

AMAR TRISHALA SEVA ASHRAM

(ATSA)



ANNUAL REPORT 2019

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GLIMPSES OF PROGRAMMES



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From the Secretary's Desk

With great excitement but sincerity I present the Annual report 2018-19 which is indeed reflection of past one year activities and achievements. We, with consistent effort reached out to the unreached underserved marginalized , and deprived communities to wipe out darkness of poverty, illiteracy and exploitation through transformation of knowledge and education, technical skill, engagement in income generation activities and participation in government welfare schemes and policies

In the past 12 years, women populations have progressed lot uplifting their social, cultural, political and economic conditions through knowledge & education, technical skill, leadership skill, participating in three tier Panchayati Raj System and deliberately raising voice for rights from different forum/platform. They journeyed their life from self-help group member and gradually engaged in Panchayati Raj System, hundreds jumped to Zila Parishad Parmukh and or Member of Legislative Assembly. Moreover, I especially thank all those 22650 dedicated women whose spirit and relentless efforts have resulted Dramatic Change in their economic share and lifestyle. But, what achieved are just a matter of satisfaction rather than what we strive for.

Our goal is that each individual regardless of gender has equal opportunity of education, employment, expression, cultural dignity, equality and freedom of expression, decision, movement and growth and the least that no human being has to sleep hungry.

Children have ever been most vulnerable and all sorts of consequence of sufferings and violence have been faced by them. ATSA committed to provide safe-protective environment to children in the intervention areas and I personally thank the high spirit and the great effort of the team engaged in mobilizing community towards realization of their demand and better access to the services of Government institutions. Their inclusive efforts in programs like health, sanitation, education, women empowerment in 3 districts have served the community.

We are grateful to our donors & partners who trusted us and provided continued technical as well as financial supports for achieving the goal and objectives of different programs/interventions. We also thank all the team members particularly ground level workers, technical and management resource groups, community opinion leaders, Panchayati Raj Functionaries and Multi-Stakeholders like Government Officials, Civil Societies & Media whose combined collaboration credited in grounding significant improvement of communities for whom we are committed.

Rnjeet Kumar

Secretary

Organization Profile

Organization	AMAR TRISHALA SEVA ASHRAM(ATSA)		
Secretary -cum-CEO	RANJEET KUMAR At/Po: Sirkhirya Via: Rampur hari Sitamarhi-843117 Bihar , India amartrishalas7@gmail.com , ranjeet_usbpk@rediffmail.com		
LEGAL STATUS			
S. No.	Particulars	Registration No.	Date
1	Registered under Societies Registration Act XXI,1860	1247	18/12/2007
2	Registration under Foreign Contribution (Regulation) Act, 1976	031380036	28/03/2013
3	Income Tax & Other Registration		
	-Under Section 12A	No. 35/1998-99	29/05/1998
	-Under Section 80G	No. 3061-62/2008-09	14/10/2008
	-Permanent Account No. (PAN)	AABAA4675M	07/07/2009
	-Tax Deduction Account No. (TAN)	PTNN00776G	03/07/2009
	-Service Tax	AAATN3257GSD002	14/05/2012
	-GSTIN	10AAATN3257G1Z0	26/06/2017
4	Registration No. at NITI AAYOG NGO Portal	BR/2009/0019721	-
5	Bank details	For general account: Corporation bank a/c No.-105600101004974 For FCRA account: Corporation bank a/c No.-105600101000216	

Goal	Support in building nation a safe place where each individual has equal opportunities of education, employment, expression, cultural dignity, equality and freedom that translate into their survival, growth and development and contribute to the fraternity, integrity and dignity of the country.
Vision	ATSA envisions “having an ethos and heart of an NGDO (Non government development organization) that is close to ground realities and communities- with which empathy can be nurtured and consistently strengthened in need responsive ways”.
Mission	The mission of ATSA encompasses participation as a tool to improve the life of rural people. It vows to “contribute without political, religious or social prejudice to the full recognition of the human rights through varied contributions made and planned by different stakeholders for improving the life of rural people of Bihar”.
Objectives	<ul style="list-style-type: none"> • Joint participatory action at community level. Convergence and resource mobilization at all functional levels amongst relevant service sectors of Government as well as Civil Society. • Innovations in educational pedagogy, skill development and livelihoods with all forward and backward linkages conceptualized and in place from the very beginning of each activity. • Community acceptance and adoption of services where access has been ensured. • Promoting behavioral change leading to positive social action. • To empower CBO's and other community groups to manage and expand local Community Resource Centers established in response to local area needs. • To reduce level of illiteracy in rural and backward areas. • To aware rural people about their rights and stop their dependence on Mahajans. • To create awareness among disasters and educate them to how fight it when it comes. • To implement rural development programs for the advancement of the weaker section of the society. • To improve rural women individual and group leadership and decision making.

A Brief History of the Organization

Organisational Back ground:

ATSA is a Non-Government organization initiated in 2005 and got its legal entity in 2007. its registered office is in Sitamarhi district and branch offices are in other districts of Bihar. This organisation has been working for marginalized, destitute community & under-privileged community with its approach is gender sensitive and participatory for all but focus on women and children.

The **AMAR TRISHALA SEVA ASHRAM(ATSA)** is a voluntary, non political, non-profit making social service organization, established to promote education, amongst educationally backward sections of the society and for upliftment of downtrodden people through various developmental projects for health and hygiene. ATSA is involved directly implementing the developmental projects. We in ATSA believe in sustainable model of development where believe in Participatory Approach for the implementation of the sustainable development health and education projects. In its inception, the organisation has been engaged for the welfare of children in terms of education , health awareness and also breeding them to learn about how to keep themselves and their families safe and clean. With the assistance of Butterfly-New Delhi(a National organisation working for street and working children for their welfare) has provided financial assistance to those organisation having quite same objective for the welfare of such children in 2009. Runni saidpur block of Sitamarhi district is badly affected block in terms of natural calamities namely flood and also poor health performing block in Bihar. About one- third of the children did not receive any vaccination because the following reasons such are mothers of the children were unaware of the need for immunization, and 14 % of children were not vaccinated, as the mothers felt that they were too young. Other reasons for not immunizing the children as reported by the mothers were that the place or time of vaccination was not known (13 %), place or time of vaccination was inconvenient (7 %), fear of side effects (5 %), no faith in vaccination (3 %) and ANM absent/ vaccine not available (8 %), family problems (9 %) and other reasons (6 %). Since staffs of the organisation is very dedicated in delivering their task assigned to them and good contact with community and conducive rapport with block and district officials particularly to health sector in line with going on project and give full impetus in increasing awareness in community particularly to refusal families or caregivers of less immunised children.

Our Partners/supporting agency:

Some of the key supporting agency/partners to this organization is as under:

- CBCI CARD, New Delhi
- Nehru Yuva Kendra, Muzaffarpur
- Water for people India trust
- Oxfam India
- Catholic Health association of India(CHAI)
- Mesorier Germany (through GPSVS Madhubani)

- NABARD
- Mission DRR(through IDF Patna)
- IRAF networks and other local CBOs& PRIs.

