

Teesta III

(1200 MW H.E. Project, Sikkim)



May 14, 2010

UNGC
New York

Sub: COP of Teesta Urja Limited

Dear Sirs,

Teesta Urja Limited supports the Ten GC Principles.

Please find attached the COP of Teesta Urja Limited from July 2008 to March 2009 and April 2009 to September 2009. Teesta Urja Limited engaged Bhavishya Bharat Foundation for Carrying out the CSR Activities of Teesta Urja Limited.

Thanking you,

Very truly yours,

(Y.N. APPARAO)
AUTHORISED SIGNATORY

TEESTA URJA LIMITED

Consolidated Project Progress Report

July 2008 to March 2009



Project Title:

“Improve quality of life of communities impacted by infrastructure development in nine Gram Panchayats of North Sikkim that are affected by Teesta Stage III (1200 MW) HEP by providing sustainable opportunities to improve livelihoods, health education and thereby promoting wellbeing of communities”

Prepared By



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Submitted To



Teesta Urja Ltd

Besides Community Centre, Development Area,
Gangtok, Sikkim, India.

Consolidated Project Progress Report July 2008 March 2009

Project Title:

“Improve quality of life of communities impacted by infrastructure development in nine Gram Panchayats of North Sikkim that are affected by Teesta Stage III (1200 MW) HEP by providing sustainable opportunities to improve livelihoods, health education and thereby promoting wellbeing of communities”



Background

Bhavishya Bharat Foundation (BBF) has been entrusted with the responsibility of undertaking the CSR activities outlined in Local Area Development Programme (LADP) under the Environmental Management Plan (EMP) of Teesta Stage III (1200 MW) HEP. An agreement to this effect was signed between TUL and BBF. BBF had undertaken detailed activity planning during the period July to September 2008. This included extensive field visits to all nine PAVs, consultation with village representatives, meetings with PRI members and discussion with various government officials at the district level. Based on the extensive field work, a detailed action plan was drawn. The same was presented during the second Rehabilitation and Resettlement (R & R) Committee meeting held on 15th December 2008. Please refer *Annex 1* for minutes of the R & R Committee meeting. The meeting was ended with a clear suggested action plan based on the expressed needs of the community members and Panchayat Raj representatives.

The Detailed Action Plan Development

Extensive field visit and area assessment

A consultant was hired for primary assessment of the project area keeping the below mentioned objectives.

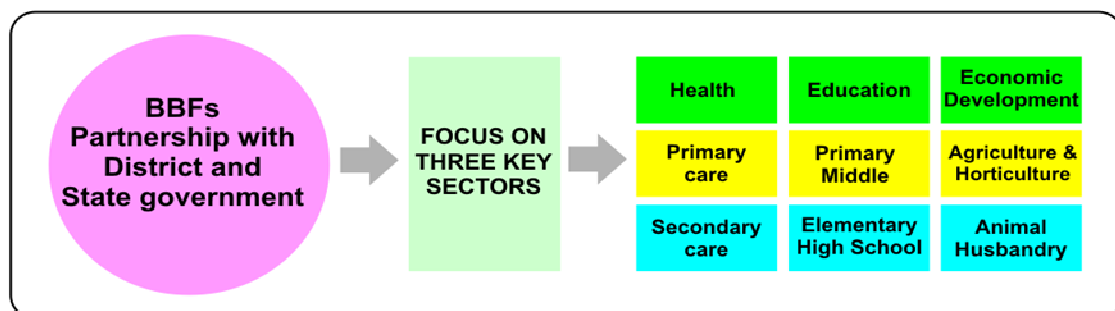
- ❑ Conceptualise the operational strategy befitting to BBF values, vision, mission and objectives and suggest programmes to take up the specific task assigned to BBF by TUL in these nine Project Affected Villages (PAVs).
- ❑ Methods to converge with the national programmes like NRHM and SSA in developing better strategies to take up our health care and education programme in order not to duplicate the efforts but to coordinate with each other and bring in synergy that would be useful in development of the community?
- ❑ Help BBF to establish linkages and have a mutual agreement with line departments like Health and education and utilize their resources to empower our target community?
- ❑ Identifying the possibilities of creating community-based structures like CBOs who can take up the issues of community mobilisation and be responsible for maintenance of community infrastructures like school, PHSCs, drinking water facilities like tanks etc., which cater the needs of the community in the long run.
- ❑ Identifying possible activities under the interventional areas that would help BBF in attaining the objectives.
- ❑ Evolve possible monitoring plans and methods to maintain specific MIS and database that would be helpful for the project.

Details of Methods Adopted by the consultant

- ❑ Meeting and discussion with senior staff members of BBF & TUL.
- ❑ Visit to villages and interaction with people.
- ❑ Interaction with other key stakeholders i.e. Panchayat representatives (including President of Zilla Panchayat), government officials: Honourable Minister Health, Secretary Health, Director Agriculture, Sr. Scientist Spices Board, Head Masters and School teachers, etc.
- ❑ Meeting experts at Manipal Sikkim Hospital and Medical College
- ❑ Meeting with CMO, Mangan District

Detailed Project Implementation Plan

BBF envisages integrated and all round development of Sikkim. It sees this project as a point of entry in Sikkim to test and pilot innovative approaches which would bring development in the fields of health, education and economic development. The key focus within each of the functional areas has been illustrated in figure below.



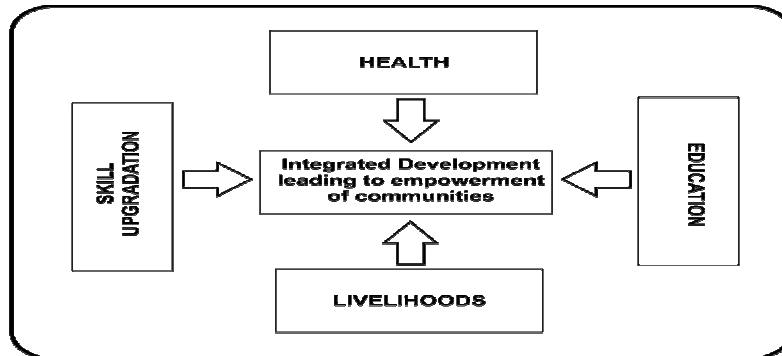
BBF's long term plans envisage a greater role of rolling out the successful achievements in the project area to the entire state with the active support and cooperation of the government and other institutions. Keeping this in mind, BBF had evolved the project implementation strategy which is decentralised and transparent.

Proposed Project Implementation Strategy

The Social and Economic project implementation by BBF is entirely guided by the R&R plan. It seeks the guidance and support of R& R committee from time to time to completely achieve the objectives of the R& R plan for the nine project affected villages.

The suggested project activities are based on the guidelines of the Environmental Impact Assessment Report and Gazette Notification of Govt. of Sikkim constituting R& R Committee and the principal objectives set out in the R& R document

Proposed activities are integrated and multi-sectoral in nature aimed at all round development of the project affected villages. Integrated implies inclusive development of poor and marginalized natives. Multi-sectoral implies interventions in education, health, economic and environmental development leading to integrated and holistic development of communities. This is explained clearly in the figure given below.

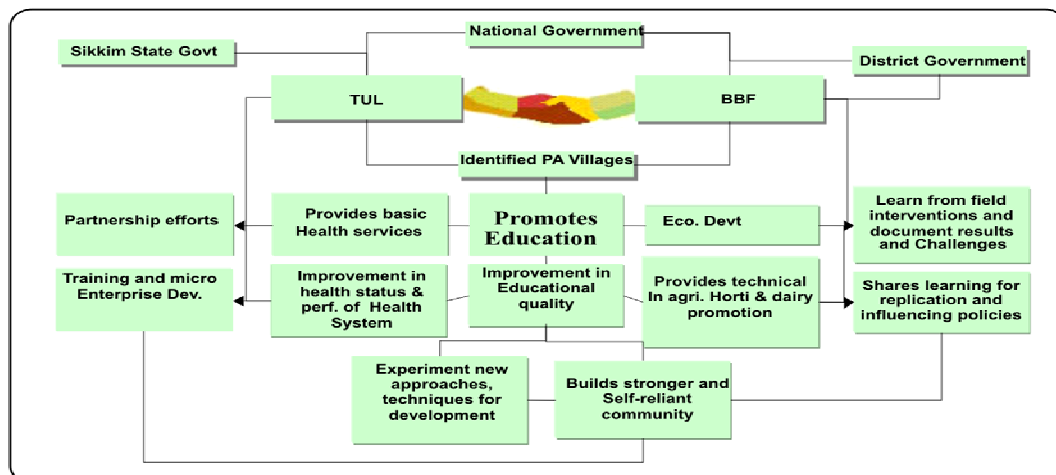


BBF plans to evolve participatory approaches to project planning, implementation, monitoring and reporting. Scientific methods of project formulation, execution and reporting were proposed

Empowerment of target communities is central to the achievement of R& R plan. Hence, these become the end result of our project.

BBF sees the partnership with TUL and Government of Sikkim, district government and Zilla Panchayat as innovative and trend setting. To make full use of the available opportunities, BBF focuses heavily on bringing in high quality technical and management inputs in all its programme areas.

The proposed partnership elements based on the R& R documents are outlined in the figure below.



BBF has evolved the following project management structure for the timely and efficient implementation of the R& R plan. The plan will be guided by the state government and the R& R committee. For facilitating the project implementation, BBF has put in place a robust and dynamic project management team. The key expertise of BBF’s board and its staff team are presented below.



Project Initiation

Detailed work plan and methodology including the project team structure and detailed job description was developed as output of the primary assessment of the project area by the consultant Mr. K.P. Rajendran. Please refer Annex 2 for the detailed report. This report formed the basis for discussions during the 2nd R & R committee meeting. The action plans were further crystallised as per the outcome of the meeting. Please refer annex 1 suggested priorities by the 2nd R& R Committee meeting.

Programme Area : Community Health Care

The key objective is to provide comprehensive quality primary medical care for all people in the nine PAVs. To this end an integrated primary health care clinic system evolved. Under this five clinics were setup in the project villages to adequately cover all nine PAVs.

Health Programme Launch

The Community Health Scheme of BBF was inaugurated by the Hon’ble Chief Minister in conjunction with 5th Mangan Music Festival conducted by Mangan Tourism Development Committee (MTDC) at Mangan. The highlight of the launch was the Free Super Specialty Medical Camp organized by BBF for the residents of the PAVs. The detailed report is attached as Annex 3.

Health camps

Namprikdang Free Medical Camp during yearly Namsoong Festival was organized by BBF at the request of the local representatives of the people. A Request was also received from Namsoong Celebration Committee to hold a Free Medical Camp during Namsoong Festival at Namprikdang Ground on 3rd and 4th January 2009. Please refer to Annex 4 for more details on the medical camp and services provided.

Participation in government immunisation programmes

BBF participated in the government immunisation programmes actively in the project area. In this regards Pulse Polio Camp was held at 6 project Affected Villages by BBF in collaboration with PHC Chungthang, Department of Health, North District, and Government of Sikkim on 21 & 22 Dec 2008. Polio vaccine boxes were handed over to the ASHA and Anganwadi workers & PHSC Nurses who carried out the immunisation programme in their respective Villages with the help of our Community Organisers. Details of children benefited due to the camp have been given in tabular format below. More than 260 children were benefited in this camp.

SI	Name of the PAV	No of children who administered polio drops
1	Chungthang	150
2	Pegong	25
3	Theng	7
4	Shipgyer	38
5	Ramom	11
6	Safoo & Salem Pakyel	30

The villages Singhik and Kazor were directly covered by the health department due to their proximity to the district head quarters. In addition to this BBF coordinated a free Health Camp at Safoo P.H.S.C, which was attended by 30 children.

Training of doctors, Finalisation of Drug list and Treatment Protocols

A senior consultant Prof. (Dr). Kamla Ganesh was engaged for training of our field based doctors on rationalisation of drug usage. Dr. Kamala visited the clinics and interacted with the doctors and provided capacity building inputs in terms of facilitating primary care only. She also met the CHMO of the district and had extensive discussions on providing primary and secondary care level treatment to the villagers. In the end, she carried out an assessment of existing drug lists and prescription practices. Along with our doctors, she had finalized the drug list for our clinics. She also trained the doctors on standard treatment protocols. A copy of the revised drug list finalized by the team is attached as Annex 5.

Standard Treatment Guidelines

Since the diagnosis of most problems are not written in the register kept in the clinic (symptoms are listed in many instance), it is suggested that the Doctors write a probable diagnosis from now onwards. Protocols for the common problems encountered can be accessed from standard treatment guidelines and a copy to be kept in each clinic. A copy of the standard treatment guidelines was procured for the field office.

Medical profiling

BBF aimed at providing holistic primary health care, has embarked upon medical profiling of all persons in the village free of charge. The medical profiling is under progress in the project villages. Initially those persons who came voluntarily have been taken for the profiling. The details of people who availed the free profiling checkups village-wise are as given below

VILLAGE	PROFILING ACTIVITIES CARRIED OUT
SAFFOO/ SALIM PAKYEL	138
RAMMOM	52
THENG	92
PEGONG	78
CHUNGTHANG	156
SHIPGYER	101
KAZOR	93

The analysis and conclusions from medical profiling would help to identify health care requirements as well as calculating the probability of rare treatment extremes. It would help in improving the standards in handling emergencies as well as help in planning methods for risk management. Medically meaningful standards would be proposed to the local clinics and hospitals on the basis of the findings.

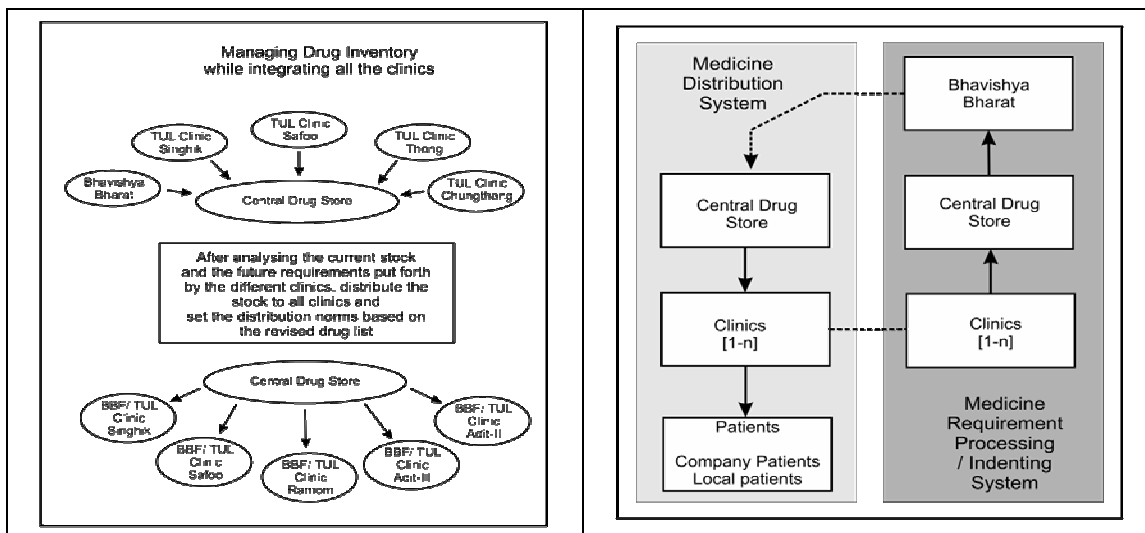
Comprehensive Health Information System

A comprehensive information system for health management was developed by BBF. The central aim is to organize the functions of all clinics in an integrated manner as well as simultaneously build capacity in drugs procurement and supplies. An efficiency information system helps in obtaining reliable data and records. It also includes the organization's capacity to undertake automated processes.

A well maintained and strongly placed information system within the organisation helps to cut costs while delivering high quality services. It also provides critical data for further improvement.

Basic Health Information System to be implemented in BBF in Phase 1 would mainly focus on the following two aspects:

1. Managing the Drug Inventory.
2. Basic Client/ Patient details



Integration of clinics

BBF's aim was to cover all the nine PAVs with primary health care facilities at all times. To this aim, five clinics were strategically positioned to conveniently cover all the nine villages. In areas of low density of population and the shortage of personnel a clinic can efficiently (and without any undue hardship to the patients) serve the population instead of putting up 2 or 3 smaller ill-equipped and poorly staffed units (See health care services provided at Ramom in a hired place).

The integration approach had added efficiency of the clinics thus helping the villagers to a larger extent in accessing quality primary health care services.

Reaching out to Ramom

Ramom is a remote village without road connection. Accordingly, BBF decided to provide quality healthcare service to the people of this remote village. Making a humble beginning, a One Room Clinic was started on 5 Feb 2009 in a rented room. On the first day of the clinic 22 patients with various ailments turned up for availing medical facilities. All the patients were examined and treatment provided. Doctors visiting time have been scheduled as Tuesday and Friday, 10.00 am -1.00 pm.

