

ANNUAL REPORT 2012`-13

CESR

CENTRE FOR ENVIRONMENTAL AND SOCIO- ECONOMIC REGENERATION (CESR)

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PREFACE:

In the far end of the last century a group of young professionals belonging to Agriculture, Environmental Science, social work and such other disciplines joined their hands to translate a dream into action. The dream was pushing the extremely downtrodden communities of some selected areas into a ladder of development that they never could think of touching. CESR thus was emerged leashed on some basic philosophy.

Each organization has its own vision and mission. To achieve those definite programmes, proper target group, appropriate strategy and competent workforce are decided and arranged. An environment is created, adequate infrastructure is developed, a work culture is promoted and follows up – monitoring – evaluation aspects are taken care of. CESR is no exception to it.

We sincerely believe that it is the duty of the enlightened people to encourage the deprived section of population in their struggle to survive and progress. Hence we are engaged in the services of such people since its inception. We are constantly striving to be with them as effectively as possible in their all endeavors. We are not capacity rich organization. Nevertheless, we have achieved something as a result of own limited but sincere and planned efforts. The following pages will tell something about that.

I express my sincere thanks and gratitude to the communities concerned, youth leaders of the operational areas, PR bodies, District administration, Judiciary & Bar members and Funding bodies for their support in our endeavour.

Debasis Panda
Secretary

HISTORY AND DEVELOPMENT OF CESR

BACKGROUND:

A group of social workers had been working in the tribal dominated areas of the Chhotonagpur plateau of West Bengal including the districts of Purulia, Bankura, Midnapore and Birbhum since 1990. The basic programmes included generation of environmental awareness, people's institution building and enabling people to initiate participatory planning process using natural resources. Since most of the members of the group happened to be the native of this agro-ecological zone and, became highly concerned with the massive deforestation, erosion of soil, increase in migration rate, degradation of social values and increase in poverty the situation prompted them to form a formal group of professionals in order to enable them to work on the problems. The group was then (1993) registered under the Societies' Registration Act to undertake development activities in the region in a systematic manner. During the year 1997 the organization also registered its name under the Foreign Contribution (Regulation) Act of the Ministry of Home Affairs, Government of India.

MISSION

The main mission of the organization is to create an enabling environment where people, especially the disadvantaged and marginalized community can participate in the development process with equity in order to bring about overall well being of masses by restoring and sustaining the productive natural resource base.

VISION

With increased population, industrialization, infrastructure development and its consequent pressure on the demand of biomass, thousands of hectares of vegetative land have been denuded and water resources have been depleted and polluted. As a result, the forest based agro-ecosystem has undergone drastic environmental changes causing threats not only to the survival of numerous species of plants and animals but also to the livelihood system of masses. This environmental degradation has been taking a heavy toll on the health and economy of the people, especially of disadvantaged and marginalized community; thereby making any poverty alleviation effort as most challenging task. On the other hand, State's resources meant for poverty eradication and development are not adequately reaching to the targeted community because of bad governance. Therefore, CESR envisions for an appropriate action where community can take up the responsibility to regenerate the natural resources based productive system and participate in the development process by influencing the governance system so as to make it proactive and pro-poor. To realize this, people's traditional knowledge and appropriate technology will be effectively utilized. CESR will join similar initiatives of government and non-government organizations to bring a greater synergy and convergence. With this conviction the organization has started its activities.

OBJECTIVES

Basic objectives of the organization are;

- To promote ecologically sustainable development and improve the Quality of Life (QOL) through strategies of collective well being.
- To initiate and undertake economic development programmes with local resource-based practices such as agriculture, horticulture, pisciculture, cottage industries, animal husbandry, agro-forestry, wasteland development, etc.
- To undertake researches, training, consultancy and counseling on the environmental and socio-economic problems aimed at designing development strategies that foster sustainable natural resource use, preservation of biodiversity, reduction of environmental pollution, minimizing socio-economic and gender disparities, support child development and better health care for the people both in the

rural and the urban areas.

- To promote environmental educational programme designed to heighten the level of awareness of grass-root level people about issues such as environment, population, health and development and the interrelationship among them.
- To preserve cultural heritage with special emphasis on folk and tribal culture in rural areas and codify & document indigenous knowledge systems for their wider dissemination.
- To organize women's group for collective social and economic action for overall development of the villages, as well as, the upliftment of the status of women.
- To initiate legal literacy programmes for generating legal awareness amongst the deprived communities for their entitlement.
- To influence the local governance system (PRIs and line departments) to become more responsive in the delivery of programmes
- To analyze the problems of youth and develop entrepreneurial capabilities of the unemployed and underemployed youth.
- To document and disseminate the development initiatives for action, reflection and impact assessment.

STRATEGY

For achieving the above objectives CESR's strategy is to motivate the people towards integrated sustainable development along with mobilizing biological, physical and natural resources. The steps undertaken by CESR in the process are;-

- * Diagnosis of problems through participatory approaches, situational studies and livelihood analysis.
- * Facilitating people's co-operation and participation.
- * Mobilizing PRI, local, government and non-government organizations' resources for effective promotion of initiatives.