Honour/Award received:

- Received Best mentoring to youth clubs award from Nehru Yuva Kendra(NYK), Muzaffarpur
- Received Outstanding youth club award from Nehru Yuva Kendra(NYK),Muzaffarpur.
- SMART CHART Trainer award in 2010 from PFI

Membership/ Networking:

This organization has the members of the following Networking/alliance

1. Member, National Alliance of Grass root NGO's for Protection of Child Right (NAGN, Bihar Chapter).
2. Partner, NABARD, Mushahri, Muzaffarpur
3. Member of the Information Resource & Advocacy Forum (IRAF- NB)
4. Partner, IDF, (Capacitating Community on DRR, Climate Change Adaptation for Sustainable Development in Muzaffarpur) Patna.
5. Partner, Bal Shakha (Protection of Child Right In Muzaffarpur), Patna.
6. Member, Ekta Parishad, Bhopal
7. Partner, Stop TB project,HIV/AIDS , Mamta, New Delhi.

Funded by GF MoU of ACSM project for District Begusarai , Bihar

Dated on 24 December 2010 to 31 march 2012.

- GKS Mahila Mandal Self Help Group Community meetings
 - Assist Mamta Districr co-coordinator during Special Events ,meetings
 - Identifying the local service provider and organize IEC activities, Sputum collection & Transportation
 - Counseling of patients for defaulter retrieval treatment adherence chronic defaulters
8. Partner, Missior Germany (Promotion of Traditional Health Systems PTHS) Through GPSVS Madhubani)
 9. Partner, Stop TB project, Paternership for Tuberculosis Care and Control (The union)
 10. Implementation of **Samaveshi shahar Yojna**(Inclusion of slum dwellers) in 4 slum areas in Muzaffarpur District in Bihar supported by IGSSS.

ATSA is a mission-driven organization established in 2007 by a group of experienced social activists and started working among rural marginalized women organizing and forming their SHGs for socio - economic and political development improving their living status, health status, education, leadership skill, entrepreneurship and sustainable livelihood options and it is widely recognized as NGO for working for the deprived community in improvement of community health began from meeting/training to field level functionaries namely ASHA,AWWs, Reproductive Child Health, Reproductive Health, HIV/AIDS related thematic programmes bridging the gap between community and health services.

Women Empowerment- We have formed and nurtured more than 200 SHGs which were under thrift and credit, bank CCL and repayment of 99%, which later linked to JEEVIKA (BRLP). Presently in 2 districts of Muzaffarpur and Sitamarhi 50 SHGs and 150 Youth Groups are associated with banks and about 85% have received seed capital and livelihood projects like goat farming, poultry farming, piggery, vegetable cultivation, rabbi cropping (wheat, pulses, oilseeds, vegetable), SRI method rice & wheat cropping, nutrition garden, fruit garden, irrigation well and shallow well and pump set for irrigation.

Health & Hygiene- Nearly 250 people living with HIV and 103 HIV infected children are linked to ARTC and are served through regular meeting and sensitizing to have health care support services. Hundreds of HIV people have received clinical test for STI detection and treatment. About 50% of HIV infected people and children are getting welfare scheme benefits of Rs. 1500/- and Rs 1000/- per person per month apart from ART medicines. Migrants and vulnerable population of 2450 have been tested for HIV of which 12 found positive to HIV and they have been linked to ARTC for Ante Retroviral Therapy. Many of the positive people attained vocational training and are self- employed.

Social Inclusion and Infrastructural Development- About 248 women elected representatives (PRIs) empowered as local leaders are addressing addiction, domestic violence, child marriage, child labour, human trafficking and linkage marginalized communities with social entitlements and social welfare schemes. These PRIs have been empowered to monitor different village level institutions like schools, anganwadi centre and health service centre and report to the concern departments & pursue for demanding better services. We are working for the rural and urban poverty alleviation among SCs, OBCs, Minority and those under BPL. In the urban slum of Muzaffarpur with the support of Urban Local Body community leaders have constructed homes for homeless, road and drainage, sanitary latrines, installed street lights and hand pumps and waste disposal dustbins.

ATSA gradually extended its activities in 75 Gram Panchayats of 13 blocks of 03 districts of Bihar (Muzaffarpur, Sitamarhi & Sheohar).

Objectives:

- To implement rural development programmes for the upliftment of the weaker section of society without any caste and creed;
- To provide income – generating programmes and increase employment opportunity for the weaker section of society;
- To expedite social welfare programmes;
- To sponsor programmes of health, care and family planning;
- To provide conduct/sponsor basic services including education for children;
- To implement Youth programmes, especially through youth leadership training, training in skill of non-students, organization of youth camps for national integration, survey and research work, seminar and

conference etc.

- To conduct or sponsor vocational training programmes;
- To promote the application of science and technology;
- To facilitate, spread and enhancement of education, literature and music according to knowledge of the people;
- To establish, construct and maintain educational institutes; excluding technical and Medical Institution;
- To promote agricultural activities and ensure protection of animal husbandry;
- To organize relief works during natural calamities;
- To promote library science by sponsoring diploma courses, workshop and training;
- To make arrangements for women development through credit programme and awareness generation;
- To do relief works for orphans, the poor, the aged and the destitute.