Clinical performance data

In a period of 10 months, more than 3000 patients availed primary health care services in the five clinics. The detailed break-up is as given under

Month	Villagers	Labourers / Others Migrant Labourers
May 2008	59	0
June 2008	303	20
July 2008	352	63
August 2008	326	76
September 2008	379	52
October 2008	301	35
November 2008	284	56
December 2008	207	42
January 2009	269	53
February 2009	305	79
Total	2785	476

Singhik Primary Health Care Clinic has been upgraded to the facility of a super speciality clinic. It is equipped with state of the art laboratory facilities, x-ray machine, ultra-sound, ECG and other facilities. It is expected to be the referral care facility for detailed investigation and subsequent care.

Programme Area : Education

The state has encouraged its children by providing free education for the age group of 6 -14. The Sarva Shiksha Abhiyan is running in full swing to raise the literacy percentage in remote areas of the state.

However the low no. facilities in the project area can be attributed to the extend of remoteness, low density of population and lack of awareness among parents. The mapping of educational institutions in the PAVs is as given under:

Number of Government Educational Institutions in the district vs. project area (as on June 2007)

Sl.	Category of schools	Entire district	Project area	
			No	Location
1	Lower Primary Schools	21	2	Pegong, Theng
2	Primary Schools	39	2	Rammam, Ship Gyer
3	Junior High Schools	16	2	Salem Pakyel, Kazhor
4	Secondary Schools	11	2	Chungthang, Singhik
5	Senior secondary Schools	3		Only at Mangan
6	Graduation Colleges	-		-
7	Post Graduation colleges	-		-
8	Technical training centres	-		-
9	Teacher training colleges	-		-
10	Monastic Schools	19	4	
	Total	109	12	

As the data indicates, most of the schools are lower primary and primary schools. Higher educational facilities are extremely limited. Some of the PAVs like Pegong, Theng have only lower primary schools and they find it very difficult to provide higher schooling for their children.

Other important observations regarding educational status include:

- Majority of children enrolled in Government schools are first generation learners.
- A few students in each school are of migrant families mainly labourers from other states.
- Parents of students are not much concerned about their children's progress mainly due to lack of awareness and education.
- The student teacher ratio varies from 12-18 in the project area.
- The teachers are having sufficient qualifications but requires formal training on enhancing their teaching skills
- Almost all schools are facing the problems of insufficient furniture mainly student desks and benches. Many classes are having damaged blackboards.
- Drinking water in all the schools are mainly from open sources like springs etc. many of these springs dry up in the winter season and thus there is no water throughout the year.
- Majority of schools have separate structures for toilets, but it was found that they are in a bad state due to non-maintenance as well as lack of water. Most of these need separate toilets for boys and girls and also separate toilets for male and female teachers
- The schools do not have any library facilities.
- The secondary and the junior high schools have science as a subject in the curriculum, but these schools lack equipments and laboratory facilities.
- Out of the 8 schools only Salem Pakyel school has a dedicated electric supply, while Singhik and Chungthang schools have only temporary connections.
- Medical checkup are not common in schools. Only secondary schools have these events once in a year.
- Parent teachers meeting are not frequent in these schools. Some secondary schools reported that they have an annual meet.

Suggestions for programmatic interventions

- Residential Scholarship for needy children.
- Improving school infrastructure in needy villages to provide safe and adequate space for quality education.
- Constructions of school play grounds, Improving school infrastructure like science labs, library and computer facilities.
- Strengthening the capacity of school management committees.
- Help School Management Committee to run school hostel for needy children.



- Providing drinking water to social organizations like Schools, hospitals and ICDS centres.
- Arrange school teacher training for their vision development and quality of teaching.
- Strengthening Village Education Committees in all villages.

Selection of candidates for scholarship

1st priority to students studying outside in case there is no facility in the village. Second priority is to student studying locally but unable to afford the cost.

Criteria of selection

- Pass 35% average marks
- Poor (assets)
- Dropout student
- No of dependents family
- Occupation of parent
- Single parent household
- Orphan children
- Chronically sick parents

Method of selection:-

After identifying the indicators, it should be tabulated for each child. This data (table) should then be shared with the villages or Village Education Committee, by holding a meeting with Gram Panchayat member, respected citizen, Lamas, Anganwadi workers, S.H.G leaders, school HM or teacher.

After that then select the neediest students. In case of any rejection from the list, then identify what are the reasons and also in case of any addition ask the reasons. For more than 5 students form each village, no decision can be taken. If some villages were proposed less than 5, then more number of children can be accommodated. In all, not more than 45 students can be taken from the nine project affected villages.

Scholarship package included the following

Package for (class VI to X)

- Cost of living at hostel
- School tuition fees.
- Totally max Rs.1500/- per month for each student up to class VI to X standard.
- Uniform and books are not provided by B.B.F and there are to be arranged by the parents.

Package for (Class I11 & above) only for Theng & Pegong

- Monthly conveyance Rs 500/- per month
- Amount should be given to his/ her mother's Bank Account.



The committee should declare or announce that the five students would be given scholarship for the academic year (Feb-Dec 09)

If the community organizer is convinced that the sixth student is really needy, poor and interested, she should also declare the selection of the sixth student. However in case of more than six students being recommended by committee, she inform that the decision would be taken by HO, based on the availability of scholarship, which is set to be 45 for all 9 villages.

At the end of the village meeting the discussion and decision should be noted in the proceeding book and signature of all committee members and parents of selected children.

Accordingly 49 students were selected for scholarship. The village-wise list of students is attached as **Annex-6**

Formation of school management committee

Following the recommendation of the villagers and in particular the Zilla Adhyaksh, Deputy Director Education of HRDD, it was decided to upgrade the Singhik School with a hostel facility so that many deserving poor students can study in this school without paying any fee. This is also seen as an effort in improving the quality of education system in government run schools through partnership.

Till the Singhik School Hostel is constructed, it was decided to set up a temporary hostel. Accordingly, an agreement was drawn with the Sighik School Management Committee which is attached an **Annex-7**

Till now, more than 90 students were given scholarship for continuing high school and higher secondary school education. This includes the 45 students that were selected by Teesta Urja Limited with effect from academic sessions 2007-2008. 25 students were supported for studying in North Sikkim Academy, while the remaining 20 were supported to continue in the schools where they were previously studying. The list of students who were being supported to continue their education in North Sikkim Academy, Mangon is attached as **Annex-8**

Programme Area : Water & Sanitation

Water is to be managed as an economic asset rather than a free commodity in exactly the same way as any other resource. It should be treated as a resource in its totality and regeneration of sources shall be the responsibility of every user agency, whether drinking, irrigation or other uses. The comprehensive development of the water resources should be opted as a strategy and the village should be considered the focal point for water development. Top to

bottom arrangement is necessary to stop wastage. Supply of water to consumers should normally be based on the principle of effective demand which should broadly correspond to the standard of service, that the users are willing to maintain, operate and finance.

Rural water supply and rural sanitation facilities are essential ingredients in the total programme for rural development. The activity was planned to ensure that all household in the village are provided with sustainable and stipulated supply of drinking water.

An initial assessment was carried out to know the actual coverage status with regard to Rural Drinking Water Supply, re-assessment of actual coverage of rural habitations would be necessary. To this end BBF engaged, a voluntary organisation Grass Roots Action for Social Participation (GRASP) working for community based natural resources management, to plan the nursery and provisioning of safe drinking water supply to six villages, as well as to review the livelihood promotion plans.

The focus of the assessment was on the following key aspects.

- Assess the drinking water requirements of the community for through out the year and estimate the difficult periods in its availability
- Study the existing system for drinking water and suggest cost-effective measures for making available drinking water to the villagers during difficult times
- Suggest appropriate measures and develop action plan and timeline for implementation of the water supply measures
- Suggest mechanisms for the management of water supply by the community
- Technical assistance input and plan for scientifically developing the nursery
- Review the livelihood plans prepared by the team for agriculture, horticulture and livestock promotion and suggest appropriateness of the same, and any changes.

GRASP constituted a team of professionals from the field of water resources development and rural livelihoods to carry out detailed assessment of the situation and prepare techno-managerial plans for the same. The main findings of the assessment study, along with sketch maps of the drinking water supply, pertinent recommendations for implementation of Drinking Water Supply was shared with the key personnel from Engineering and Environment Departments of TUL and BBF

Based on their feedback and suggestions, the final report was compiled. For details please refer to Annex 9

No of households to be covered under the water supply scheme are as follows

Village Name	Total Households in the village	No of Households covered under the water supply scheme	% age of coverage	Total Population covered
Singhik	115	115	100	700
Kajor	99	99	100	474
Saffoo	50	50	100	300
Rammom	33	33	100	110
Theng	40	40	100	350
Pegong	76	76	100	401
Total	413	413	100	2335

Work progress

Three villages Rammom, Singhik and Kajor were selected for implementing the water supply scheme.

Formation of WMCs & Community based supervision and implementation

Emphasis was laid on stake-holders' participation at all levels, from planning, design, location, implementation and management so that the end users can take on the responsibility for operating and maintaining them.

Rather than being supply-driven, the system is planned to be demand-driven, and had considered the user preferences while planning and implementing. People are made aware of the technologies and given the option to select the appropriate technology, as well as monitor the implementation of the project. People's participation at all stages of the project implementation has help get over the problems of substandard materials, poor workmanship and inadequate monitoring.

Programme Area : Livelihoods

Livelihoods opportunities Assessment of PA Villages

Due to hill terrain, the scope for agriculture is highly limited. Agriculture-related labour and activities are common, though the major crops include cardamom and fruits. Skill based trades have not been picked up much. The local markets are in the process of getting diversified. With the increased opportunities for labour, there are migrant labourers in the project affected areas. These labourers would invariably become agents for market diversification, especially in creating new entrepreneurship opportunities. There are increased markets for vegetables, fruits, milk, meat and meat products, etc.

Brief summary of assessment of local market opportunities

Characteristics	North Sikkim District
Types	Main city market at Mangan and a few local ones
Size of the local markets	Catering to the neighbourhood villages
Main goods traded	All goods (food, cloth, daily needs) in high demand
Specialised goods	Dry fruits, woollens, cardamom and fruits
Meat, egg, poultry, fish, etc	Very high demand
Scope for Services in market	Travel and transport, tourist services, hotels/ restaurants, eco-tourism
Scope for Services in rural markets	Transport, horticulture, spice processing, vegetable cultivation using gree-house
Local specialised products traded	Handicrafts (bamboo)

Economic development of poor families through income generation activities could be effective when carried out with a systematic planning and implementation of a series of interventions, which are interlinked. These interventions could fall in three categories, as follows. This section explains the principles and process of the basic interventions, which could be applicable to the project:

- Selection of villages and beneficiaries
- Community mobilisation
- Selection of activities

Selection of villages and beneficiaries

All nine project affected villages will be considered for income generation activities. Families will be selected through the socio-economic survey findings as well as in consultation with the village Panchayats.

Community Mobilization

This will be done through strengthening the existing SHGs as well as forming farmers clubs for taking up specific agro-horticulture, animal husbandry and other allied activities.

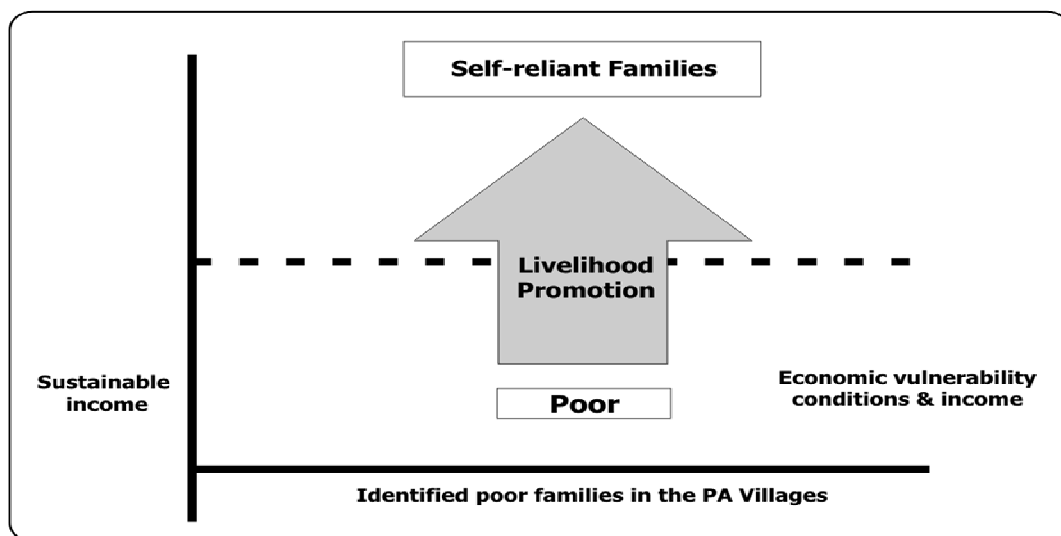
Selection of activities

This will be done in consultation with the target families, matching available skills and resources. Families will be guided by technical specialists for facilitating the selection of suitable activities.

Suggested Activities

- Vegetable cultivation
- Horticulture (cardamom and apple)
- Livestock (poultry, ducks, turkey, goats)
- Dairy promotion activities and strengthening Milk Cooperative Societies
- Petty trade (vending vegetable, and other items)
- Services (loud speaker, electrical, electronic repairs), driving as well as training in house-keeping jobs
- Processing like pickles and badi
- Bamboo crafts
- Eco-tourism

In providing all the above-mentioned services to the families, BBF may envisage facilitating both technical and financial support services. BBF can pool technical and financial assistance to the target families in partnership with district and state government, other NGOs. The aim as said above is to create self-reliant families as described below.



Livelihood approach and plans include in the following:

- Skill up gradation of rural youth by training them in Computers, craft making and other agro-horticulture activities
- Diversification of agricultural practices by helping families to adopt scientific farming in Cardamom and Black Pepper
- Promotion of horticulture, floriculture and animal husbandry.
- Supporting small and marginal farmers with technical know how and improved disease free seedlings.
- Developing a nursery and demonstration plots for farmers to motivate them and adopt new ideas and farming practices.
- Training of interested farmers on various on farm activities.

Establishment of nursery

A barren agricultural land approx 1.5 hecter located in Upper Sankalang Village, along the TUL Road to Power House, near Bend 11, was handed over by TUL for BBF Nursery. during end of December 2008. The land is in a slope with terraced fields, part of which was never cultivated and part was uncultivated for the last 5/6 years.

The initial work of clearing wild growth and removing stones and boulders from the land has been done. After clearing the land digging commenced which was an arduous task due to hardness of the long barren land. The method applied for digging was initially by breaking the surface by crow bars followed by use of digging tools. The dug up hard stone like mud was broken, stones removed, weeded and the field was levelled.

Agro Sheds were built to house approximately over 20000 seedlings in poly bags when ready. These sheds are built with locally procured bamboo and agro shed net.

Simultaneously, programme officer has been visiting PAVs and educating the villagers on the following:-

- ❖ Rapid Multiplication Nursery Building (RPM)
- ❖ Eradication of Plant Disease with special reference to large cardamom
- ❖ Black Pepper cultivation
- ❖ Cultivation of vegetables and flowers
- ❖ Possibility of growing apples in Saffo village on the lines of Lachung Apples orchard
- ❖ Marketing and Transportation

Progress of Nursery: It has been only one month but nursery has started taking shape as almost one hecter has been prepared as terraced fields. 9 agro sheds are ready and more are being built to cover an area of a hecter so as to house and shelter over twenty thousand poly bags of seedlings. 2 sheds, one with plastic roof and another with GI Sheet roof have been built fore store and chowkidars respectively.

Primary Nursery: A primary nursery has been started I about half a hecter land for seed germination where seeds of following crops have been sown:-

- | | |
|-------------------|--------------------|
| ▪ "Dalley" Chilly | ▪ Bitter Gourd |
| ▪ Brinjal | ▪ Garima hybrid |
| ▪ Cauliflower | ▪ Chichinga hybrid |
| ▪ Cabbage | ▪ Laboni |
| ▪ Raddish | ▪ Ridge guard |
| ▪ Hybrid Chilly | ▪ Papaya |
| ▪ Tomato | ▪ Seasonal flowers |
| ▪ Orange | |
| ▪ Capsicum | |

In the primary nursery germination of Dalley chilly and hybrid chilly has started. Once the seedlings sprout and develop two leaves it will be put in poly bags and stored in agro sheds. After three months, on attaining the height of one foot, these will be distributed in the PAVs for planting. IN this regard Mr Foning will inspect the prepared beds in the villages and guide the villagers on scientific method of cultivation of these seedlings as well as disease control and marketing.

By the end of April 2009 we expect over twenty thousand poly bags of seedlings of various varieties of crops ready for distribution to villagers.

Future plans are as under:-

- Uprooting of diseased large cardamom plants through SHGs and by offering subsidies
- Gap filling by disease free plants
- Plant nursery grown seedlings in the barren lands of the villages
- Spray bio fungicide in old plants

More than 105 hectre of land and 450 no of families will be benefited through cardamom, black pepper and vegetable cultivation in the first year itself.

