provided, including assistance for vegetable and flower farming, livestock procurement, and setting up small businesses, has been immensely appreciated by the women. It has enabled them to utilize their resources effectively and generate sustainable income.

 Social Rights Awareness: Workshops on social rights have empowered women with knowledge, leading to a reduction in instances of domestic harassment. Regular sessions on legal rights and domestic abuse have proven to be crucial components of our empowerment programs.

In conclusion, the grant has not only strengthened our organization's capacity and credibility but has also brought about significant positive changes in the lives of rural women. Through empowerment initiatives and skill development programs, we continue to pave the way for greater economic independence and social empowerment in our communities.

#### **Conclusion:**

targeted interventions and holistic Through the Women's **Empowerment** support, and Livelihood facilitated tangible **Program** improvements in the lives of rural women and families. By fostering economic independence, enhancing participation, and providing essential support, Jnanodaya's initiative exemplifies the transformative potential of community-based interventions promoting sustainable in development and gender equality.

#### **Success Instances:**

- Smt. Chinnamma: Restarted her vegetable vending stall with capital support, paving the way for financial independence.
- Smt. Jayalakshmamma: Established a saree business, ensuring stability for her family.
- Smt. Soumya: Initiated a tailoring business, experiencing newfound financial autonomy and happiness.

#### **GRATITUDE TO OUR PARTNERS**