Our Policies

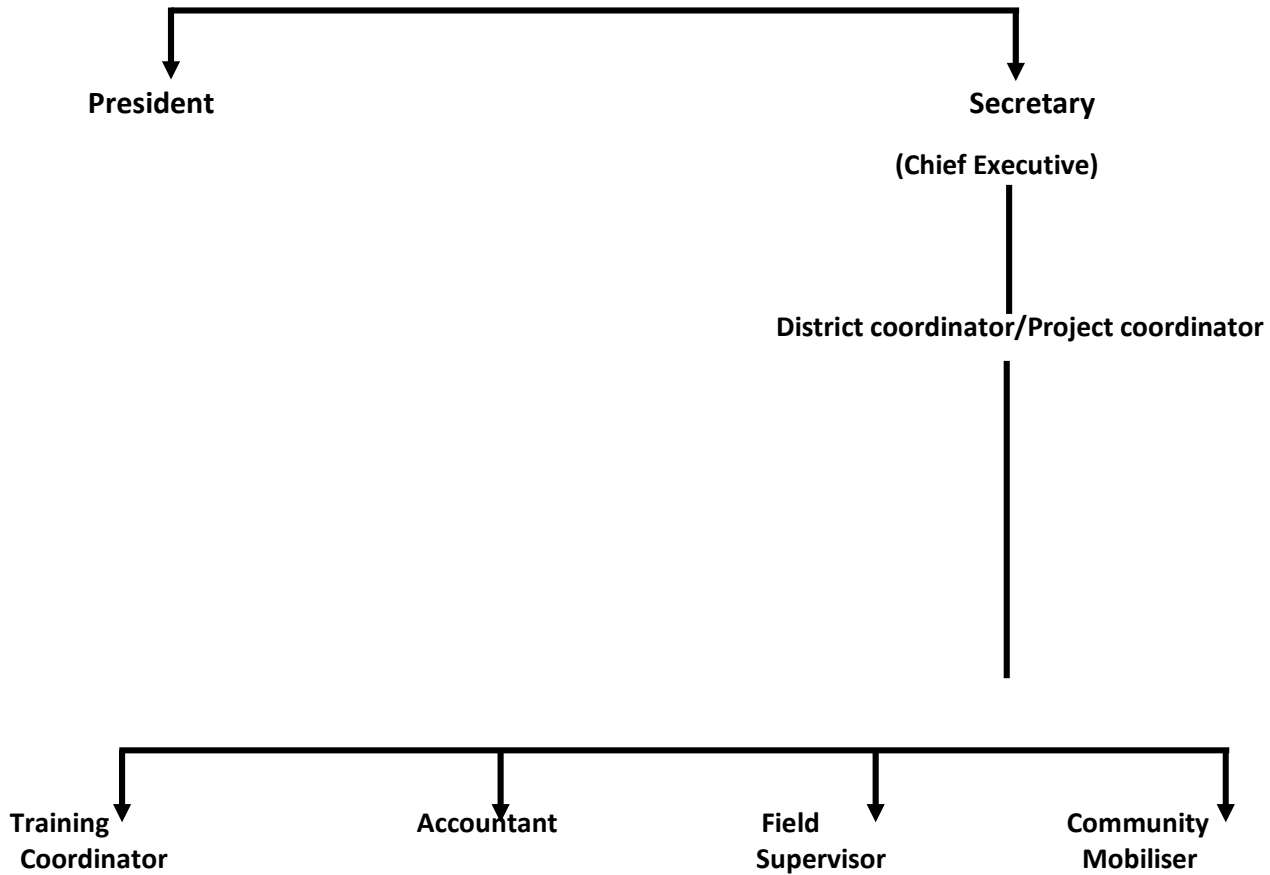


Management	The Governing Body is a policy and decision making body to implement policies and programmes framed for each unit undertaken by ATSA
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ORGANOGRAM



Governing Body



SOME KEY PROGRAMMES:

Community mobilization for immunization to the children:

The organisation with the support from Catholic health association of India(CHAI) has implemented the same project in these 2 Gram panchayat in Runnisaipur block of Sitamarhi to sensitise the community particularly to refusal families through motivating them about importance of immunisation taking help from all the local people, influencers, service providers and elected representatives through convincing them and inculcating habits of timely and regular immunisation to their children.

“Community mobilization (Refusal families) on children immunization”(Implemented this said project under the guidance and direction of alliance for immunization on behalf of CHAI).

Project location:

2 Gram panchayat namely Sirkhirya and Mahindwara Gram Panchayat in Runnisaidpur block of Sitamarhi District, Bihar

Target Beneficiaries:

People of both the Gram panchayats particularly women of refusal families belongs to Mushar community, scheduled caste and backward caste community

Rationale and needs of the project:

Vaccines keep children alive and healthy by protecting them against disease. Immunization is especially important for the hardest to reach

families as it can also be a bridge to other life-saving care for mothers and children in isolated communities such

as child nutritional screening, anti-malarial mosquito nets, vitamin A supplements and de-worming tablets. Immunization is one



of the most successful and cost-effective public health investments we can make for future generations. Vaccines are protecting more children than ever before. Low immunization levels compromise gains in all other areas of health for mothers and children. The poorest, most vulnerable children who need immunization the most continue to be the least likely to get it. Almost one third of deaths among children under 5 are preventable by vaccine. UNICEF, WHO and its partners are working to change these numbers and ensure that all children are successfully protected with vaccines. But, if immunization is not prioritized, the most marginalized children will not get vaccines, which could mean the difference between life and death. If too many individuals choose not to vaccinate themselves or their children, some diseases that are now rare or non-existent may resurface. The viruses and bacteria that cause vaccine-preventable diseases and death still exist and can cause disease in people who are not protected by vaccines. No vaccine is 100 percent effective in preventing disease or 100 percent safe in all individuals. Most side effects of vaccines are usually minor and short-lived. Parents should know that the risk of being harmed by a vaccine is significantly smaller than the risk of serious illness from infectious diseases. Vaccination is a very important step to get children off to a healthy start. Immunization prevents illness, disability

and death from vaccine-preventable diseases including cervical cancer, diphtheria, hepatitis B, measles, mumps, pertussis (whooping cough), pneumonia, polio, rotavirus diarrhoea, rubella and tetanus. An estimated 2 to 3 million deaths every year from diphtheria, tetanus, pertussis (whooping cough), and measles; however, an additional 1.5 million deaths could be avoided if global vaccination coverage improves. During 2016, about 86% of infant worldwide (116.5 million infants) received 3 doses of diphtheria-tetanus-pertussis (DTP3) vaccine, protecting them against infectious diseases that can cause serious illness and disability or be fatal. By 2016, 130 countries had reached at least 90% coverage of DTP3 vaccine. An estimated 19.5 million infants worldwide are still missing out on basic vaccines.

To accelerate coverage of BCG, DPT, OPV, Measles, Pulse Polio and Vitamin A. since about 48 per cent of children received all the vaccines (BCG, DPT, OPV, Measles) in this block as compared to 63 per cent all India level.

The success rate during this small span of period was very appreciating and this organisation also feels that if the some of the intervention continues further that will help to sustain the quality of implemented project in terms of mobilising, convincing those refusals families so that they would not be further refused for immunisation/vaccination to their children and then they will themselves so motivated to adopt this practices as a behavioural change and regular routine seeing the importance and essentiality of the immunisation. To strengthen and full immunization to the children and motivating families particularly to people(refusal families) in 2 Gram panchayats(priority to be given to refusal families, scheduled caste community,minority and backwad community) of Runnisaidpur block in Sitamarhi district of Bihar, as this block reported/accounted for about 70 per cent of non-immunised children in terms of fully immunisation. The coverage levels were lower for children of scheduled caste/minorities community as well as backward (whose mothers are illiterate and health services are not up to the marks, transportation facilities are poor and inaccessible to the some hamlets in the villages. Sensitising community, generating awareness and educating parents about adverse effect/side effect of vaccination, the literacy of mother is the key to the success of the Universal Immunisation Programme (UIP). Information, Education and Communication (IEC) activities should specially be targeted to educate the mothers in the target area. The underserved areas of these Gram panchayats should have special focus in the project and hence the small hamlets/clusters and inaccessible villages in the coverage should be focused and targeted, immediate improvement in the coverage could also be achieved by better follow-up and reducing drop-out rate.

engaging refusal communities through implementing such a short advocacy programme may be act as sensitizing tool for community, officials, PRI, influencers and of course local political leaders and ultimately they leads to advocate them for better implementation, supervision and provisioning of some health funds(untied) for generating awareness among community mostly belong to poor community. Under this short term project the main aim to sensitize community, survivors, political leaders, Government officials, PRI and ultimately target beneficiaries for achieving the expected results (100% vaccination to the children of refusal families).Therefore this organisation wants to implement some of the activities in same locations and keep continue its follow up and monitoring taking help of local PRIs, religious leaders, local influencers and of course active members of the same locations and also it will help to encourage service providers to convert all refusal into mainstream processing in sustainable mode.