Programme Area : Social & Cultural Development Initiatives

The following activities were undertaken in this regard.

- Comprehensive socio-economic profiling of the villagers to study the macro and micro developmental problems of people
- Improving environmental safety and environmental friendly living styles
- Developing community infrastructure like renovation of Gompas, kitchen at Gompas, Hostel/ transit accommodation, etc. are being planned.
- Promotion of local arts and crafts and cultural activities will be undertaken after the proper assessment.

Mangan Music Festival

Bhavishya Bharat actively participated in the 5th Mangan Music Festival held 12-14th December 2008 and sponsored some events in order to promote the social and cultural harmony among the population in the area. This was also important as the area is witnessing high infrastructure growth and as a result of this there has been a large increase in the population of migrants. This event helped the migrant population to understand the local culture and traditions better.

Bhavishya Bharat also organised a free medical camp during the festival. For details, refer to report under health.

Namsoong Festival

A health camp was organized during the Namsoong Festival. For details, refer to report under health.



Bhavishya Bharat Foundation

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Project Title:

“Improve quality of life of communities impacted by infrastructure development in nine Gram Panchayat of North Sikkim that are affected by Teesta Stage III (1200 MW) HEP by providing sustainable opportunities to improve livelihoods, health education and thereby promoting wellbeing of communities”





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Abbreviations

ADITS	Access Duct Into Tunnel
ASHA	Accredited Social Health Activist
AIPL	Abir Infrastructure Pvt. Ltd.
BBF	Bhavishya Bharat Foundation
CO	Community Organizer
NOC	No Objection Certificate
NSA	North Sikkim Academy
PHC	Primary Health Center
PHCS	Primary Health Sub Center
PV	Project Village
R & R	Rehabilitation and Resettlement
SMC	School Management Committee
SSA	Sarva Sikshya Abhiyan
TUL	Teesta Urja Limited



TITDC Teesta Industrial Training and Develop Center

VWMC Village Water Management Committee

WMC Water Management Committee



Introduction

Background

Bhavishya Bharat Foundation (BBF) has been entrusted with the responsibility of undertaking the CSR activities outlined in Local Area Development Programme (LADP) under the Environmental Management Plan (EMP) of Teesta Stage III (1200 MW) HEP. An agreement to this effect was signed between TUL and BBF. BBF had undertaken detailed activity planning during the period July to September 2008. This included extensive field visits to all nine Project Villages, consultation with village representatives, meetings with PRI members and discussion with various government officials at the district level. Based on the extensive field work, a detailed action plan was drawn. The same was presented during the second Rehabilitation and Resettlement (R & R) Committee meeting held on 15th December 2008.

Vision

Improve quality of life of communities impacted by infrastructure development, thereby enabling them to be self reliant and in the process promote progress, peace and good will in the effected areas.

Mission

Provide sustainable life solutions to and promote wellbeing of communities.



CHRONOLOGY OF WORK DONE IN APRIL-SEPTEMBER-2009

Bhavishya Bharat Foundation (BBF) entered into third semester of present financial year with many work is continued from last year 2008-09 but some began for first time in current year. In nutshell the following main activities/ events were undertaken.

- ◆ In water supply Scheme-Ramom, Singhik and Kazor scheme is fully commissioned and handed over to VMMC.
- ◆ Inaugurations of water supply system at all 3 villages were organized in presence of Govt. Officials, Teesta/ Abir Engineers, Panchayat and WMC Representatives, Local MLA and all Community members.
- ◆ Medical profiling is ongoing in all Villages, in all ADITS (Teesta Urja employee and local workers), among Schools children.
- ◆ Taking extra care of serious patients by sending to state Hospitals, holding specialized Medical camps in project areas and non project areas and in schools.
- ◆ Bulk medicine and surgical equipments are purchased for all Clinic use.
- ◆ Emergency life saving Kit, long sized stretchers, First aid kits and few more Specific health support system kits were also purchased
- ◆ In livelihood programme, completed distribution of Dalley Chilli and Brinzals sapling to all village farmers, Planted 40,000 numbers of large cardamom rizomes (seedlings) at Nursery area.
- ◆ Orange, Papaya, Tree tomatoes, seedlings have been planted in the nursery land for our future purpose now as mother plant.
- ◆ Appointed Center for Technology Development, New Delhi for supporting our livelihood project, first field trip is submitted and plan for next action is under progress.
- ◆ Providing Scholarship to BBF sponsored school children is continued in North Sikkim Academy, Mangan and Singhik Secondary School, Singhik.
- ◆ Celebrated few International and National events like World Environment day, Sikkim state plantation day, Independence Day, International Ozone layer



- protection day and World climate change day mainly with participation of school children and Teachers.
- ◆ Regular visit and review made by Managing Trustee, Director-Programme, Manager-IT and Programme Development, Manager-HR and Finance from BBF head Office and few Consultant expert on various field.
 - ◆ Provided support to external visitors, who came down to see our programme area from Government and consulting agencies.
 - ◆ Organized 3rd Board Meeting at Head Office on May 9th, 2009 as scheduled after sixths month interval.
 - ◆ Appointed Director Programmes at Head Office. Deputy Manager-Field operation and Engineer at Field office.
 - ◆ Appointed Association Education Programme to improve quality of Education of BBF sponsored children studying in Singhik secondary School and North Sikkim Academy
 - ◆ Completed filling, leveling and construction of school playground at Safoo.
 - ◆ Planning preparation is going on for construction/ renovation of Schools, School hostel, PHSCs, Community center and it's kitchen, Lama prayer hall and toilet etc. in all project villages
 - ◆ Construction of Safoo School ground extension and leveling completed
 - ◆ BBF Website launched in May this year
 - ◆ Medical profiling is also begun for individual Schools children
 - ◆ A decision has been taken on Dr. Bhavana Thapa, who will work as Medical Coordinator for entire medical team of Abir and BBF in Project Villages Health Care system
 - ◆ Clearing up few NOC with Govt. Departments, Village Panchayat for taking up approved construction works in villages.
 - ◆ Awareness campaign on Swine Flu, Training on First Aid kit use.
 - ◆ Specialized Cancer awareness camps and Hygiene/ Sanitation camps among communities.



Programme Area: Health Care

The key objective is to provide comprehensive quality primary medical care for all people in the nine Project Villages. To this end an integrated primary health care clinic system evolved. Under this five clinics and one tiny health center at Village Ramom were setup in the project villages to adequately cover all nine Project Villages.

Health camps

Non project areas-

Eklavya School-Swayen-A free Medical Camp was held in April, 2009 on receiving request from Joint Director Education, Govt. of Sikkim. It was organized by BBF field office under the responsibility of Dr. Pema T Lachungpa and Dr. Sunita Gupta with other paramedical staff- Lab Technicians, Nurses and 4 Community Organizers and mobile diagnostic super specialty van from our medical Team. A large no. of students attended this camp and received their complete health know how from our Medical team. The Total 118 young patients were taken up in the medical camp and services provided.

Activities in Project areas-

Chungthang PHC- A free Medical Camp was held in July 4 and 6, 2009 in continuation of our regular planned activity. It was organized by BBF field office under the responsibility of Dr B Thapa, Dr. Pema T Lachungpa and Dr. Sunita Gupta with other paramedical staff- Lab Tech., Nurses and 1 CO and mobile diagnostic super specialty van from our medical Team. Dr.OP Dhakal (MD), Dr.Dhiraj, Dr. Khatri (MD), Dr. R C Sharma and Dr Gilley participated from Govt. Hospitals. A large no. of patients attended this camp and received their complete health know how from our team. The Total 325 (Male-121 and Female-204) Village community patients were taken up in the medical camp and services provided.



Medical Profiling-

BBF aimed at providing holistic primary health care, has embarked upon medical profiling of all persons in the village free of charge. The medical profiling is progressing very successful in all project villages. Initially while doing this exercise the community was reluctant especially men folk but we encouraged first to those persons who came voluntarily for getting there profiling. Later on the progress in no. of patients, their response to give proper feed back and overall health improvements are shown in Monthly progress. The details of people who availed the free profiling checkups village-wise are as follows. Some of the profiling camps were including company staff of Teesta Urja Ltd. and Abir Infrastructure Pvt. Ltd. Co. The initiatives are taken to release these staff to take off from site and get medical screening done on a particular day was quite effective. Among rural community even some of the patients were not finding easy approach to reach our clinic (situated mainly at Project site-ADITs), in turn Doctors team went down to their door step for undertaking their complete health check up.

The analysis and conclusions from medical profiling would help to identify health care requirements as well as calculating the probability of rare treatment extremes. It would help in improving the standards in handling emergencies as well as help in planning methods for risk management. Medically meaningful standards would be proposed to the local clinics and hospitals on the basis of the findings.

Other Activities

1. So far in this category of Secondary disease or provision of special treatment Mr.Phu Tshering Lepcha, a 68 year old patient from PV-Singhik, who was suffering Carcinoma of Oropharynx with secondary in the neck, was sent to North Bengal Oncology Centre at Siliguri on May 29th, for investigations. Thereafter on June 19th,he was sent to



SVS Marwari Hospital Kolkata for treatment. He is receiving three cycle of Chemotherapy. The Indian Cancer Society, Kolkata branch is being contacted and we received their support in this matter.

2. The medical profiling of the BBF sponsored students of the Singhik Hostel was also done. On 6th and 7th April-Health screening and medical camp for BBF hostel children and staff were done by Dr. Bhavna, Medical Coordinator, Dr. Sunita, Physiotherapist, members of medical team and BBF Community Organizer.

3. 5th June, 2009 we observed "**World Environment Day**" by conducting programme. Free health camp set up in Village Singhik. Total 64 people attended this special camp organized by our BBF team- Dr Bhavna, Dr Sunita and Para medical staff with super specialty Diagnostic van, (mainly used for blood, ECG, Ultrasound and X-ray test of all required patients). This profiling will help their further progress towards better healthy life and awareness on personal Health and Hygiene practices.

4. In every month we held '**Cancer Awareness Campaign and Hygiene Sanitation Improvement Campaign**' in project villages. Doctors could relate villager's wrong practices on food, living conditions, unhygienic practices and tried to convinced community so that they can be more alert on prevention of this devil disease and same time promote their own living style. The more longer plans are being made to cover up all remaining areas with intensive campaigning after immediately monsoon is over.

5. First Aid kit handling training and Swine Flu awareness campaign were done at mass level mainly in village Chungthang and Theng. Staff at Powerhouse complex and Safoo ADIT have received demonstration of Kit and knowledge about necessary prevention from Swine Flu. The post training materials in shape of First Aid kit has been procured and distributed in all ADITs.



First Aid Training of staffs done as shown below:

DATE	PLACE	Training given by
10-07-09	ADIT-III	Dr. Navraj Rizal
11-07-09	ADIT-IV	Dr. Pravat Moktan
13-07-09	ADIT-II	Dr. Pema T Lachungpa
14-07-09	Dam site	Dr. Pema T Lachungpa
15-07-09	ADIT-V	Dr. Suraj Giri
	Power house complex	Dr. Bhavana Thapa

6. care is taken up in project schools while Doctors are camping there with each students screening and providing free treatment. Efforts are on to report guardians about the necessary interventions needed from their side to children. The medical profiling of the BBF sponsored 38 students of the Singhik Hostel was also done.

7. Close monitoring and support by District medical staff, State team and Manipal University team is available in our Health care programme. The senior members from Head office is putting timely interventions in procuring materials, equipments and solving HR related matters at fast pace.

8. On seeing the urgency of fast evacuation situations we have purchased 2 no. of Emergency Kit recently and placed them at Theng and Safoo ADITs.

9. The modification of Ambulance at ADIT III and one new Ambulance at ADIT IV has been completed.

10. Indent of Medicines for all the Dispensaries for a approximate period of three months was submitted and the same received and distributed.



11. Indent for surgical items and equipments for all the dispensaries submitted and the same received and distributed.
12. One Paramedic kit indented, received and handed over to the South African Paramedic.
13. The Special type of stretchers for casualty evacuation indented and has reached at ADIT V stores.

Integration of clinics

Health Care:

Amalgamation of Health Care System-BBF and Teesta Urja Ltd.-AIPL

On amalgamation, entire Health Care System of the Project Area has been placed under the management Medical Team of BBF under one doctor named as Coordinator-Health. It means management of entire Health Care system of the Project personnel through 6 Clinics as also the health care of the PVs is now functioning under umbrella of BBF. The requisition of medicines, surgical equipments, disposable materials, lab materials, clinic equipments are now requisitioned by coordinator-health together for all six clinics to BBF and TUL.

Health clinics are conducted regularly in each clinic with specialists and by support para medical team. The mobile diagnostic van with its laboratory equipment is made full use in medical camps and in medical profiling work. The terrains and unpredictable weather conditions are many times jeopardizing this super heavy vehicle to commute on desired route so we organize our camps on some easy locations and try to get community to travel at spot. As per location, vulnerability and demand of incoming patients now we decided to



keep this vehicle stationed at village Theng and as per planned programme or as new requirement comes we shift it to Chungthang, Shipgyer or Safoo village areas. Due to not having similar facility in North Sikkim and particularly in project coverage area the diagnostic features, prompt action on findings etc. is well taken by our medical team.

Thereof the daily OPDs as well as emergencies are handled by 6 well qualified young Doctors at 24/ 7 hrs. and maintaining proactive coordination in respect of casualties in villages and ADITs and same time ensuring timely life saving evacuation process beyond the Project Areas/ villages to nearest station of Gangtok or Siliguri.

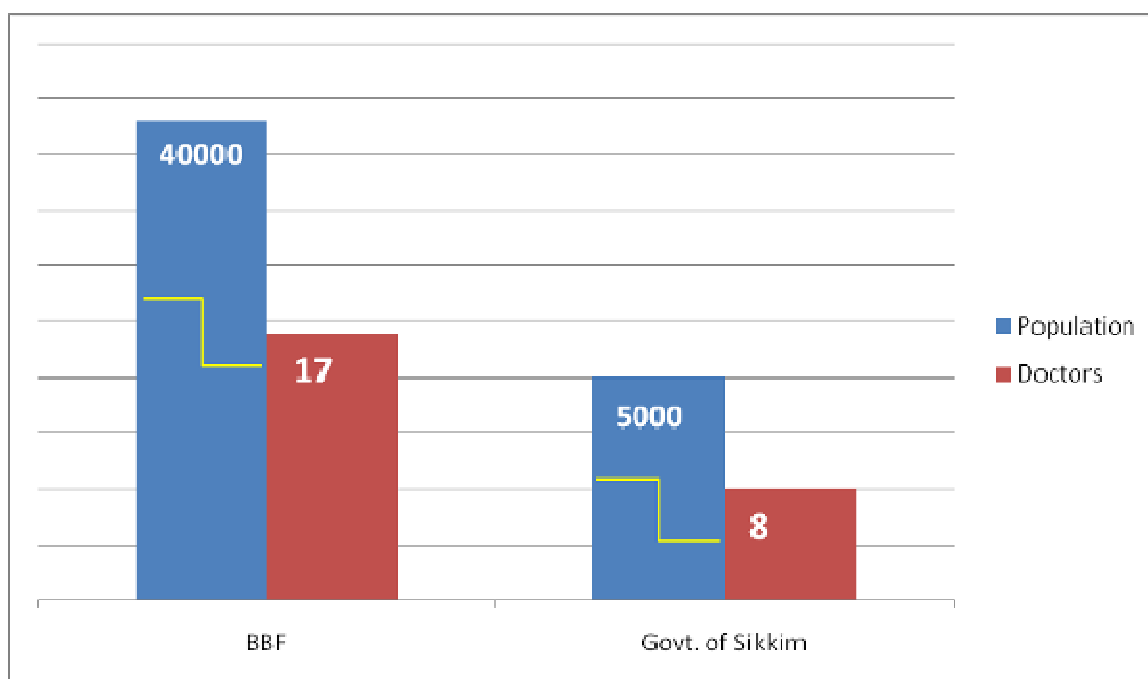
As a special case based on humanitarian grounds, on request from the villagers, BBF has initiated the treatment of an aged cancer patient in Siliguri North Bengal Health clinic and Indian Cancer Society Hospital at Kolkata. He has been receiving cameo-therapy and improving quite satisfactorily. While caring people at micro level we found such patients who requires super specialty treatment and long stay at urban hospital are real worries at our end in terms of huge money spending and little diversion from planned programme. Since our mandate in R & R listed activities, the “Primary health care to all” is sometime not sufficient particularly in this kind of patients so we often take care of few similar cases.

BBF's aim was to cover all the nine Project Villages with primary health care facilities at all times. To this aim, five clinics were strategically positioned to conveniently cover all the nine villages. In areas of low density of population and the shortage of personnel a clinic can efficiently (and without any undue hardship to the patients) serve the population instead of putting up 2 or 3 smaller ill-equipped and poorly staffed units. Beside these Stationary clinics, we made a system where Doctors are visiting village community twice a week in Ramom clinic, Shipgyer and Safoo villages. By maintaining the reach to outreach areas the Ramom village clinic is also regularly open with a community health worker's presence. This arrangement is made here to increase more proximity with availability of medical staff because of virtually no road availability to village Ramom.