Some expected key Outcomes :

- Refusal families to be contacted and 100% vaccination of the children to be ensured and they will opt for vaccinating their children.
- Ensure contact with local community and also services providers to increase the coverage of vaccination
- Timely conduction of VHSND in the designated areas at AWC
- Field staffs of this organisation will also assist the service providers locally in terms of generating awareness on importance of vaccination and help them for 100% coverage of target children as per prepared due list.
- Additionally 25 more wall writings in local area preference will be given to public places to be ensure
- For generating awareness and sensitising community about importance of immunisation Nukkard Natak will be organised in all the area preferably to location/hamlets of refusal families.
- Maximum utilisation of untied fund of VHSNC for addressing health issues locally particular in refusal families location.
- Regular conduction of VHSNC meeting and raising health problems by elected representatives and assurance for 100% vaccination in their respective areas.

Project Axshya:

To stop/elimination of TB, ATSA is working with CBCI-CARD joined hand to control and prevention of TB in Muzaffarpur district under Axshya Project the Global Fund Round 9 TB Project. Organization is functioning as bridge between the health system and the community. Encourage and assist the patients in early diagnosis and initiation of treatment and provide necessary support for completing the treatment has been done. The goal of the project is to decrease motility and morbidity due to TB and cut transmission of infection until TB cases to be a major public health. Project is achieving objective through activities done by organization on grass route level. It's achieving and maintaining a cure rate of TB among newly detected infectious cases. Project also achieve and maintain detection of such cases in the population. Many grassroots level activities have been organized every month to stop T.B like Gaon Kalyan Samiti meetings and other forms of awareness generation. Organization is helping CBCI CARD to provide health related services to needy people. Organization representatives have participated and helped to organize activities such as RHCP meetings, RNTCP ICTC meetings, TB Forum member's meetings, youth volunteers meetings etc. There are 607 HRGs, 679 Truckers, 32717 Migrants, 249 (PLHIV & CLHIV), 2334 ANC mothers, 715 TB suspected and 28134 other vulnerable. Thus total male population at risk are 33916 and female low risk bridge population are 27192. To mitigate risk of HIV/AIDS in the district and to facilitate health services to them 20 block/district level advocacy meeting, 45 stakeholders meetings and 187 community events have been arranged. Moreover, 16 health camps organized, 1028 on board volunteers mobilized community and supported clients in visiting ICTC/FICT.



Life skill Education in Government Schools (Increased participation of children and teachers):

Life skill education camp is a joint initiative of ATSA and Nehru Yuva Kendra, Ministry of Youth affairs & Sports, Government of India intervened among the youths of Muzaffarpur. Many issues have discussed in Life skill education camp. Here are some important issues, which has discussed in meetings and they are related to education and health status of youth of community / village, rights of youths, women & children, accessibility of right to education for dalits, poor hygiene and sanitation, awareness about HIV/AIDS & TB, cleanliness in homes and community, prevention of children from abuse and exploitation, participation in school management committee, human trafficking and migration etc. youths have discussed over the above mentioned issues. There are mentors and have specialization of knowledge and they have facilitated related issues in camp. Youth leaders have taken leadership and taken steps. The decisions have taken in camp and for the follow up some meetings, small programs, small interventions have made. Poor hygiene and sanitation is one of the major factors that affects rural people's health and leads to various communicable diseases. Life skill education camp has provided a platform to youths to meet, discuss, share their ideas and decide on issues concerning them. Youths have come together to discuss their issues, analyze on-going activities as well as plan future activities. This activity gives youths the opportunity to learn the principles of democracy i.e. every person has a right to an opinion and freedom of expression, a consensus must be reached to take a final decision and that sometimes a compromise is needed. Youths talk to peers and give them message what they learn in camp.



Life Skill education covered 14 Government schools. We have conducted 18 times life skill education covering all the 14 Government Schools. Altogether 559 boys, 795 girls and 54 teachers have attended the programs. The basic component of the life skill education had been on toll free number 1097, CHILDLINE 1098 service, care and protection of children, disseminating information about child labour, child marriage and keeping track of unknown persons entering the villages for taking children for work.

Facilitation with Govt. Department (Liberating and rehabilitating children from slavery situations) Block level coordination meetings conducted in all the 04 blocks. Altogether 136 (29 females and 107 males) participants had attended the training. This year we had focused on strengthening and regular meetings of “Block Level Anti-Trafficking Units” and proposed to form Panchayat and Ward Level Anti- Trafficking units.

District Level Coordination Meeting with Allied System:

District level Coordination Meeting was arranged to strengthen CVCs hand in addressing modern slavery in the form of debt bonded, trafficking of person, temptation and false dream etc. The meeting was participated by DLSA, DCPU, CWC, CHILDLINE, NGOs working on child protection representative from different departments and CVCs Cluster members.

District Level Coordination Meeting with Health Service Providers:

Based on the findings of Action Research Group, district level coordination meeting with health service providers was conducted and shared the lapses and gaps in health sub centre and primary health centres resulting poor quality health

service delivery. Finding revealed that posts of different level human resources are vacant, medical equipment had been damaged, there were shortage of medicines, pathological tests are not conducted in PHCs and there were shortage of beds for delivery mothers. All those needed immediate placement for the quality service delivery. Civil Surgeon assured that issues which could be sorted out at his level that will be arranged sooner while for other matters, he will place demand at state level.

Children's Clubs:

In the 24 government schools 48 Bal Munch and Meena Munch have been formed and from January to December, 2018 451 children have attended the meetings. This year another 08 children (03 Girls and 05 Boys) had the opportunity to visit CHETNA, New Delhi for exposure visit. The children enjoyed their exposure and sharing their learning with other children in the schools.

Children's Development Khazana:

Conceptualized and initiated by Butterflies in the year 2001, as a vehicle to empower street, working and rural & urban poor children, Children's Development Khazana (CDK) is a life skills education programme, educating children and adolescents, democratic values and financial management. Amar Trishala Seva Ashram is operating this program in Sirkhiriya village at Sitamarhi district. CDK's primary objective is to impart life skills education, teach them to be responsible, prioritise needs, budget and save. Children between the age group of 9-18 years are the members, volunteer managers and promoters of CDK. Any poor marginalized rural, urban and tribal communities' child can be a member of Khazana, which is their own and is run by children themselves, under the guidance of adult facilitators. In CDK, members nominate their own child volunteer managers (for six months) and members for the advance committee, who are then provided trainings to handle their responsibilities, in communication skills, and to work in a team. As part of practicum children manage their own Khazanas on cooperative principles at set timings and members focus on becoming entrepreneurs or learning a professional skill and exiting from their situation of poverty and insecurity. The core objective of CDK is to promote life skills education through democratic participation, leadership, inculcate knowledge of cooperative and financial management, prioritizing needs, budgeting, vocational/technical skill, banking principles, basics of management principles, and fundamentals of accountancy- providing saving and promoting a habit of entrepreneurship. CDK is one of the successful activities of organization. The objective of CDK is to promote life skill education in democratic participation, leadership, prioritizing needs, budgeting, vocational/technical skill, management of cooperatives, banking principles, basics in management principles, and basics in accountancy, providing saving, credit facilities and promoting entrepreneurship. Butterflies supports strengthen the activities of CDK. It motivates street and working children to continue education and access health care. It provides life skill education and

enhancement of self esteem and confidence of children and adolescents. Children are being equipped with vocational and entrepreneurial skills, because it provides knowledge, skills and support to initiate and manage economic enterprise (small businesses). Children inculcate habit of saving and budgeting and taking basic training in keeping books of accounts. It empowers children in decision making processes. Regular participation in activities orients children to know their own rights and responsibilities.

Theme based awareness and education program:

Youths have participated in theme based awareness and education program, which boost up their moral level. They play an important role to activate community services. They conduct grass route level activities in villages like awareness through information materials. Psychological counselling provides them to build confidence and self-dignity. It creates an encouraging environment to help adolescents and youths overcome difficult situations and making use of opportunities for a productive life. Young girls improved their negotiation skills with their parents and community members for demanding their right to education, social opportunities, protection and participation. Counselling and Career Guidance opportunities are made available to girls on a regular basis together with management and networking skills to help them integrate into society. Competitions are held and awards distributed for achievements. It was a strong kind of spirit generation activities among them. On the other hand component is active to encourage, support and strengthen youth participation and partnership in the fight against social evils of society through life skill education and capacity building. Youths were participated in the life skill education programs on human trafficking, drug abuse, woman empowerment, gender issue, HIV/AIDS & STIs issues, Reproductive health and other programmatic aspects. This was followed by several capacity building sessions, which were held on a regular basis through in residential trainings. Youths were participated to change their attitudes and behaviour. Building capacities of girls and preparing them for asserting their rights. Youth members of project have gained skills to enable them to take on leadership roles within their communities, schools/colleges and in society. Due to regular intervention program has reached commendable heights in terms of its reach within the communities thus catering to more beneficiaries, proposing path breaking activities and events and strengthening meaningful youth participation in larger platforms. Project seeks to mitigate these feelings of helplessness by empowering youth so that they themselves are equipped to initiate dialogue and create platforms where their opinions are viewed with gravity and respect. There is a psychological shift in their perception of themselves from passive beneficiaries or victims to active citizen. It is estimated that more than 90% of HIV transmission in India is related to unprotected sexual intercourse or sharing of injecting equipment between an infected and an uninfected individual. Not everyone in the population has the same risk of acquiring or transmitting HIV. Much of the HIV transmission in India occurs within groups or networks of

individuals who have higher levels of risk due to a higher number of sexual partners or the sharing of injection drug equipment. To combat HIV transmission among such community a regular intervention has been doing by different project field staffs and also better liaising with Government field level functionaries.

Nukkad Natak Program on cleanliness and sanitation:

Nukkad Natak (Street Play) program on cleanliness and sanitation is being implemented in Seohar district. Youths of organization has reaching out the community through street plays on the issue of cleanliness and sanitation with the support of Annai Trust. Team had targeted Mahadalit community and passed the message about cleanliness and sanitation. Youths are trained and



have training by Akshara Art, Patna and have been expert in dealing the issues related to cleanliness and sanitation.

Health & Cleanliness Program

Health & Cleanliness program has organized at Sirkhiriya, Sitamarhi. Local youths and villagers have participated in program. Reproductive Child Health Programme has been a challenge to departments, government and other social workers for decade. The need of reproductive, lactating mother and the children from a particular age group has unique needs and cannot be combined with those of the other groups. There is an interminable void in the levels of awareness and perception about sexual and



reproductive health with the community members and even the reproductive and lactating mother. The program organized in Sirkhiriya has unique features and covers almost every aspect of the reproductive health care especially during flood, as the area chosen was the worst flood affected area of North Bihar. The objective of the camp is to health check up and aware people about reproductive and sexual health. Total 202 people checked up by Dr. Radheshyam and Dr. Gyanendu Kumar. Organization arranged an awareness camp in local slum area to promote knowledge of hygiene & sanitation. In camp local people were suggested to keep their house and surrounding neat & clean by proper drainage, garbage management. People were suggested to construct environmental sanitation and avoid open sewage near the house. Women were motivated on priority basics to take care of their house. This organization conducted an awareness program in Purani Gudri slum area where people were suggested to take fresh and pure eatables. Mothers were advised to keep the cooked meal in t6he safe and covered pot. They warned to take more safety in rainy season.

Support during MR campaign:

India, along with ten other WHO South East Asia Region member countries, have resolved to eliminate measles and control rubella/congenital rubella syndrome (CRS) by 2020. In this direction, Ministry of Health & Family Welfare has initiated measles-rubella (MR) vaccination campaign in the age group of 9 months to less than 15 years in a phased manner across the nation. The campaign aims to cover approximately 41 crore children. The Measles-Rubella campaign is a part of global efforts to reduce illness and deaths due to measles and rubella/CRS in the country. Measles immunization directly contributes to the reduction of under-five child mortality, and in combination with rubella vaccine, it will control rubella and prevent CRS. The vaccination campaign is being held to protect children against measles and rubella which are highly contagious viral diseases. While measles kills nearly 49,000 children in the country every year, rubella causes irreversible birth defects.

There is no treatment for measles and rubella, but both diseases can be prevented by vaccination. By vaccinating all children in the age group of 9 months to 15 years, India aims to eliminate both measles and rubella. State health minister Shri Mangal Pandey has inaugurated measles-rubella vaccination campaign on 8.01.2019. The five-week-long campaign is expected to cover four crore children in the Bihar state. Children from 9 months to 15 years of age will be administered one composite vaccine of rubella and measles. "For first two weeks, the campaign will run in the Government and private schools before moving to Anganwadi centres in the next two weeks. The leftover children, including migrants will be covered in the fifth week. This campaign is being run under the aegis of the Union Ministry of health and family welfare along with State Health and family welfare along with State Health Society and World Health Organisation (WHO). It targets to cover at least 20 children die per hour due to deadly measles and rubella virus. The district administration has instructed schools to ensure that all their students are vaccinated under this campaign.

Aims of this campaign:

The campaign aims to rapidly build up immunity for both measles and rubella diseases in the community so as to knock out the disease, therefore, all the children should receive MR vaccine during the campaign.

The main role, **ATSA** in its respective block(Muraul) of Muzaffarpur were as follow:

- Participated and got orientation on the ODK app
- Created awareness in the communities on importance of MR vaccine
- Oriented school teachers on importance of MR vaccine and also facilitated community and parent teachers meetings



- Monitored the sessions where the session was planned
- Oriented faith based leaders/religious leaders, PRI members, community leaders etc.

Children covered

All children from 9 months to less than 15 years of age will be given a single shot of Measles-Rubella (MR) vaccination during the campaign. Following the campaign, MR vaccine will become a part of routine immunization and will replace measles vaccine, currently given at 9-12 months and 16-24 months of age of child.

Stakeholders involved for this campaign:

In order to achieve maximum coverage during the campaign, multiple stakeholders have been involved, which includes, apart from Ministry of Health & Family Welfare, other Ministries, development partners, Lions clubs, professional bodies, for example, Indian Association of Paediatrics, Indian Medical Association, Civil Society Organizations ,Field level functionaries, faith/religious leaders, different schools(Government and Private) etc.

Campaign duration:

This vaccination campaign is expected for five-week-long campaign. The target children (from 9 months to 15 years) will be administered one composite vaccine of rubella and measles. For first two weeks, the campaign will run in the Government and Private schools before moving to Aanganwadi centres in the next two weeks. The leftover children, including migrants will be covered in the fifth week.