The integration approach had added efficiency of the clinics thus helping the villagers to a larger extent in accessing quality primary health care services.

The Medical Set up



There are 22 health centers in entire North Sikkim District.

Only the 3 PHCs have one Doctor each and there are 9 doctors at Mangan District Hospital. 2 Dentist at Mangan district hospital and a Dentist each at 3 PHCs.

The no. of Doctors in the whole project by TUL and BBF is 8.



Clinical Performance Data

In a period of **6 months**, more than **21000 patients** availed primary health care services in all five clinics, provided by BBF team of Doctors, paramedical staff and field team. It is to be specially mentioned that the approach to reach clinics from far flung areas remains very difficult mainly during rainy days. The nos. of village patients are now gradually increasing with factor of urgency seems to be growing. The detailed break-up is as given under

Fig: 1.1- Patients Screening

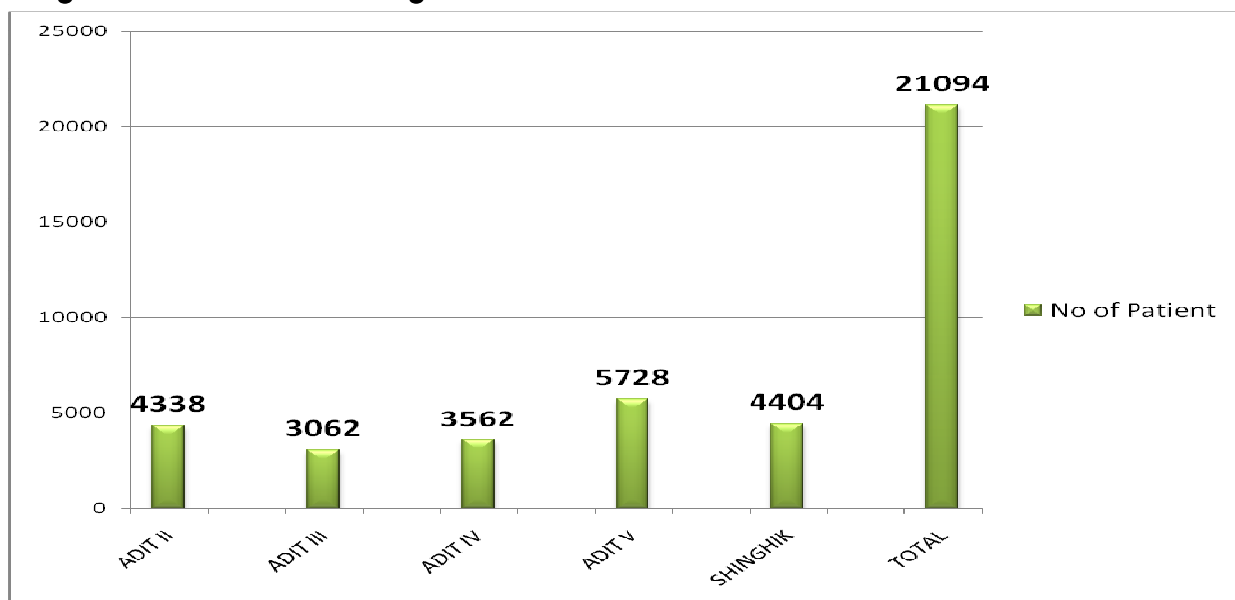
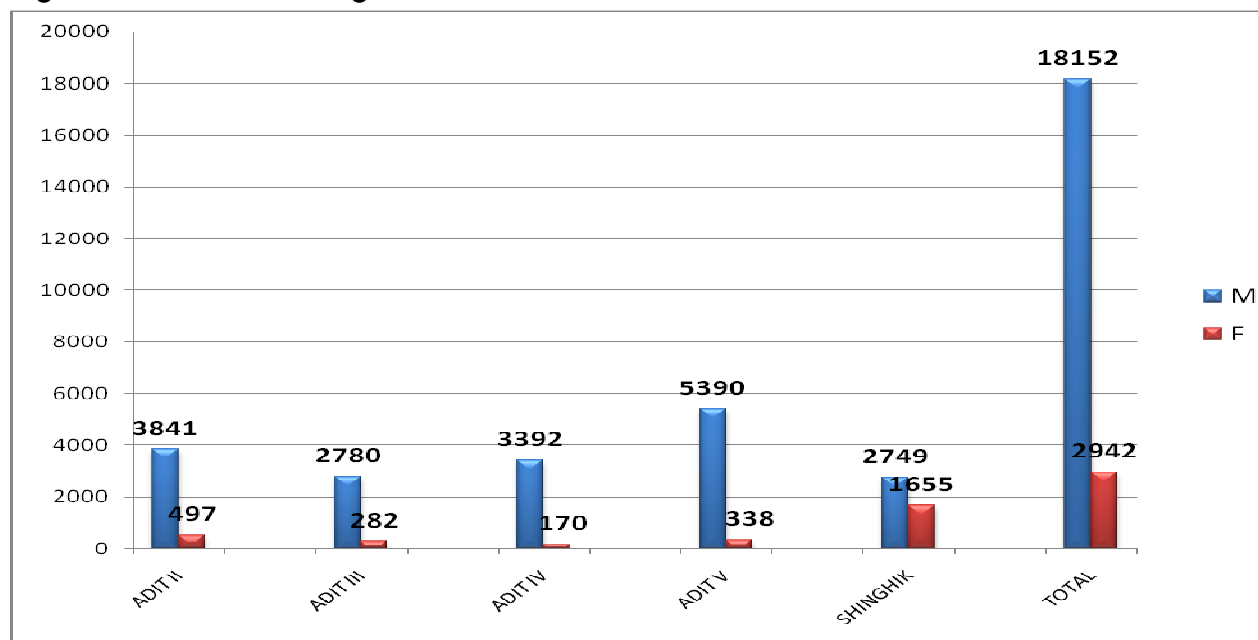


Fig: 1.2- Patients Detail gender Wise

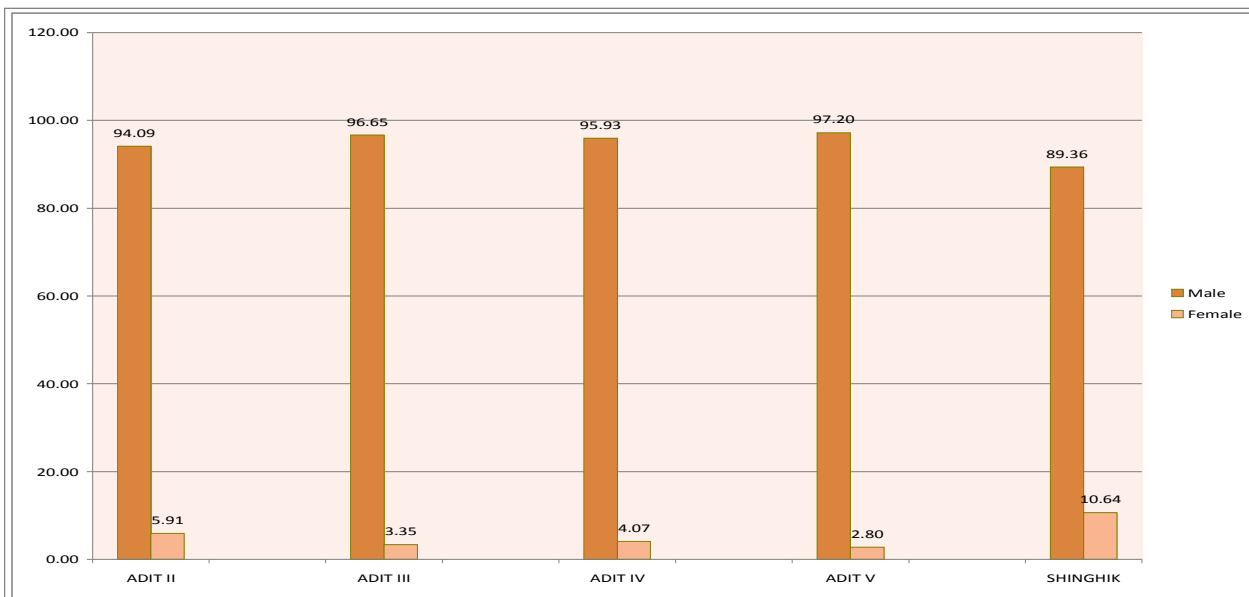




Primarily the observation comes from above graph is in fact the male female ratio difference is very high but it is not surprising. The reasons are many fold and varied as:

1. As u can see the female patient turnover is very low in the Company patient's category. It is mainly because the working population of the project is almost all male because of obvious reasons, so we have very minimal number of female workers in the company and hence the low turnover in all the Adit clinics.

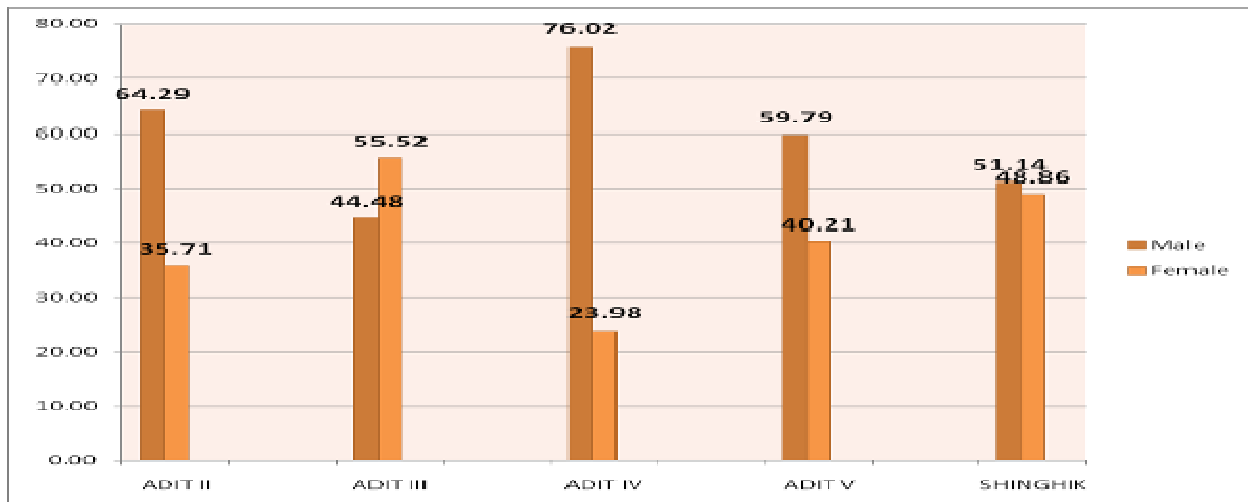
Fig: 1.3- Gender Ratio of Company Patients in Percentage



2. On the second point, among the local population data, the gender difference is almost 1:1 at Singhik clinic but at other Adit clinics it very different. This is because females hardly open up to male doctors for consultation regarding their health probably because of the literacy level of the villages. Since all other doctors except Dr Bhavana at Singhik are Male doctors and hence the difference.

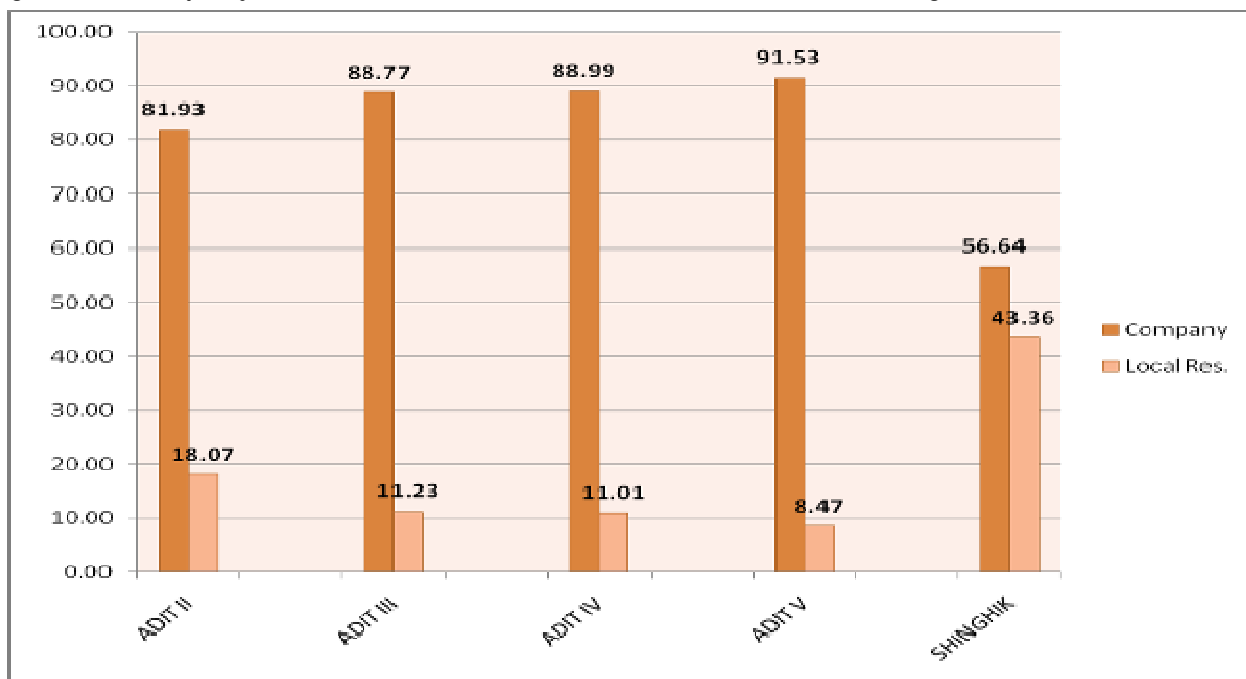


Fig: 1.4- Gender Ratio of Local Residence Patients in Percentage



3. On the third point, The geographical location of our clinics is also major factor.. For example Singhik and Adit 2 clinics are at the heart of the Villages. but Adit 3 4 and 5 clinics are located very far off from villages in the company colonies, as you are aware males can go anywhere and get medical help but female villagers would hesitate to go to our clinics at the colonies because of the distance and also because of all male population in the colonies they hesitate.

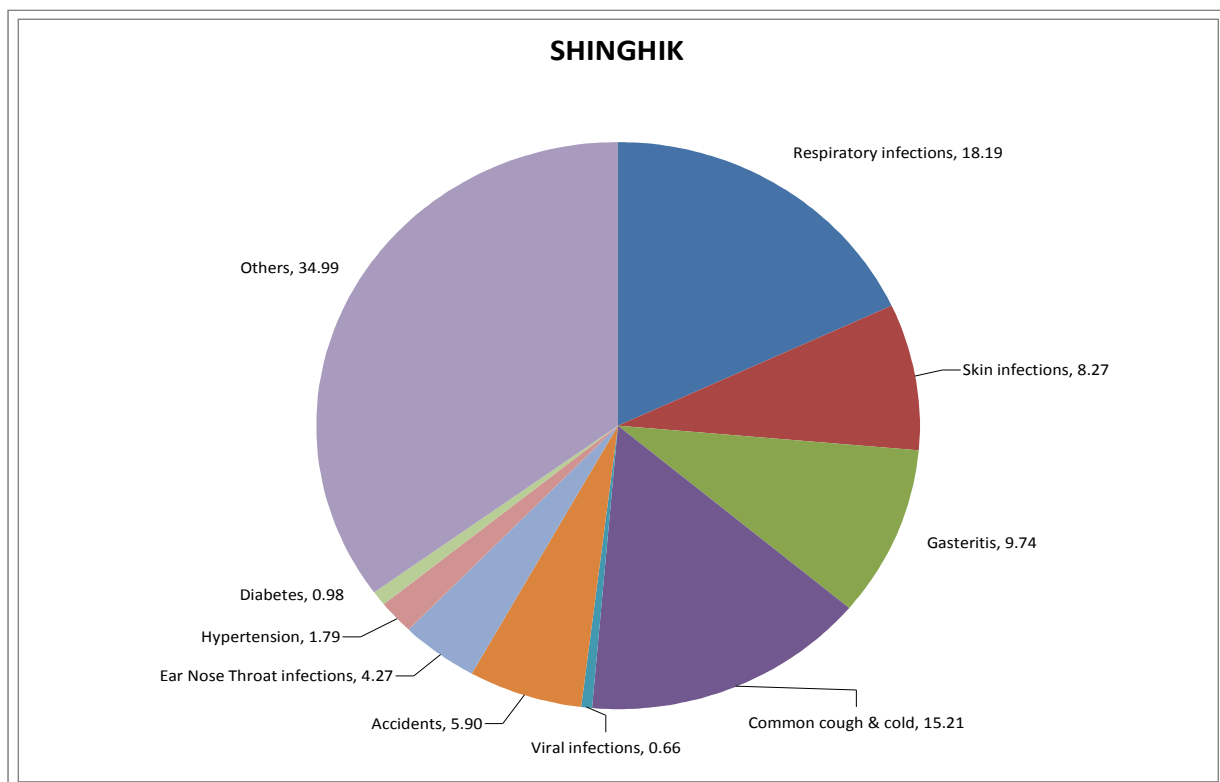
Fig: 1.5 - Company and Local Residence Patient Ratio in Percentage