MR vaccination campaign taken place:

- Schools: Initial weeks of campaign
- Health sub-centres, Aanganwadi centres(AWC), fixed outreach sessions and mobile/special posts in villages and urban areas: Next 1-2 weeks of campaign
- Government health facilities will also provide MR vaccine.
- Child has already received measles and rubella vaccines in routine immunization.



Measles Rubella campaign, use of this vaccine and why its needs and importance:

Measles and Rubella are highly contagious viral diseases that are spread by contact with an infected person through coughing and sneezing. Infection with Measles is followed by high fever, rash that spreads over the body, cough, running nose and red watery eyes. Measles weakens the immune system of the body. Rubella virus (also called German Measles) causes skin rash, mild fever, and joint pain. Becoming infected with rubella during pregnancy can result in a miscarriage or serious birth defects. The measles, mumps, and rubella vaccine is used to help prevent these diseases in children and adults. The MMR vaccine is a vaccine against measles, mumps, and rubella (German measles). The vaccine is also recommended in those who do not have evidence of immunity, those with well controlled HIV/AIDS, and within 72 hours of exposure to measles among those who are incompletely immunized. It is given by injection. In most cases of rubella, symptoms appear within 16 to 18 days after exposure to the virus. There is a safe and effective vaccine to protect against rubella. The vaccine is given as part of a combination vaccine, called the MMR vaccine that protects against measles, mumps, and rubella

How safe is measles rubella vaccine & can rubella and measles be prevented?

enable them high level of drug adherence and regular visiting to ARTC for other mandatory services. As part of activity, tracking of lost/missed cases, initiated clients on ART and newly initiated clients, follow up clients, newly follow up clients, TB screening, on ART LFU, on ART Miss clients are followed by follow up on regular basis. Core activities included regular small group meeting with clients, advocacy & networking with stakeholders, client linkage with welfare schemes, coordination meeting with ARTC, ICTC/PPTCT, TB Deptt. for providing quality services to the PLHAs and reducing stigma and discrimination cases through Discrimination Response team. Given below is the result of team sincere & honest effort. The majority of adult male/female have been linked to Bihar Shatabdi Yojana through which they are transferred Rs.1500/-p.m. while affected/infected children linked to Parwarish Yojana receives Rs.1000/- p.m. per child. Other welfare benefits are IAY, MGNREGA, NOAP and Widow Pension schemes. Entitlements are assured in terms of Voter Card, Aadhar Card, BPL Card, Jan Dhan Yojana and Atal Pension Yojana. Benefit received under welfare schemes-Parwarish- 487 CLHIV, Bihar Shatabdi-1024 clients. Organization helps government in Pulse Polio immunization program in red light area and slum areas. Volunteers and staffs utilize the proper approaches to community people and stakeholders in program. Organization arranged awareness meetings and Polio Drop Centers to remove this problem and program and promote health education in the society. For complete succession of this program supervision units visited in concerning areas.

Kadam Badhate Chalo:

A sensitized and ready to act group of about 50 young men and women (14-25 Years age group) are active. Community has sensitized and mobilized, raising demands and creating its own community structures to act against VAW (Duration 4-6 Months). Local institutions identified nodal officers/structures to continuously coordinate with the community on VAW and also timely address the demands raised by the community by providing required services (Duration: 3-4 Months). Youth groups has Mapped from the community and Identified interested youths/groups, their sensitization and awareness generation through participatory processes such as film show, discussions & FGDs. Public Commitments has done to always act against VAW: Shapath Patras on KBC Foot Prints by Youths. Youths have Engaged through sports to break barriers, to strengthen cohesion and also to inculcate sports-person-ship for acting against VAW. Capacity Building Participatory Training of core group has done on issues and tools in VAW, including Participatory Safety Audit. Co-planning has done for Community mobilization with Core group. KBC Young Leaders have interface with their community through discussions and use of audio-visual materials on KBC. Young leaders have identified and used community volunteers, local media, social media key community institutions and individuals to undertake a sensitization campaign on KBC.

Self Help Group formation:

Men and women together make a family and families constitute societies. The woman, whose status and role traditionally was well defined and almost fixed in the society, is now influencing the course of social change in society so much that society has started recognizing the individual identity of women and her engagement in the betterment of society. She is believed to have her aspiration, abilities and qualities as a man does have and it is also agreed that she should have the opportunities to develop her faculties and to express



them according to her own choice. Young educated girls are getting engaged in a profession of her choice. We need more doctors, engineers, software developers, and social workers. The world cannot grow at good pace unless women come forward and take initiative for the development works. They can contribute enormously in the field of health care. Women's interest and participation in social life is increasing. This development is also the result of women's education and secularization of social values. Women are participating in social organizations and are developing taste for leading a life of social involvement. It is the time to empower women for complete abolition of social practices such as dowry, female infanticide, permanent widowhood, child marriage and the worst domestic and sexual violence. Like many other organizations, ATSA is shouldering with the Government for abolishing social evils and enhance economic position with value addition to women.



ATSA as women centred organization, introduced various women empowerment programmes at every stages beginning with women SHGs/Cluster/Federation institutions as platform for multi-sectoral activities, through which thousands of women involved in Local Governance and converged with multi- sectoral programmes to have easy access to liked services to rest of the women communities. Women have realized their roles and responsibilities in households/communities playing dynamic role to different interventions such as holding Ward Sabha, Gram Sabha, Bi-monthly Panchayat Committee Meeting, interface/convergence meetings with Health Functionaries, Education Functionaries, Monitoring of HSCs, PHCs, DH, Schools, AWCs and VHSND and Social Audit of village level institutions. These emerged leaders facilitated in constructions of rooms in schools, separate toilet for girls and boys in schools, constructions of lanes/pavement to join hamlet pockets to main roads, installation of hand pumps, etc. they ensured that girls were regular in classes and retention rate increases. They also ensured that RH and FP services were properly provided to deprived women. Some of the visible impacts so far have seen are being narrated under different heads. Organization has formed 25 SHGs in Mushahri block of Muzaffarpur district. Group has formed among minorities and schedule caste population. People are much needy so, organization has decided to work among them. Organization is empowering women through inputs and different interactive activities.

SRI/SWI cultivation:

It is really a useful way to cultivate crops through SRI/SWI process. Organization promoted this way among farmers and inspired them to adopt this way in cultivation. Seed has distributed among farmers and a team of farmers trained on this cultivation process. It will give better result to farmers. This organization has been promoting modern techniques and methods in agriculture to minimize the problem of low productivity and limited cropping in flood areas. In this regard this year block wise Demonstration plot was done on SRI/SWI cultivation in our working areas.

During the course of the time following process were adopted:-

- Meeting with farmers
- Site Selection of Demonstration plot
- Leasing of Land

- Field preparation
- Seed culture
- Seed sowing
- Pest management

The concept of demonstration plot was trend setter in many ways as it not only change the mind set of target community to do SRI/SWI but also give them the option to opt mixed cropping. There are plenty of good examples were farmers opted SRI/SWI and earned more compared to traditional crop.

Cultural and sports:

District level cultural and sports program has organized in Muzaffarpur and Sitamarhi. NYK clubs and youths have participated in program. 106 youths have participated in both districts. They participated in various events mentor by expert panels. Youths were full of spirit and guests awarded best performers in programs. Youth Clubs were formed in working area to develop social harmony by starting Cultural Programs, Games & Sports, Debate Competitions etc. through which a large no. of rural youths get together to spread brotherhood.

Capacity building training program for youth & staffs:

The Organization staffs and local rural youths of Sirkhiriya were participated orientation programs on human trafficking, drug abuse, woman empowerment, gender issue, HIV/AIDS & STIs issues, Reproductive health and other programmatic aspects. This was followed by several capacity building sessions, which were held on a regular basis through in residential trainings. Youths were participated to change their attitudes and behaviour so as to assist in law enforcement and curbing the supply and demand for prostitution. Building capacities of girls and preparing them for asserting their rights.

Empowering Women is Empowering Nation:

Organization has empowered women through vocational education of tailoring and embroidery. Few of adolescent girls are doing job in market after completion of training. Beneficiaries attend classes regularly and say it's a golden opportunity which will open the way to mainstream. Except that they take part in field level activities of project. Youths pull their friends to take part in project activities. They mobilize community and act as advocate to make pressure on local government to open the way of rehabilitation for them. Staffs provide career counseling and peer volunteer help them. Peer volunteers help staffs to counsel mothers and their caretakers. The youths and adolescents were participated orientation programs on human trafficking, drug abuse, woman empowerment, gender issue, HIV/AIDS & STIs issues, Reproductive health and other programmatic aspects. ATSA has provided residential capacity building training to youths. Youths were participated to change their attitudes and behavior so as to assist in law enforcement and curbing the supply and demand for human trafficking. Building capacities of girls and preparing them for asserting their rights. Men and women together make a family and families constitute societies. The woman, whose status and role traditionally was well defined and almost fixed in the society, is now influencing the course of social change in society so much that society has started recognizing the individual identity of women and her engagement in the betterment of society. She is believed to have her aspiration, abilities and qualities as a man does have and it is also agreed that she should have the opportunities to develop her faculties and to express them according to her own choice. Young educated girls are getting engaged in a profession of her choice. We need

more doctors, engineers, software developers, and social workers. The world cannot grow at good pace unless women come forward and take initiative for the development works. They can contribute enormously in the field of health care. Women's interest and participation in social life is increasing. This development is also the result of women's education and secularization of social values. Women are participating in social organizations and are developing taste for leading a life of social involvement. It is the time to empower women for complete abolition of social practices such as dowry, female infanticide, permanent widowhood, child marriage and the worst domestic and sexual violence. Like many other organizations, NIRDESH is shouldering with the Government for abolishing social evils and enhance economic position with value addition to women.

ATSA as women centred organization, introduced various women empowerment programmes at every stages beginning with women SHGs/Cluster/Federation institutions as platform for multi-sectoral activities, through which thousands of women involved in Local Governance and converged with multi- sectoral programmes to have easy access to liked services to rest of the women communities. Women have realized their roles and responsibilities in households/communities playing dynamic role to different interventions such as holding Ward Sabha, Gram Sabha, Bi-monthly Panchayat Committee Meeting, interface/convergence meetings with Health Functionaries, Education Functionaries, Monitoring of HSCs, PHCs, DH, Schools, AWCs and VHSND and Social Audit of village level institutions. These emerged leaders facilitated in constructions of rooms in schools, separate toilet for girls and boys in schools, constructions of lanes/pavement to join hamlet pockets to main roads, installation of hand pumps, etc. they ensured that girls were regular in classes and retention rate increases. They also ensured that RH and FP services were properly provided to deprived women. Some of the visible impacts so far have seen are being narrated under different heads.

Vocational Training – sewing and cutting, Mithila painting and aplic work sujni making

Useful skills such as sewing and cutting, Mithila Painting and aplic work and Sujani making are imparted to adolescent girls and boys which can become a means of income generation in Sirkhiriya, Sitamarhi. It's the way which goes to mainstream. Curriculum designed according to age groups and providing skill development and vocational training classes. Vocational and



psychological counseling provides them to build confidence and self-dignity. It creates an encouraging environment to help adolescents and youths overcome difficult situations and making use of opportunities for a productive life. Young girls improved their negotiation skills with their parents and community members for demanding their right to education, social opportunities, protection, and participation. Vocational skills provide opportunities of income generation. Entrepreneurial Skills prepare them for the real world; trainees are being provided essential life skills training in a safe, supportive, and

supervised environment through small business ventures. Counseling and Career Guidance opportunities are made available to girls on a regular basis together with management and networking skills to help them integrate into society. Competitions are held and awards distributed for achievements in different trades to build academic motivation of trainees and also to facilitate their retention. It was a strong kind of spirit generation activities among them.

Promotion of herbal and medicinal gardening as herbal village:

A training program has organized of PRI, youths and different stakeholders in Sirkhiriya. This program was supported by GPSVS. They were aware on the herbal gram. We made approach to make our village a Herbal Grama. This is a health protection programme Bi – monthly (Rutuwise) awareness programme has conducted and season wise preventive health care programmes has been taken up in the Sirkhiriya. At the beginning of the vasanth (Mar 16- May 15) , Grishma (May 16- july 15) ,Varsha (July 16-Sep 15) , sharad (sep 16- nov 15) Hemanth (Nov 16- Jan 15) ,Shishir (Jan 16- Mar 15) Ruthus educating the people by the regime of abiding ones own nature to gain healthy lifestyle, satisfactory enjoyment of life attainment of self realisation and going towards positive health. 100 medicinal plants have distribute in each program among people to planted in their homes.

Celebration of some key events/days:

1. INDEPENDENCE DAY CELEBRATION:

Independence Day Ceremony was organized in the office courtyard. Local People, Youths, Volunteers, Children and women participated in program. President of organization was flag hoisted. People pledged to save disappearing birds and animal by providing the shelter and freedom. Children are participated in cultural program. They entertain and passed a good and healthy message of patriotism.

2. REPUBLIC DAY CELEBRATION:-

Republic Day was celebrated at the head office of the organization. Women and children of local red light area and slum area participated in program. Girls made rangoli in office premises. President of organization flag hoisted. People were get together and took oath for a unite society. Children were participated in fancy dress competition. They wear beautiful dresses. Children got prize and courage to move forward.

3. ENVIRONMENTAL DAY CELEBRATION:-

Organization conducted an awareness program in local community. The purpose of program was to aware people about global warming, natural disaster, natural unbalance and environmental purification. Local community people and stakeholders participated in it. People were advised using of less polluted fuel, garbage, containers, environmental sanitation and plantation work in the society. People were suggested to use garbage in land filling works and using of environmental friendly goods. They also suggested to tree plantation in the society.

(All awareness programmes/events)

Name of the Activity	Date on which conducted
Labour Day	1 st May 2018
World Environment Day	05 th June 2018
International Yoga Day	21.06.18
International Literacy Day	8 th September 2018
Gandhi Jayanti	2 nd October 2018
Anti Drug Addiction Day	26 th November 2018
World AIDS Day	1 st December 2018
International Women's Day	08 th March 2019

Life Change Stories:

Case study-1 Neelam Kumari built her family fate:

This is the story of 28 years' old Sita Devi, resident of Sirkhirya, who built her future by hard work, courage and dedication. She proved that woman can do business, develop it and become right hand of her husband and thus improve economic condition of the family.