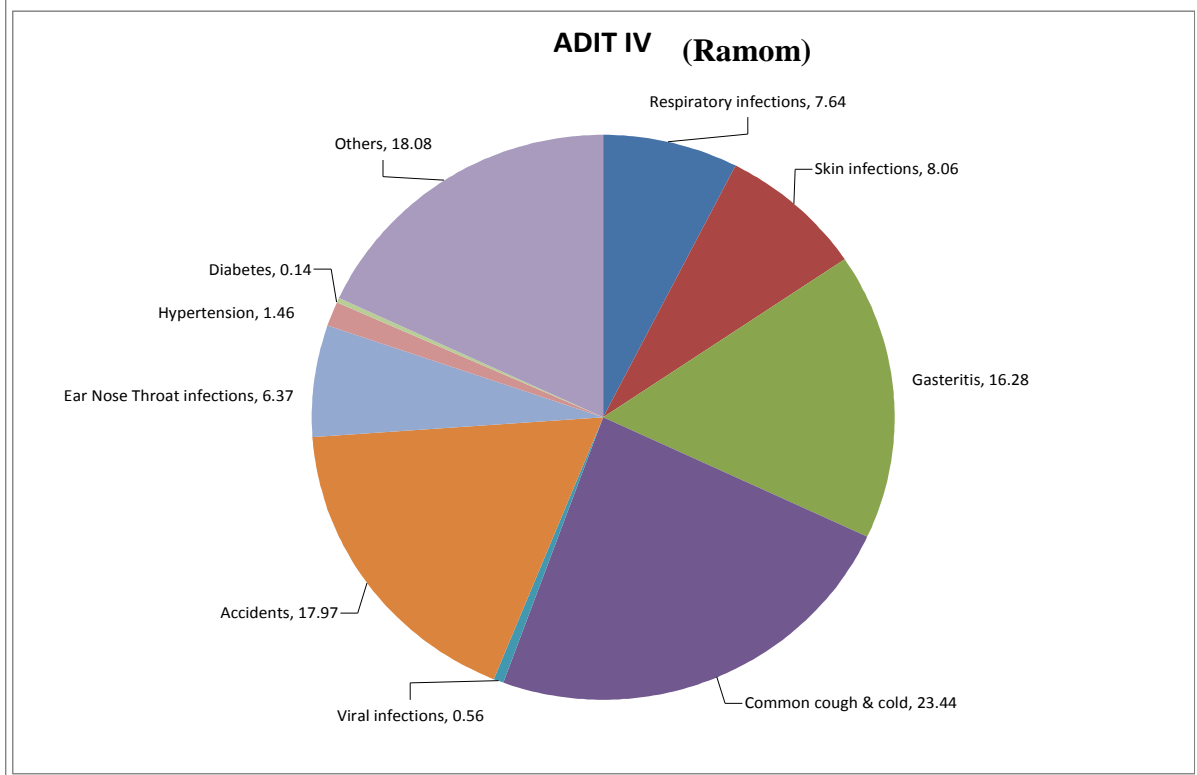
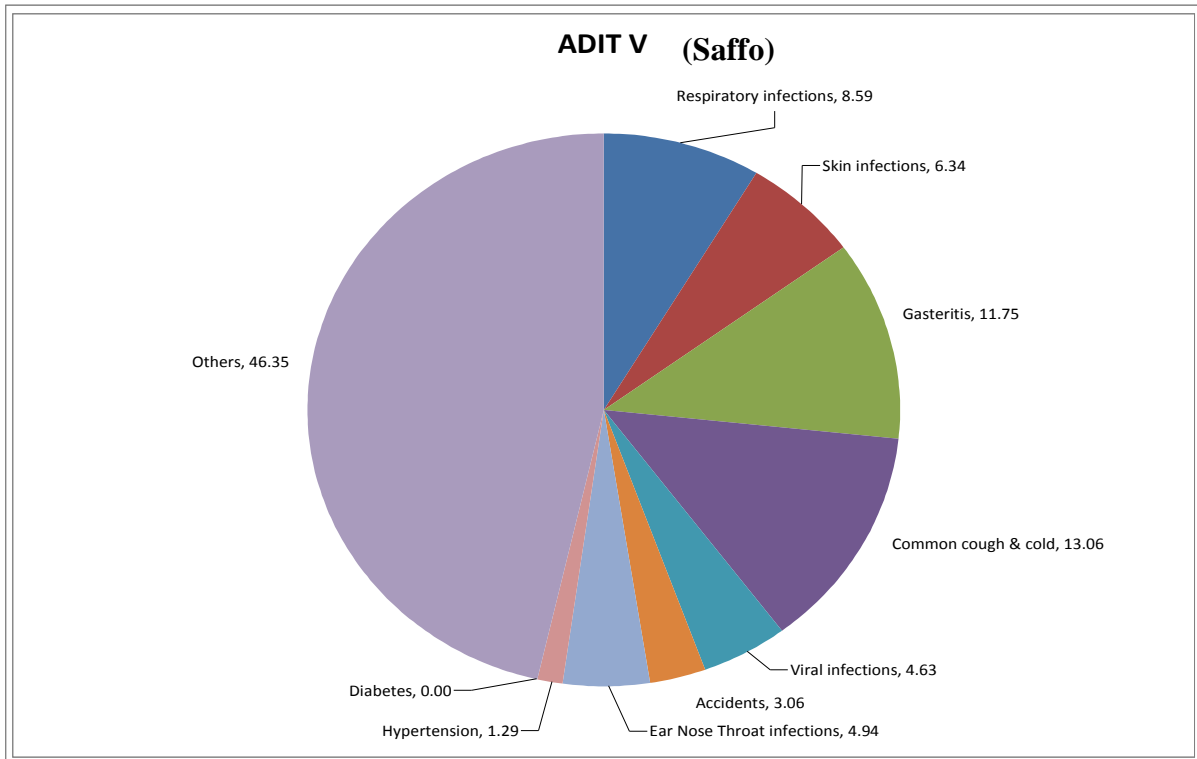




Here in this graph it is clear that due to Clinics are in close vicinity of Camp site and far from project Villages, the category of patients are in wide gap except in Singhik clinic. Due to its vulnerability (in term of project activity) the size of incoming patients are high at Clinic of Adit 5.

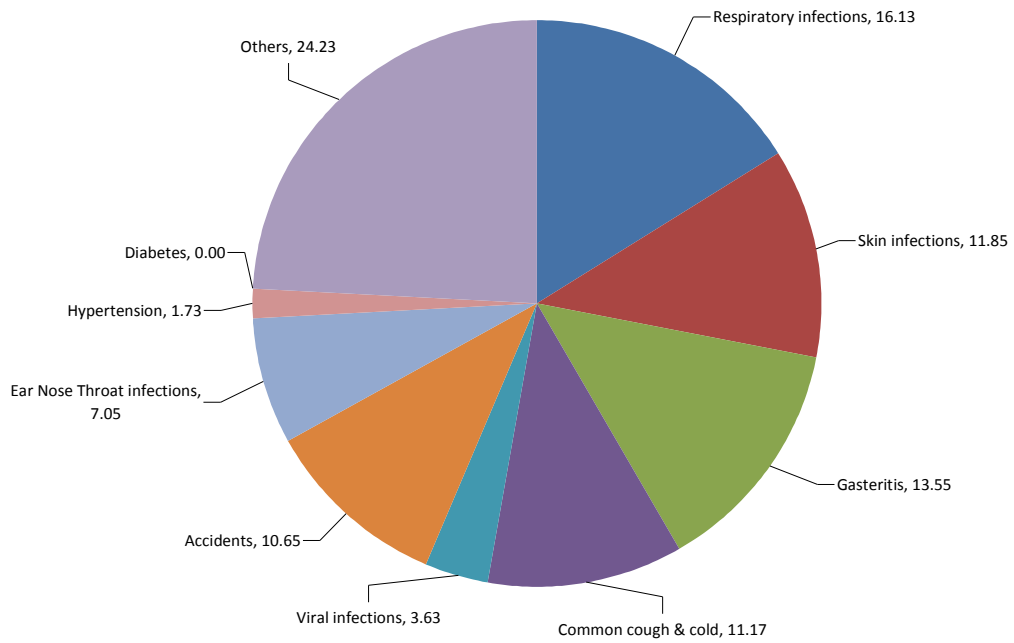
The Clinic wise data shown here in respect of all disease categories. We are taking incoming patient in few selected disease groups, where it is visible that maximum patients are in “others category” except Clinic at 2 and 4. The no. of Respiratory Infection patients is quite high at Singhik clinic comparing to other clinics. This report has been generated between April to September this year, when most of the time rains were in more quantity and regular in comparison of other season. Average rainfall in Sikkim is 2739 mm in 2009, is 4th highest state among all. Due to unhealthy, unhygienic living conditions in these months mostly among poor communities. The no. of patients on Skin Infection, Gaestrotitis, Common Cold and Cough and ENT Infections are large in all clinics.



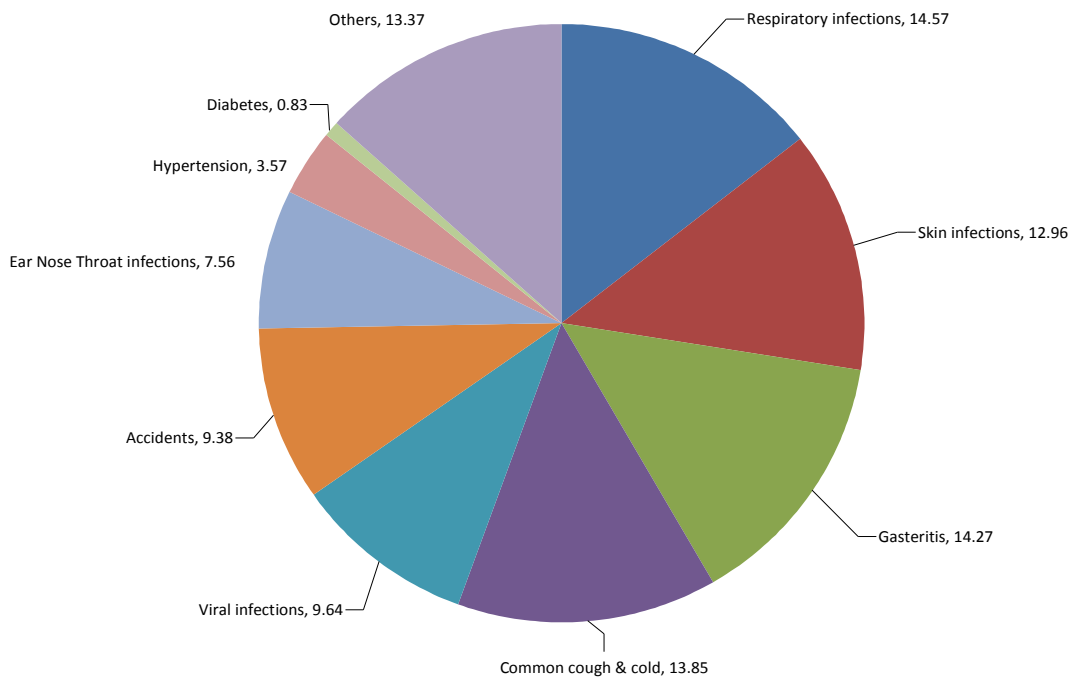




ADIT III (Shipgair)



ADIT II (Theng)





Health Care Infrastructure Developments:

Singhik: Initial work on renovation of PHSC has commenced. We are also looking into the possibilities of obtaining a plot of land to construct a modern PHSC clinic. Request to Health dept. and Panchayat is followed up with showing priority of community interest. We may start physical activities in coming quarter

Chungthang: it is agreed that PHC will be renovated in the next phase of yr. 2010.

Saffo: Estimate for PHSC renovation is under preparation at Teesta office. The primary talks on necessities, improvements etc. has been discussed among health dept., panchayat and BBF team. Although a Clinic has already been installed by us within easy approach to community and Company site.

Ramom: One small clinic is operating here for last 8/ 10 months in a hired house. Here OPD is conducted biweekly. Two Doctors are coming and attending this unit. A new ward boy has been recruited from the same village for 24X7 attendances.



Programme Area: Water and Sanitation

Ramom Village: A Gravity fed Drinking water supply system for the people of Ramom Village (North Sikkim) built by Bhavishya Bharat Foundation with structures and network of pipeline, all intact and in perfect working condition with flowing drinking water in all the 30 connections in 24 Households, a Gumpa, a primary School, ICDS Centre and a Clinic (also built by Bhavishya Bharat Foundation) is hereby handed over to Mayel Ramom Village Development Committee in a handing over in a handing over ceremony on 10 Sep 2009. The ground work in respect of survey and reconnaissance for water source and catchment areas for the suitable source commenced in January 2009, the tank construction and pipeline work of the scheme commenced in March 2009 and completed on 29 June 2009. The work was done through the Village Water Management Committee constituted and trained by Bhavishya Bharat Foundation for the purpose. The contractors were selected by the WMC in respect of each ward and WMC members became the watch dog to ensure quality work. Panchayat, the WMC and the entire villagers took full initiative and organised the opening ceremony on the next day of the completion on 30 June 2009 by Mrs Shiphora Targain, ADC, North in a very impressive ceremony with cultural programme thrown in. Brief details of the scheme are as under:-

Singhik-Sentam Village: A Gravity fed Drinking water supply system for the people of Singhik Sentam Village (North Sikkim) built by Bhavishya Bharat Foundation with structures and network of pipeline, all intact and in perfect working condition with flowing drinking water in all the 200 connections in 177 Households, a Gumpa, a Senior Secondary School, ICDS Centre, Animal Husbandry, PHSC, Panchayat Bhavan has been handed over to Singhik Sentam Village Development Committee.

Work commenced on 22 April 2009 and completed on 14 Aug 2009. The scheme was inaugurated by Sh Tshering Wangdi Lepcha, Honb'le MLA (Lachen-Mangan) on 18 Sep 2009 and the scheme was also handed over to Singhik –Sentam Village Development



Committee by Bhavishya Bharat Foundation through the Honb'le MLA during the same function.

Kazor Village: A Gravity fed drinking water supply system for the people of Kazor Village (North Sikkim) built by Bhavishya Bharat Foundation with structures and network of pipeline, all intact and in perfect working condition with flowing drinking water in all the 70 connections in 65 Households, a Primary School, ICDS Centre, Dairy farm hereby handed over to Kazor Village Development Committee as under:

Table 2.1- Details of Water Supply

	Ramom	Kazor	Singhik
Population	120	345	890
Household	24	65	178
Taps	30	68	204
Village Requirement	3000 Ltrs.	8000 Ltrs	23525 Ltrs
Reserve Tank Capacity	8700 Ltrs.	15000 Ltrs	99700 Ltrs
RCC Tanks	1	3	6
Pipeline Works	1.32 Km	5.047 Km	14.59 Km

Participatory Approach:

The project was based on people's participation at all level and at every step. Involvement from beginning on all initial exercises was made ready according to our advice. Not being traditional supply-driven, the system is planned to be community-driven, and had considered the user preferences while planning and implementing. People are made aware of the technologies and given the option to select the appropriate technology, as well as they monitor the implementation of the project. People's participation at all stages of the



project implementation has help get over the problems of identifying quality in materials, workmanship and appropriate monitoring.

1. Emphasis was laid on stake-holders' participation at all levels, from planning, design, location, implementation and management so that the end users can take on the responsibility for operating and maintaining them.
2. Community helped in doing survey and reconnaissance for water finding source and catchment areas
3. Helped in identifying pipe lay out plan
4. Identified and decided site selection for main and distribution tank area
5. Decided on providing community water point location
6. Decided on providing water point at all institutional places
7. Identified and selected Contractor for undertaking construction activities. There were 2/ 3 separate contractors doing work in different stages
8. Supported Contractors in providing semi skilled and unskilled labor force from within the community only.
9. Volunteered support to construction team at site
10. Identified and nominated their representatives as Water Management Committee members to operate the entire project at community level
11. Identified area and made storing arrangement of building materials, pipe lines etc. during construction.
12. Facilitated WMC meetings, attended community meetings for review of progress and other facilitation to BBF and TUL engineers throughout the construction period
13. Took out appropriate decision on best of their ability for changes in route of pipe line etc. during pipe networking work.
14. Helped out to prioritizing phasing of activities
15. Supported WMC to decide on tariff and strategy for maintenance fund collection
16. By doing community based water supply implementation now community, Gram Panchayat and WMC is confident enough to undertake any construction related



activities in their village. They can handle all processes like planning, execution, maintenance and self monitoring of upcoming projects.