Sita Devi is the mother of 4 children (3 daughters and a son). She is social, and gentle. Her husband is a seasonal labourer and therefore, his income is irregular and insufficient to feed family.

His debt was increasing day by day. Sita Devi was anxious as how to get rid of debt and improve the family condition. She talked to her dear friend and shared economical problem of the family. Her friend suggested her to join Shikshan Sansthan and get skill from there in trade which she would like. She immediately joined JSS, registered in Beauty Culture & Health Care. She completed her training and with the help of her friend she got loan from micro-finance agency and opened a shop named after her daughter **Gagan Beauty Parlour**. She then propagated and advertised about her shop in the locality through leaflets, stickers and personally visiting house to house. Very soon, good number of customers began to come and her earnings grew month after month. On an average her daily income ranges from Rs. 700/- to Rs. 800/-. Her family financial crisis waved off and she has become main earner for her family. **Whole family is living a happy life. She built the fate of her family.**

Story-2: Mausami Kumari Climbing Success

Ms. Mausami Kumari is very honest and hardworking woman. Before the training of Beauty Culture and Health Care she was very upset for her children's education and her future. Her husband works as a sales man in a garment shop but his

earning is not sufficient. She had heard of JSS providing skill training at cheapest cost. She registered herself in the trade of Beauty Culture and Health Care at Shikshan Sansthan Muzaffarpur and started training. After the training she was very confident on her skill and opened her own beauty parlour. In starting she faced some problem to establish the set up but due to her faith and hard work her parlour named Rozi Beauty Parlour is running successfully. She is earning about Rs.13000/- to Rs.15000/- per month and living happily with her family. Her family is thankful to Shikshan Sansthan Muzaffarpur.

Story -3: Women can build family future if opportunity is given

Ms. Chandani Kumari w/o Srikant belongs to SC community. She is very honest and hardworking. Before the training of Beauty Culture and Health Care she was very upset for her children's education and her future. Her husband is a helper at a shop and earns just Rs. 3000/- p.m. No family can run in such small amount. She spoke to her relatives and requested to suggest some means for her earning. She suggested her to join JSS and get training in any trade of her choice. After training she can start her own business and that could be the turning point for her family. She registered herself in the trade of Beauty Culture and Health Care at Shikshan Sansthan Muzaffarpur. After the training she was very confident on her skill and opened her own beauty parlour named **Awanti Beauty Parlour** with the support of a micro-finance agency. She started house to house visits motivating young girls for makeup & beauty culture at 20% discount. The discount attracted girls and her parlour started running successfully. She welcome customer and treat politely. Now, her earning is about Rs. 12000/- to Rs. 14000/- per month. She is now paying children tuition fees and meet out day to day expenses. She has changed family lifestyle. **She has All Good Wishes to Shikshan Sansthan.**

Story -4: Skilled Woman Can Improve Family Life:

This is the story of Ms. Radhika Devi wife of Pradyuman Kumar, resident of Sirkhirya village of Runnisaipur block. She belongs from schedule tribe poor joint family having 20 family members. Her husband is a radio mechanic. Having no more courage for radio in the digital world, he lost job. Ms. Radhika heard from relative that free training is provided to STs in any trade candidate may choose. She was interested in Dress Designing and so along with relative, she visited some nearby tailoring teaching centre and registered herself in Dress Making trade. She attended training with great attention and completed course. Now she is tailoring on her own machine and earning about Rs. 10000/- to Rs. 12000/- and help her husband in house expenses.

بروقت ٹیکا کاری بچوں کی صحت کیلئے ضروری: روپی کماری

رہتا چاہئے اور اپنے بچوں کی صحت پر خاص توجہ دینی چاہئے۔ انہوں نے کہا کہ بچوں کی تندرستی کے لیے امراض سے بچانے والے ٹیکے ضرور لگوائے جائیں اور اس میں کوئی بچھوٹے نہ پائے اس موقع پر پنجپت سیمین کرکٹ ٹیم کے کمانڈر نے کہا کہ آج بھی خراب اور عدم تغذیہ کا شکار بچے ٹیکا کاری سے محروم رہتے ہیں، بیان کے لیے خطرناک ہے۔ ان علاقوں کی شناخت کر کے اس حلقے میں خصوصی طور پر ٹیکہ صحت کی جانب سے مہم چلائی جانی چاہئے تاکہ کوئی بچہ اس سے محروم نہ ہو جائے۔ ورکشاپ کی صدارت ڈاکٹر امجد احمد بھٹو نے کی۔ موقع پر طبی انچارج ڈاکٹر امر ناتھ گپتا، بلاک طبی ملازمین سنگھ کے سکرٹری جگر کمار، وارڈ ممبر رام پری دیوی، لال بابو مانجھی، سنجو دیوی، جینوٹی، جگن ناتھ پاسوان، وجے منڈل، دھرمندر کمار، راج کمار مہتا، چمن کمار وغیرہ موجود تھے۔

منظر پر (نمائندہ): بچوں کی صحت تندرستی کے لیے ضروری ہے کہ ان کو صحیح وقت پر مختلف امراض سے بچانے والے ٹیکے لگائے جائیں۔ اس کے لیے دیہی حلقوں میں زیادہ بیداری کی ضرورت ہے۔ یہ باتیں امرتسر ضلع اسپتال آسٹرن کی جانب سے روپی سید پور کے بی ایچ سی میں ٹیکہ کاری سے متعلق منعقد ورکشاپ کو خطاب کرتے ہوئے مقامی ضلع پارشدر روپی کماری نے کہیں۔ انہوں نے کہا کہ اکثر دیہی حلقوں میں لوگ معلومات کی کمی کی بنا پر طرح طرح کی باتیں کرتے ہیں اور وقت پر اپنے بچوں کو ٹیکے نہیں لگواتے جس کی وجہ سے بچوں میں عمر کے ساتھ امراض کا خطرہ بڑھتا رہتا ہے۔ اس لیے ضروری ہے کہ دور دراز کے علاقوں میں بھی لوگوں میں اس کے متعلق بیداری پیدا کی جائے۔ ضلع پریسڈنٹ نمائندہ ام بھارتی نے کہا کہ صحت سے سب سے بڑی دولت ہے اس کے تئیں سنجیدہ



Contact Persons

S. No.	Name	Designation	Contact Number
1	Ranjeet Kumar	Secretary –cum-CEO	Mobile No. 09835442595 Mobile No. 09534702323
2	Mr.	Programme officer	Mobile No. 0 Mobile No. 0
3	Mr.	Programme officer	Mobile No. 0
4	Mr.		Mobile No. 0
5	Mr.		Mobile No. 0

OUR DISTRICT OFFICES

STATE	DISTRICT	OFFICE ADDRESS	CONTACT PERSONS
BIHAR	MUZAFFARPUR	Village: Majhaulia, P.O.: Khabara, District: Muzaffarpur, PIN: 843146	Ranjeet kumar
	SITAMARHI	Village: Sirkhirya, P.O.: Runnisaidpur, Sitamrhi, PIN:845	Mr.

SOME MORE PHOTOS RELATED TO PROGRAMMES