17. The capacity building, exposure and trust building among all stake holders have created a new model of self sustainable, socio-economic stability in these villages.
18. Through this water supply intervention both of us (BBF and community) found some quality leadership, they found their strengths and weaknesses, importance of prioritizing their issues on development and finally became a model for neighboring villages to replicate work on govt. based sectoral approach

Although these local areas are having water sources in abundance but we have initiated communicating about future of water, importance of saving environment, necessity of taking pledge on save ecology, flora and fauna of this great Himalayan region. Issues on water conservation, proper handling at house hold level, regular maintenance on quality aspect, promptness on fault removal, ready availability of cash to spend in some major repairing, keeping alternative source arrangement and improving overall environmental sanitation facade are upcoming issues where we will keep our field staff engaged with community on day to day basis.

Beside on above detailed involvement of WMC members the further more elaborate description is

WMCs role in supervision and implementation:

In all these villages the each member of WMC were involved from beginning till end to supervise all activities carried out in water supply schemes-

1. In the screening, selection and allotment of work order
2. In the making of activity schedule
3. Finalizing agreement doc. between contractors and AIPL.
4. Storing, handling of materials and maintaining distribution system



5. Preparing demand note for new materials, shifting materials in emergency to other site, advising on quality of material to TUL and BBF team.
6. Documenting progress, gaps, critical issues for discussion in WMC meeting etc.
7. Organizing WMC meeting, making of Agenda and minutes, resolving issues in consultation with TUL and BBF Engineers
8. Participating and facilitating in all review visit of external experts from implementing agencies, review team of govt. etc.
9. Convincing and involving all members to participate in scheduled training sessions
10. Preparing and maintaining related documents, maps and display materials at village level
11. Mobilizing community to proper handling of pipes and other materials for inculcating interest among all users to carry responsibility of ownership feeling
12. Followed up with all stake holders to maintain time line during the course of construction
13. Facilitated BBF, TUL and Panchayat to identify Plumber to have his training and to undertake all necessary repairing works in entire water supply system and mainly on distribution pipe lines etc.

The future Course of Water Management:

After Bhavishya Bharat Foundation completed the scheme and handed over to the WMC, it became the responsibilities of the WMC to carry the system forward by ensuring complete upkeep-ness of system. They generate fund from the each households/ users for future need on repairing etc. To this effect the WMC and panchayats were trained, they decided their own tariff system to be collected from each user. BBF field team also motivated and encouraged them to raise their village maintenance fund to ensure smooth maintenance for all times to come and do some extended construction work like making community Bath room. Accordingly to begin with, Ramom WMC started their maintenance fund with Rs 10.00 per house hold, next Singhik-Sentam started with Rs 20.00 per household and finally



Kazor have Rs 30.00 per household. With this beginning, we are very confident that all the villages will carry the maintenance work forward for all times to come.



Programme Area: Livelihood

Agriculture-Horticulture-Nursery

BBF Nursery has grown and developed in all corners, the planned plants are coming up in a very healthy way. The Livelihood officer has started next operation for distribution of seedlings to the villagers under the programme of Promotion of horticulture, floriculture in villages to get scientific but organic as well as disease free growth. In this regard following have been done:-

Completed distribution of Dalley Chilli and brinjal saplings to all village farmers.

Bought disease free 40,000 large cardamom rizomes (seedlings) at cost of Rs 1, from South Sikkim and planted in BBF nursery. Each plant would provide approx 5/6 seedling which would be ready by mid 2010 for distribution to villagers.

Orange, Papaya, Tree tomatoes, seedlings have been planted in the nursery as mother plant so as to multiply and distribute to villagers under the expert handling by BBF staff.

Distributed foot pump spray machines to all the Project Villages for spray of organic insecticide.

Appointed Center for Technology Development, New Delhi (CTD) for supporting our livelihood project, first field trip is done.

CTD's brief report says that-

A flash survey was conducted by Sri Rajeev Choudhury of CTD in Mangan and Chungthang Subdivisions in collaboration with BBF Team at North Sikkim District in June 2009 to broadly assess the feasibility of and, if feasible prepare a draft action plan for,



interventions in processing and preservation of horticultural produce under activities of BBF in the area.

The exercise sought to collect information regarding availability of fruits and vegetables in the areas where BBF have been working among the Lepcha and Bhutia communities. BBF have mobilized SHGs in these villages and have embarked on a mission for integrated development of these villages. One of the major areas of this integrated development is generation of livelihood projects in the project villages and in the vicinity. Based on this information, an assessment has been made of the potential of processing fruits and vegetables and allied agro-horticultural-NTFP products that are available in the immediate vicinity and of the market potential of different possible processed and value added products. Assessments were also made about existing skill levels of SHG Members. Some possible sites for setting up of a nodal Processing Unit as originally envisaged were also visited and their suitability assessed.

CTD held initial discussion with the BBF Team during which the objectives of the proposed interventions and of the survey were briefly explained to them.

Interactions with SHG members were held and some first-hand information was collected during the course of field survey. During the course of survey local government officials were also met and effort was made to gather reliable secondary data on availability of various fruits and vegetables.

BBF is organizing SHG's in the villages of Singhik, Theng, Pedong, Chungthang, Shipgyer, Ramom, Safo and Kajor-Pakshep. All these villages except Chungthang are in Mangan Subdivisions while Chungthang is in Chungthang Subdivision where the dam on Tessta river is coming up.

Participatory interactions with SHG members were oriented to elicit information regarding range, availability, seasonality and prices etc of fruits and vegetables grown in the area, as



also the economy thereof. Activities of the SHG's such as meetings, amount of savings/credit and felt needs of women with regard to income generating activities also came into the discussion.

Agriculture, Horticulture

Supporting livelihood of villagers by guiding, providing better tools and technologies, seedlings, marketing and sales. Seedlings are distributed to the villagers from mother Nursery at Singhik

Work completed:-

Nursery for vegetables, fruits, large cardamom, black pepper ready

Seedlings Distributed:

Chili (Dolley variety) – 11315 plants

Brinjal – 400

Tomato – 600

Large Cardamom: Revamping sick plantation by disease resistance variety will be ready for distribution by 2010. 40,000 disease resistant variety (Sawney and Seremna) procured from South and West Sikkim and planted in multiplication plot. Rizome will be ready for replantation by 2010. Villagers have been guided to receive the new rizome and plant it accordingly.

Black pepper seedlings: sown in April 2009 will be ready for distribution to the villagers by end May-June 2010.

Spray equipment for pesticide and pesticide distributed in villages

Mission Ahead

Enlargement of Nursery to include:-

- Orchid Farm
- Herbal Garden



- Vegetable Garden for local supply and sale
- Growing seasonal and perennial flowers
- Growing large cardamom seedlings and distribution in villages
- Growing black pepper for distribution in villages
- Growing fruits in villages
- Pisciculture
- Organic Compost
- Juice Factory
- Bakery

Eco-Park and Extension of BBF Nursery in other Parts

A detail ground reconnaissance and feasibility study is underway by us to develop echo park, horticulture park and overall green belt on a suitable land between Singhik Highway and Teesta Urja Ltd to locate suitable of pieces of plots within and adjacent the project area to work on the following:-

Cardamom mother nursery for disease free large cardamom

Black pepper cultivation

Orchid farm

Herbal Garden

Seasonal vegetables

Seasonal and perennial fruit trees

Commercial vegetable Garden

Seasonal and perennial flowers/ ornamental/ flower trees

“THE BEST OPPORTUNITY TO PLANT A TREE WAS YESTERDAY BUT TODAY IS ONLY LAST DAY” The best friend of earth and of man is the tree. When we use the tree respectfully and economically, we have one of the greatest resources on the earth.



Programme Area: Education

Education for All:

Total 73 children in classes I to X, from 9 Project Villages are presently under sponsorship of Bhavishya Bharat Foundation. 39 children are in Govt. Secondary School, Singhik (Girls-30, Boys-9). 34 children are in North Sikkim Academy, Mangan (Girls-22, Boys-12).

Fig 4.1

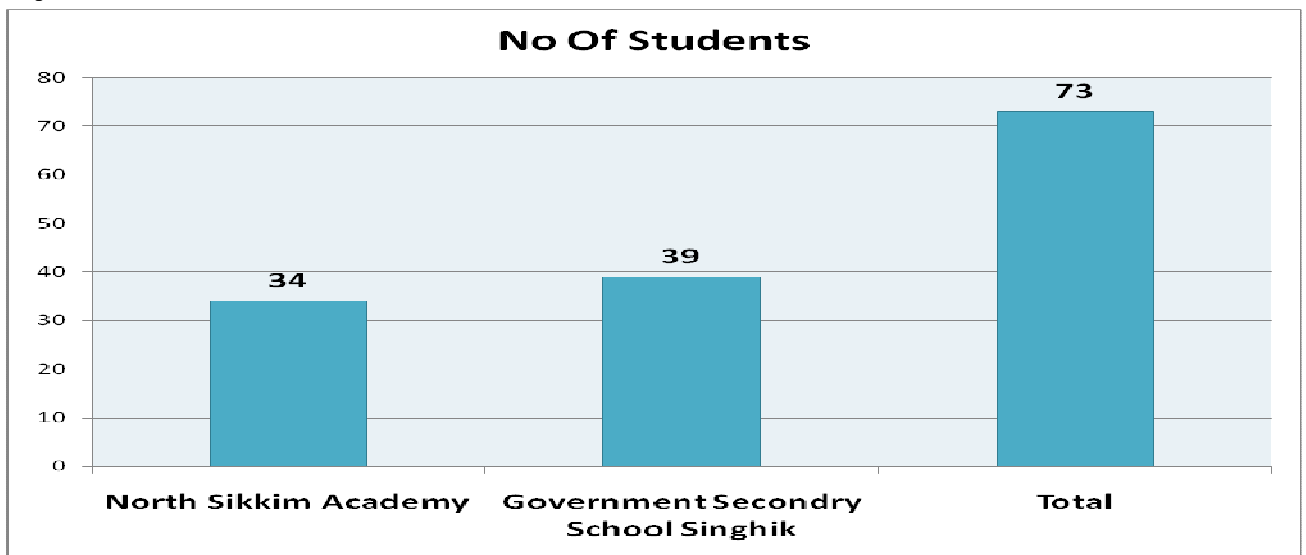
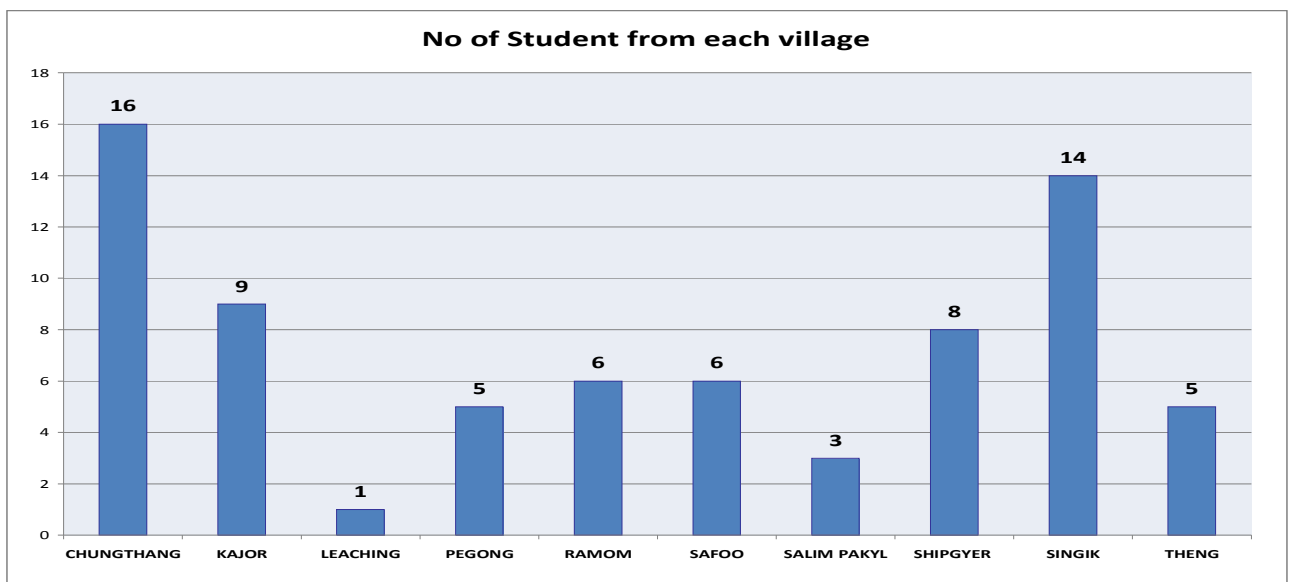


Fig 4.2





Presently a temporary Hostel has been arranged for Singhik children are located very close to their school campus. Somewhat good condition on their living, food and furnishing is attempted with ensuring one full time warden's arrangement. Associate Coordinator Education (ACE), SMC and Village Panchayat is regularly monitoring campus and other detailing about children's living condition. Since it is a very short time arrangement so BBF is continuously trying to maintain their food quality, dress and personal hygiene matter now. In coming days we would be regularly keeping their involvement on sports, extracurricular activities, communication support system etc.

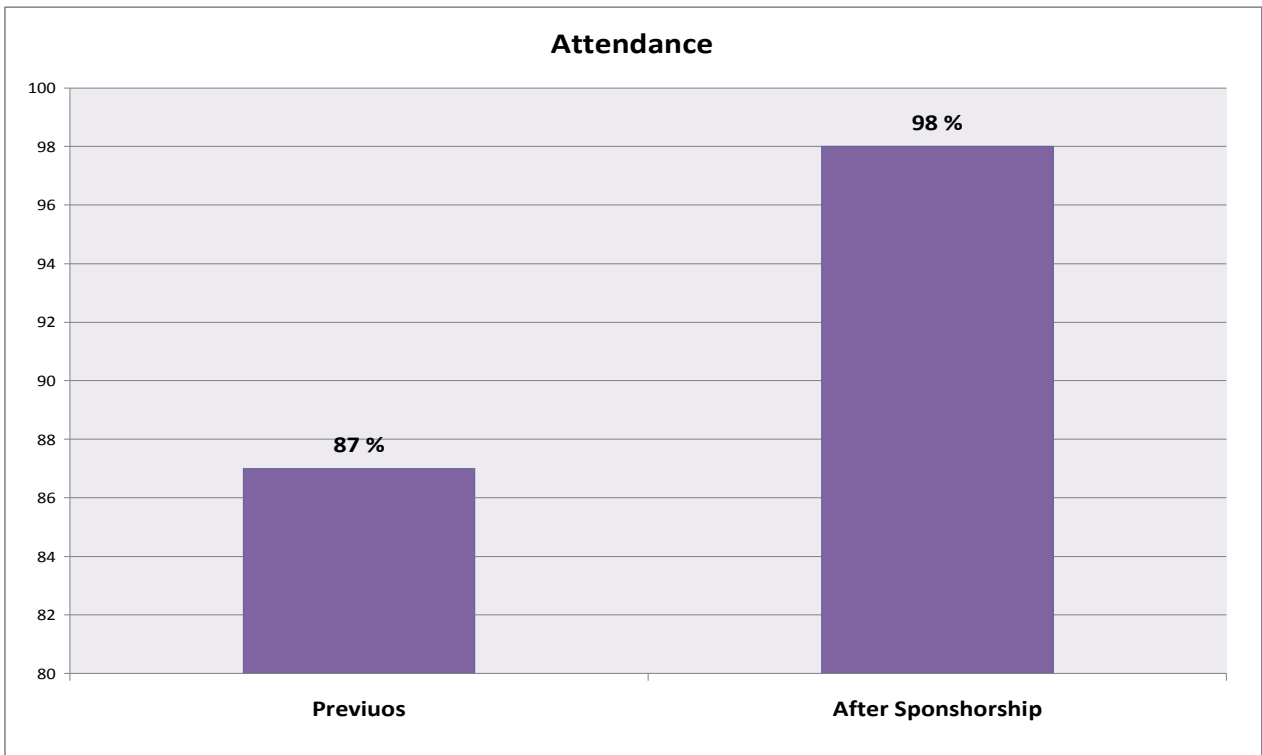
Tutoring weak students, monitor progress in schools 1st terms of class performances, attendance, hygiene, habits and health care assist children in all ways. Identify weak children and provide extra coaching. Extra-curricular activities for all round development

Result:

- ◆ Communication skills of children improved
- ◆ Children showing class improvement
- ◆ Children completing home work
- ◆ Additional tuitions in Maths and English is helping the students
- ◆ Extracurricular activities such as hiking, games, singing, dancing and paintings are helping children to come out of their cell and open up to the world in all round development
- ◆ Periodic Medical checks is improving the health of the children
- ◆ A modern 100 Bedded Hostel in Singhik School for sponsored students of the Project Villages: Work commenced



Fig 4.3





Progress Detail

Fig 4.4

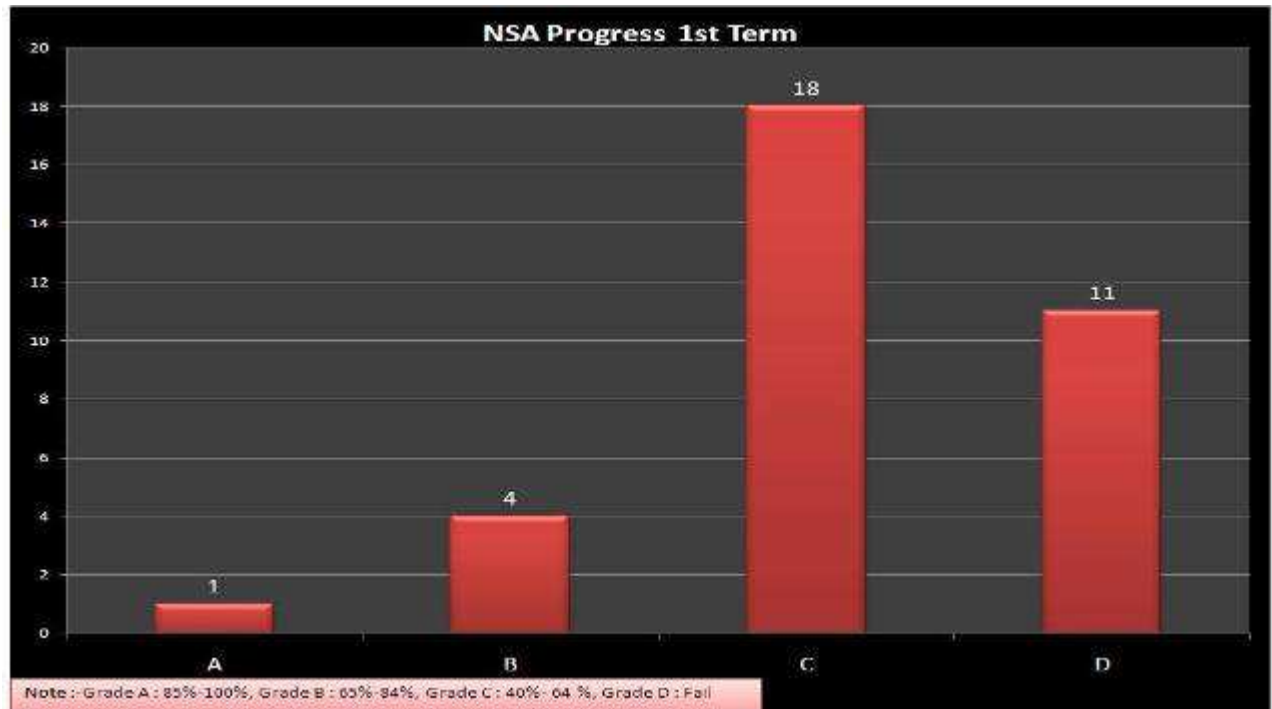
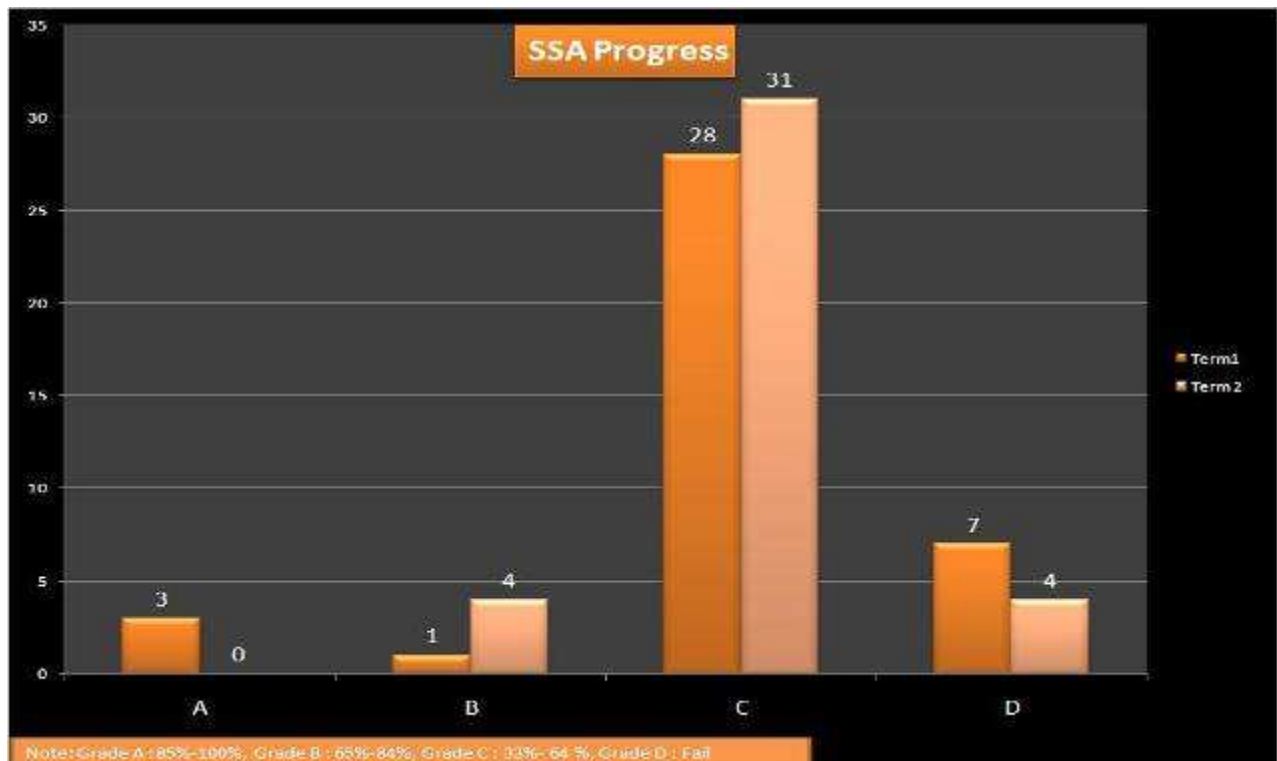


Fig 4.5





Education Mission Ahead:

- Renovation of Girl's Hostel and provision of laboratory in Chungthang Government Secondary School – work commenced
- Renovation and addition of 2 rooms in Government Primary School, Theng– Preliminary work commenced
- Hostel for Monastic School in Shipgyer Gump – Work commenced
- Extension of school ground at Government Primary School, Kazor- in the pipeline
- A temporary hostel has been established at Singhik under the funding and guidance of BBF.
- A Tutor has been appointed to supervise, help and guide the sponsored students of both the schools which have brought about tangible change of improvement in students in respect of class improvement, studies, attendance, extracurricular activities and overall well being of the children. BBF Health care system is taking care of the health and hygiene of the students.
- We are in a process of appointing an Education Consultant from the local area who would be visiting all the schools in Project Villages and suggest ways and means to bring up the overall education standard of the schools in Project Villages to that of National Standard such as Central Schools or Public Schools.

Educational Infrastructure:

Following are being done:-

Singhik: A 100 bedded modern hostel is going to be constructed in Senior Secondary School Campus. Architectural design is complete and approved now we are in a process of awarding contract through the School Management Committee and Panchayat. Ground work is starting by first week of October' 2009. A double storied building will have all amenities like Dinning hall, visitor's room, library, kitchen, separate toilets and dressing rooms, laundry space, sufficient open pucca space for use as play ground. The each floor will have separate living room and other arrangement for Boys and Girls, even entry and stair case is also provided from two side of building. We are trying to give ethnic traditional



Sikkimese style on external look of building with all well equipped facilities inside. We have appointed Mr. Rajesh Pradhan, renowned Architect to make its design, structural detail, drawings and estimate etc. as per BBF, SMC and Community's choice.

Theng: Renovation of Primary School has been sanctioned and contract is being awarded to local Contractor by October' 2009.

Chungthang: 4 Storied Girl's Hostel which is in a state of dilapidation and disuse is under major renovation by BBF. Contract has been awarded on 23 Sep 2009 and work is commencing by next few days.

Laboratory for the schools is also being built and the contract has been awarded for the same on 23 Sep 2009

Shipgyer: Work on Hostel for Monastic School has commenced in 2nd week of Sep 2009.

Saffo-Salempakhyel: Work on extension of School ground is towards completion by end of Sep 2009.

Events

"OZONE LAYER DAY", on 16.09.2009 in Govt. Junior High School, Kazor and Tasha Tangay Govt. Secondary School, Chungthang

When Bhavishya Bharat Foundation was planning to organize this event with school children in the same time Sikkim Govt has also come up with a circular for the schools to organize this event and to make awareness among school children and teacher to save this earth. So our intervention to this programme became more touching for the school and for the students. All the children from class VIth to class VIIIth students have participated here in painting and easy writing competition.



The importance of Ozone layer were explained to all young listeners that Ozone layer absorbs 97.99% ultraviolet rays from the Sun light, light which is potentially damaging to life on Earth, the scientific way how it happens in our earth and how we can save our Earth. It was a great session of knowledge for the children and the teachers.

The children have come up with lots of idea to save Earth, this feeling came out through chart paper and their thought in essay writing. After that we had a prize distribution for encourage children.

Children expressed that they will be also organizing such activities in their school to make aware to other children on most important issue of SAVE EARTH.

“HAND WASHING DAY” on 15th Oct 2009 in all the Schools of Project Villages.

We organize international Hand washing day with all school students in the school of 9 Project Villages, Our staff with support of school teachers and staffs were present in all schools and demonstrated hand washing system in school complex. We distributed Soap to each child get their hand washed and described the purpose of this event in every one’s life. Govt. functionaries, gram Panchayat, school authorities, community and Teesta staff were also present in few villages.

Sl. No	Village	Name of the School	No. of Students participated in h/ wash
1.	Singhik	Govt. Secondary School	360
2.	Kazor	Govt. Junior High School + ICDS	222 + 10
3.	Theng	Govt. Primary School	29
4.	Shipgair	Govt. Primary School	51
5.	Pegong	Govt. Primary School	40
6.	Chungthang	Tasha Tangay Govt. Secondary School	323
7.	Ramom	Govt. Primary School	30
8.	Saffo – Salimpakyel	Govt. Junior High School	95
		TOTAL	1160



Children can be ambassador of change .When it comes down to sharing good hygiene practices, children – the segment of society so often the most energetic, enthusiastic and open to new ideas – can act as ambassador of change by taking the “hand washing lessons” learned at school back into their homes and communities. The active participation and involvement of children – ideally situated at the intersection of the home, school, and community – can ensure sustained behavioral change when combined with culturally sensitive community-based interventions. Global Hand washing Day aims at motivating children to embrace and share proper hand washing practices, and place them as “Hand Washing Ambassadors” at the heart of each country’s national and local initiatives.



Programme Area: Social and Cultural Development Activity

Community Development:

Social Profiling of all Project Villages completed, ready data base of each household on socio economic, health, education, hygiene and sanitation. This data base will help us to implement our community development programme

The following activities were undertaken in this regard.

- Comprehensive Socio-economic profiling of the villagers to study the macro and micro developmental problems of people is completed. Data is now placed at HO archive for further analysis on specific programme related issues.
- Continuing interaction, holding meetings etc. with Panchayat, community of all 9 villages on improving environmental safety and environmental friendly living styles, personal hygiene, promotion of better living practices etc.
- Mobilizing community for future works on infrastructure development like renovation of Gompas, kitchen at Gompas, Hostel/ transit accommodation, etc. (which are already planned in Rand R).
- Preparing communities to take active part in their medical profiling, medical camps, preparedness in emergency evacuation and familiarization with all our Medical team members and system.
- Holding meetings with Govt. functionaries, Panchayat representatives, political/ community leaders as and when necessary for upgrading overall village development and smooth implementation of CSR activities as scheduled.
- Resource finding exercise for promotion of local arts and crafts and cultural activities, which will be undertaken after the proper assessment in coming months.

We are now expanding our support base to go beyond community, Panchayat, VWMC, SMC to get more viable support from Volunteers like ASHA and Aanganwadi workers. In



this context we have tried out strategy to work in close coordination and making some useful skill enhancement of these women workers and planning to tie up ASHA and COs together in day to day activities with following major responsibilities.

“ASHA” - Roles and Responsibilities would be as follows:

- ASHA will take steps to create awareness and provide information to the community with close coordination of BBF COs on determinants of health such as nutrition, basic sanitation and hygienic practices, healthy living and working conditions, information on existing health services by BBF.
- ASHA will counsel women on birth preparedness, importance of safe delivery, breastfeeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/ Sexually Transmitted Infection (RTIs/STIs) and care of the young child with the help of COs and BBF Doctors.
- ASHA will mobilize the community and facilitate them in accessing health and health related services available at BBF Hospital in all PVs and Adit side.
- ASHA will work with the COs, BBF Doctors and Panchayat to develop a comprehensive village health plan.
- ASHA will arrange escort/ accompany pregnant women and children requiring treatment in BBF PHC.
- ASHA will provide primary medical care for minor ailments such as diarrhoea, fevers, and first aid for minor injuries and she will immediately inform to the COs and BBF Doctor after taking patients primary care.



- A Drug and First Aid Kit will be provided to each ASHA. Contents of the kit will be based on the recommendations of BBF Doctors.
- ASHA will inform about the births and deaths in her village and any unusual health problems/disease outbreaks in the community to the COs immediately and if possible then next to BBF Doctors.
- On 15th of every month she will help CO to make a reporting to the BBF Doctor and simultaneously detailed report will be prepared by BBF Doctor on her village, which will be submitted to Director (Programme) at HO.
- In day to day working she will be having direct communication and reporting to COs, to save their phone exp. COs and other staff will make call after getting missed call by ASHA.

Women Empowerment:

Healthy Home Survey: This initiative will be taken up in coming months in a very intensive way among all communities of our project area. Every month in each village, one survey will be done among all families. One house hold and its main lady will be our target person to focus upon to decide best among all to judge on following indicators

- Sanitation system in and around her house
- Transportation, handling, storage and usage of drinking water system
- Regular practice of personal hygiene, children hygiene, family hygiene and domestic hygiene
- Food handling
- Overall performance of this lady in managing the entire house upkeep
- General preparedness and basic knowledge about healthy living
- Attitude to share this quality among all neighboring women



- Performing all this above steps without spending much money and doing it in rural indigenous way.
- Level of awareness among all members of each Family on above 8 points and other general practices.

The process of selection will be attempted by involving women community itself. The level of information will go high, strength of competitiveness will benefit to all very fast, participatory approach will inculcate, overall general environmental condition will improve among all, living style of men folk and children will change, urge for more learning and sharing will take them certain lead on confidence building. Let us hope to experiment this step in our area now. We will distribute some prizes after selecting one in each village every month to honor their pride and identity.

Infrastructure Activities

Infrastructure development, strengthening of existing structures and life of these Centers will be increased through our effort. We will be trying to keep maintaining traditional style, keeping their motifs and craftsmanship alive with certain minimum necessary structural interventions. The progress relates to getting NOC from Gumpa management committee and panchayat, availability of land, selection of suitable Contractor, bringing up everyone (decision makers) at one place and agreement on the total list of work to be done and particularly this process took lot of time loss earlier. Now we have almost crossed all hurdles and possibly taking up following activities in next three months.

- (i) Renovation of Safoo Yapring ground and retaining wall (near monastic hostel). It will be pillar mounted platform made of concrete with terrace portion to be used by lamas for prayer purpose. At present, Gumpa does not have sufficient space. The entire complex is seems to be in fear of sinking zone and before making any more structure like Yapring ground it is highly necessary to protect from land erosion, so it has been decided that one



retaining wall will be erected on the back of existing monastic hostel building. The total cost estimate and design is ready, selection of contractor and other formalities will also complete soon and work will start in October' 2009.

- (ii) Renovation and reorganization of Shipgyer Gumpa- It is a huge and most elegant Gumpa in nearby areas. The whole building is in absolute proper shape and condition except roof. We will be repairing roof with more wind protected method and more work will be on ceiling support. Mainly Wood work, painting, few patch work on damaged motifs etc. alongwith some outside beautification will be take up in coming months.
- (iii) Monastic hostel at Shipgyer remaking- It will be two storied building with necessary components like living room, prayer hall, toilet and kitchen etc.
- (iv) Construction of community centre at Pegong village-It will be a simple community hall mainly used by women on their social and income generation activities. The village does not have any common place to sit now but this job may take longer time to start due to non availability of land by Panchayat yet. The Panchayat will do appraisal with community to spare land and make a proper written ' No Objection' to use before we start doing field work.
- (v) Construction of meditation hall for 10 Lamas at Chungthang-Although this proposal has been given by Gumpa management committee and Panchayat but since we have two more major work at priority in same village so immediately it would be completing Girls hostel renovation, new School science laboratory and stair case making in school premises as important action .



- (vi) Construction of Kitchen shed for Gumpa at Singhik Village- Here also Secondary school hostel making and renovation of PHSC is at priority by seeing their importance to community.
After estimate and sanction contract is being awarded in last week of Sep 2009 and work would commence by Oct 2009.
- (vii) Construction of Kitchen shed for Gumpa at Ramom Village-Comparatively much smaller work as per other village job. Land has been provided beside existing Gumpa and contractor is decided by GMC and Panchayat we will take up this work. Estimate has been made and sanction has been accorded for construction of kitchen in the Community Centre.



Major activities in this semester

1. The 3rd Board Meeting was held on **9th May 2009** at 11.00 am in the Board room, ground floor, NBCC tower, 15 Bhikaji Cama Place, New Delhi 110 066.
2. Tele conferencing with our trustee Member Mr. K Sharath Chaudary, Managing Director, East India Petroleum, Hyderabad on April 6th on a perspective plan for the mid term and long term was held at board Room of Energy Infratech office. Mainly discussion at primary level was held to prepare a plan for taking ahead this programme.
3. In Audio-Visual activity, a film has been made on livelihood programme *“Initiatives in Livelihood Promotion”* where all process and progress are shown as visual documentation. A first of its kind to preserve the series of process in making Nursery with special effort to grow Cardamom, which is already extinct species in Sikkim. We are preparing video documentation of other activities in coming months.
4. One of the salient features in this period is launching of our Web Site- www.bhavishyabharat.in. A team of highly qualified technical team from M/s. Studio Brahma Private Limited has supported to prepare this site which now shows complete individual identity and opening a new venture to link with Bhavishya Bharat Foundation’s publicity and link to other developing institutions. It will give immense opportunity to share views with resources in rural development sector through our Blogs. This Website was launched on 9th May 2009.
5. Appointment of Director-Programme is completed, Mr. Gautam Banerjee, Senior Public Health Engineer with specialization in Rural Integrated development projects has joined from April 1st 2009.
6. To have more intensive approach in ongoing field activities in all sectors we have included Mr. Dhiraj Singha as Deputy Manager (Field Operation) from August 1st 2009.



He has good knowledge of Social activities in rural areas. Beside this at field level we placed 2 more staff as Field Engineer-Mr. Devendra Shankar and Ms. Sachi Kumari as Associate Education Coordinator to facilitate our ongoing programme of Education support and Water supply installations and Education support.

7. In the overall improvements in Health care system and particularly, for evacuation in emergency time we are initiating making of one helipad at school ground of Village Safoo. This ground is located centrally to commute from far end of Chunghthang, Shaggier and Singhik. Initially in R & R demand this ground was due to develop as proper play ground so now both purpose will be served.

8. Beside this early physical activity, the BBF has procured Emergency portable medical kit to provide fastest medical care to patients in case of any eventuality. “Medisys Resusvent” provides necessary artificial ventilation and is most appropriate system for emergency transport ventilation. In hilly terrain and at all ongoing construction site the vulnerability of emergency evacuation, sudden life saving exercise is quite daily incidences. Delay in fast commuting from project site to nearest big hospitals at Gangtok or at Siliguri is also put these systems on toes.

9. Provision of Walkie Talkie (Motorola hand set) is also under preparation. It will be available to all Doctors, Adits/ Portals and one set as a main control unit at our Singhik office. By doing this all Doctors and medical team will be always updated about any eventuality and henceforth their support will reach without further delay in all outreach areas.



Miscellaneous Activities:

Staff Visit:

In past six months several visit by Managing Trustee, Director-Programme, Manager-IT and Programme Development and Manager-HR and Administration from BBF head Office were made at Project area and to State capital Gangtok to review and support to ongoing day to day activities of Project. During visit they undertook interaction with Govt. officials at District and State level, attended training programme, participated at village level functions etc.

In continuation of normal activities the BBF field staff provided support to external visitors, who came down to see our programme area from Government and consulting agencies and in return BBF staff participated many times in some Govt. organized programme. Information sharing with Govt. functionaries, Teesta/ Abir officials and few like minded agencies are also going on in regular basis to learn and find commonality between their and our way of doing.

News paper coverage:

Inauguration of Water Supply Scheme at Ramom-30 June 2009: Commencing survey in December 2008, Bhavishya Bharat Foundation started drinking water supply project in Ramom village and it was completed on 29 June 09. Now about 100 residents of the Ramom, village comprising of 26 households, a primary school, ICDS and a gompa will receive drinking water in their respective homes. The project was completed on 29 June and it was inaugurated on 30 June 2009 by the Mrs Sipra Targan, ADC North, with Mr Tashi Chopel, SDM of Chungthang. The ceremony was attended by Bhavishya Bharat Foundation and Teesta Urja Officials in big strength in the company of smiling villagers and their children. The system yields 5000 ltrs of water per day whereas the actual requirement of the village is 3000 ltrs per day.



Remote Ramom village gets drinking water through efforts of Bhavishya Bharat

a NOW REPORT

GANGTOK, 31 July: The Bhavishya Bharat Foundation has introduced clean drinking water supply to the remote village of Ramom in North District.

Conducting survey in December 2008, Bhavishya Bharat Foundation started drinking water supply project in Ramom village as part of Corporate Social Responsibility of IBSA USA Stage III, HEP in North Sikkim. The project was undertaken in a priority basis in remote village of Ramom. The Deputy Director of the SSGD is a project officer and has completed in 29 June.

Following this project about 100 residents of the village have started receiving drinking water. The project has also brought water to a primary school, ICDS and a group.

It is informed that this was a difficult and thereby uphill task to find a viable source, construct collection tank, lay

Remote Ramom village... (Contd from pg 1)

pipelines over a steep height along the contour and connect pipes network to each house, fortnightly, supervision, a fire plumber and village workers day shift in each interval jungle to make it happen. The project was completed on 29 June and it was inaugurated on 30 June 2009 by the dynamic Mrs Siphon Targo, ADC North.

She traveled the rain and steep jungle track to reach the village along with Mr Tashi Chopel, another young and

turn to pg 2

Specialist Health Camp Cum Medical Profiling- 4th and 6th July 09: Unmindful of vagaries of unpredictable weather of North Sikkim, old and young, ladies and gents trudged from villages to avail the free specialist Health Camp cum Medical Profiling at PHC Chungthang on. Organised under the combined Medical Synergic effort of North District Health Department and Bhavishya Bharat Foundation.



North Sikkim villagers avail free specialist health camp cum medical profiling

SE Report

GANGTOK, July 9: About 400 people from Lachung, Lachen, Chungthang, Pegong, Theng and Shipgyer in North Sikkim availed free specialist health camp cum medical profiling at PHC Chungthang on July 4 and 6.

The camp was organised under the combined Medical Synergic effort of North District Health Department and Bhavishya

Bharat Foundation, NGO sponsored by Teesta Urja Stage III, Hydro Electric Project, informs a press release.

Dr OP Dhakal from Central Referral Hospital, Dr RC Sharma, DRCHO (North), Dr Dheeraj Khatri from Mangan District Hospital, Dr Giley Bhutia of Chungthang PHC, Dr Bhavna Thapa, Dr Pema Lachungpa and Dr Sunita Gupta of Bhavishya Bharat Foundation checked and treated the people.

Some of the other facilities provided during the programme were examination by specialists, blood test, x-ray, ultrasonography and endoscopy. The people were also given free medicines. The doctors were supported by PHC paramedic staff, Lab Technicians, X Ray Technician, paramedic staff and a mobile diagnostic van (donated by Teesta Urja Ltd) with full lab facilities from Bhavishya Bharat Foundation.

Sikkim Express-16 July 2009: Bhavishya Bharat Foundation (Sponsored by Teesta Urja Ltd) carried out plantation at Singhik, North Sikkim. At least 50 saplings of "Panisach", "Dalchini", "Local Chandan", were planted on the occasion.

Bhavishya Bharat Foundation celebrates Independence Day 2009 with flag hoisting followed by staff get together.



Sikkim Express-20 Aug 2009: In a touching gesture of unity in diversity, 73 Bhavishya Bharat Foundation sponsored Students of Singhik Secondary School and North Sikkim Academy joined hands and organized a cultural extravaganza on 16 Aug 2009 as a continuation of Independence day Celebrations. With little guidance from Bhavishya Bharat Education staff and community organizers, many children organized the show as well as exhibited their talents with confidence and enthusiasm with patriotic songs, cultural dances and songs and a grand mass yoga. Sh Namgyal Bhutia, Principal North Sikkim Academy, Mangan, a special invitee, thanked Bhavishya Bharat Foundation for taking care of education of the poor children of remote North Sikkim villages.

Two North Sikkim villages get free drinking water supply

SE Report

GANGTOK, September 21: In a simple function held at Singhik and Kazor villages of North Sikkim on September, Tshering Wangdi Lepcha, MLA, Lachen-Mangan inaugurated the drinking water supply scheme funded and executed by Bhavishya Bharat Foundation as part of corporate social responsibilities of Teesta Urja Stage III Hydro Electric Project.

According to a press release, the inaugural ceremony was attended by DC North, ADC North, SSP North, DDO North, Deputy Director, HRDD North, Teachers of Singhik Secondary School, Panchayat members, large number of villagers, Additional General Manager, HB Head and officials from Teesta Urja Ltd and the entire staff of Bhavishya Bharat Foundation.

In his keynote address to a large audience in Singhik Secondary School premises, Mr. Lepcha paid rich tributes to Bhavishya Bharat Foundation for completing this essential drinking water supply scheme and appreciated the coopera-

tion of the villagers towards timely and successfully completion of the scheme in finest quality. He advised the villagers to appreciate the villagers to appreciate this noble scheme of drinking water brought to their homes, free of cost by the Foundation and exhorted them to carry this forward for the benefit of the coming generations. The MLA further advised the Panchayats and Village Development Committees of both the villages to be self-reliant and ensure proper maintenance so as to have uninterrupted flow of drinking water to every home, school, gumpa, Health Care Centres and other institutions.

The DC North in his speech appreciated the development work taken up by the Foundation and asked them to take on many such noble development works that touch the lives of common people at grass root and said that the district administration would always provide full cooperation and support to such future activities by the Foundation. DDO North also appreciated the efforts of Foundation and reminded the villagers to ensure

proper maintenance.

Colonel (Retd) Mani Gahatraj, Director (Sikkim Project), Bhavishya Bharat Foundation, in his address, thanked both village communities for their support and cooperation. Explaining the journey undertaken by the Foundation in North Sikkim during the last one year from the day it came into being on September 8, 2008, Mr. Gahatraj explained that the Foundation was doing its work of local area development in the nine project affected villages of North Sikkim under the mandate of Dist R&R Committee that included Health Care, Education Development, Livelihood Programmes such as promotion of Agriculture, Horticulture and training and support to Self Help Groups. He further said that Social and Medical Profiling of all

nine the villages have been completed with a ready data base available, 79 children from these villages were presently under sponsorship in Singhik Secondary School and North Sikkim Academy out of which 39 students were presently lodged and coached in a temporary hostel in Singhik and construction work is about to commence for a modern 100 bedded hostel in Singhik Secondary School for the sponsored students. He further informed the audience that work on Water supply schemes in Theng, Pegong and Saffo villages would be executed in coming months, work on extension of Saffo-Salempakhyel School Ground is in final stages of completion, work on another Hostel at Shiggyer has already commenced and a major renovation work in Girls Hostel and a

laboratory in Chungthang is going to commence in the next few days. At the same time, the Foundation's Medical Team is conducting Health Camps and OPDs in the villages. He said that plans are afoot to build Medical clinic in Shinghik and renovation of PHC in Chungthang. He thanked Area MLA for his full support and said that the Foundation was guided by the three key words initiated by Mr. Wangdi that was "Quality, Quality and Quality" so that the completed work is everlasting for all generations to come. He also paid rich tributes to the Engineers and supervisors of Teesta Urja Ltd for their all time unflinching support during the entire execution period of last 6 months.

Earlier on 30 June this year similar drinking water supply of remote Ramom Village was inaugurated by

ADC, North. As such, this brings to a total of three water supply schemes completed by Bhavishya Bharat Foundation in the Project Area of North Sikkim during the last one year, adds the release.

Lakpa Lepcha, President, Water Management Committee and Sharda, Member Panchayat, Kazor, Thinley Lepcha and Jigme Namgyal Bhutia, president and treasurer of Water management Committee, Singhik-Sentam thanked Bhavishya Bharat Foundation for bringing in the much needed drinking water to every household of their villages.

The documents with details of the drinking water schemes of both the villages, prepared by Bhavishya Bharat Foundation were handed over to the respective Water Management Committee presidents of the villages by the MLA, the release further informs.

Strong quake...

Tremors were also felt in nearby Bihar, Assam, Andhra Pradesh, Kolkata but there was no immediate reports of any casualties or damage.

In Gangtok, people were shaken out of their afternoon slumber by the tremor, which was reported

region in the last month, sent panicky people in several areas running into the streets. Minor cracks were reported in high rise apartments and shopping complexes in Guwahati. A tremor was also felt in Lhasa, the capital of southwest China's Tibet Auton-

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WANTED FOR A REPUTED FOOD CHAIN, OPENING RESTAURANT IN GANGTOK

1. MANAGER WITH PRIOR EXPERIENCE OF HANDLING MINIMUM 50 COVERS RESTAURANT.



Sikkim Express-, OCT 22, 2009: Global Hand washing Day is a campaign to motivate and mobilize people around the world to wash their hands with soap. Hand washing with soap is among the most effective and inexpensive ways to prevent water borne and communicable disease, which together are responsible for the majority of child deaths. The belief that washing with water alone to remove visible dirt is sufficient to make hands clean. But washing hands with water alone is significantly less effective than washing hands with soap in terms of removing germs, and hand washing with soap is seldom practiced.

In this scenario, Bhavishya Bharat Foundation (Sponsored by Teesta Urja Ltd) celebrate Global Hand Washing Day on 15th October 2009 at Nine schools of project area of North Sikkim with 1160 (One Thousand One Hundred Sixty) children from villages of Kazor, Singhik, Ramom, Theng, Shipgyar, Pagong, Saffo, Salimpakel, Chungthang. All children and teachers have actively participated in this event with lot of fun and learning. The Aim of the Programme was to bring awareness to the school children with special emphasis to the importance of Hand Washing as part of the personal Hygiene.





Training activities:

(A) In maintaining the need of staff capacity building programme in this phase Mr. CR Foning, Livelihood Officer from project Office participated in an external training programme on livelihood training course conducted by Tara Academy at Institute of Social Science, New Delhi for 3 days from 12th to 14th June, 2009.

The major content of this training was on “**A Result Oriented Approach to Livelihood Projects**”.

Objectives of the Training was

1. Develop an understanding about identifying a livelihood intervention project and design a Livelihood Intervention Project
2. Understand various Project Management tools

Outcome of the Training

At the end of the three day programme, the participants are now have,

1. Learnt process and tools that can be used to identify livelihood intervention opportunities in farm and non farm sector
2. Developed ability to design a livelihood project around livelihood as thematic area, and
3. Learnt various Project Management tools

(B) Situation specific plan management, further exercise on mid project intervention and analysis through PRA exercise were trained to all COs by Director Programme Development in August this year. Formation and strengthening of SHGs were also explained with distributing Documents showing all methodology/ steps to form and strengthened SHGs.

(C) In April COs were taught about Communication skill, Solid and Liquid waste management, participatory method in Rural Water and Sanitation activities and tools on



awareness campaign from Director-Programme. Two days exhaustive training session with lot of literature support was provided to them.

In future we would attain knowledge on Quality Assurance plan, thematic designing of new programme and inputs in Fund raising, making of perspective plan etc. by deputing trainers on short time consultancy basis at Head Office level. At Field office periodical skill enhancement and updating, training on Behavioral Change Communication will be targeted



In house activities

BBF will organize assessment study by external evaluators in coming month. They will undertake the last 1 year's work done with identifying Strength and Weakness, Quality assessment of Staff and methodological gaps in programme implementation.

In publication section we will make out a film on our whole process of CSR implementation, community and other prime stake holders reaction.

In completion of first year we are releasing our Brochure with depicting some of our previous information with organizations Vision and Mission. For showing recent developments, progress and glimpses we are making Bi annual News Letter. One photographic documentation along with these Documents will certainly able to project our salient features, series of action and progress in phases.

Finally in path of taking attempts on comprehensive rural development activities may be we are still way behind in real participatory approach. In typical CSR bindings and in this concept, initially we did not get flexibility of experimentation. Continuous thrust on coming closer to all stake holders, designing new changes in programme implementation, sharing our ideas with Govt. system, inviting outsiders as Consultant advisors is hopefully making us strong contender for coming out with new Model.



Finally in long march towards “Pursuit of Excellence” we promise to develop and promote stronger, faster and community friendly organization and activity network in coming months and days together.



PICTURE GALLERY



Social Development Activity





Health Care Activity





Water and Sanitation





Livelihood





Education