The Committees:

A. Executive Committee:-

The organization has constituted an Executive Committee as per rules of the Societies' Registration Act, Govt. of West Bengal. The Office bearers are the Chairman, Secretary, Asst. Secretary, Treasurer and 5 EC Members. Secretary is the Functional Executive of the organization for running the organization's day to day activities. For initiating any new activities and adopting any new policy unanimous decisions are taken in the meeting of the executive committee.

The names of the members of the Executive Committee are given in the following table.

Sl.No.	Name of the Office bearers and EC Members	Educational Qualification	Year of experience	Designation in the Executive Committee
1.	Mr. A. K. Pati	M.S.W.	45	Chairman
2.	Mr. D. Panda	M.S.W.	27	Secretary
3.	Mr. D. P. Mandal	M.Sc.(Horticulture)	25	Asst. Secretary
4.	Mr. Sudhakar Ghosh	M.S.W.	29	Treasurer
5.	Mr. S. Dutta	M.Sc.(Agril. Extn.)	23	Member
6.	Mrs. M. Chakraborty	M.Sc.(Stat.)	20	Member
7.	Mr. D. K. Patra	M.S.W.	27	Member
8.	Mr. S. N. Samui	M.S.W.	26	Member
9.	Mrs. S. Sarkar (Pal)	M.Sc. (Ecol.)	24	Member

Besides the member professionals of the Executive Committee the services of other professionals who are general members of CESR are also available for planning and implementation of different types of activities.

B. The Advisory Committee:

An advisory committee has been constituted with a few eminent personalities of various disciplines with their vast experiences. The very purpose of forming such an advisory body is to keep a close eye on the activities of the organization towards making an objective monitoring in one hand and to extend advice and give directions in the line of thrust areas in the front line and in the recent innovations in the field of development on the other.

AREA OF OPERATION

CESR has been working in the Scheduled Tribe, Scheduled Caste and Other Backward Communities dominated 206 villages under the CD Blocks of Hura, Pancha, Manbazar-II, Bandwan, Barabazar, Bagmundi, Arsha, Purulia-I and Kashipur in the district of Purulia in West Bengal. The villages were selected considering its backwardness in terms of low employment availability, poor income generation, lower rate of literacy, lower level of health status and environmental degradation due to deforestation. Again under Childline 1098 Services the organization covering all the villages in all the CD Blocks in the district

The target group:

The organization, as already mentioned, has been working in 206 villages located in the tribal dominated part of the Chhotnagpur plateau of West Bengal. This being a part of the forest-based agro-ecosystem the people were mainly dependent on forest-based resources. Over the period because of very high denudation of forest resources the ecosystem has become rather fragile. The life and living of the tribal population mainly comprising *Santals, Kharias and Mundas* has become very difficult in the present time. It was therefore very important for CESR to make these people the target group for different programmes. For 1098 Childline services includes all children upto 18 years of age for special care, protection and emergency services.,

ACTIVITIES OF THE CENTRE DURING THE YEAR 2012-13

The various types of **Project** and **General** Activities conducted during the year are given below.

1. PROJECT ACTIVITIES

- A. CHILDLINE 1098 SERVICES :** CESR initiated **CHILDLINE 1098** services in the district of Purulia as one of the collaborating agencies of **CHILDLINE India Foundation** under the Ministry of Women and Child Development, Government of India.

CHILDLINE is a national 24-hour free call emergency service for children in need of care and protection. **CHILDLINE** aims at protecting the rights of children and ensuring access to quality service and technology to the poorest of the poor. The strategy to work towards this vision is outlined in the aims and objectives. **CHILDLINE** aims at responding effectively to all calls received. **CHILDLINE** works towards sensitizing allied systems (such as the police, doctors, the community) about child rights and advocate for a child friendly society.

OBJECTIVES OF CHILDLINE 1098 SERVICES :

- To respond to children in emergency situations and refer them to relevant Governmental and Non- Governmental Organisations.
- To create a structure which ensures the protection of the rights of the child as ratified in the UN Convention on the Rights of the Child and The Juvenile Justice (Care and Protection of Children) Act, 2000.
- To provide a platform for networking amongst organizations and to strengthen the support systems which facilitate the rehabilitation for children in especially difficult circumstances.
- To sensitize agencies such as the public, hospitals, municipal corporations and the railways towards the problems faced by these children.
- To provide an opportunity to public to respond to the needs of children in difficult circumstances.

We work for the protection of the Rights of all children in general. But our special focus is on all children in Need of care and protection, especially the more vulnerable sections, which include:-

- Street children and youth living alone on the streets
- Child labourers working in the unorganized and organized sectors
- Domestic help, especially girl domestics
- Children affected by physical / sexual / emotional abuse in family, schools or institutions.
- Children who need emotional support and guidance
- Children of commercial sex workers

- Child Marriage
- Victims of child trafficking
- Children abandoned by parents or guardians
- Missing children
- Run away children
- Children who are victims of substance abuse
- Differently-able children
- Children in conflict with the law
- Children in institutions
- Mentally challenged children
- HIV/ AIDS infected children
- Children affected by conflict and disaster
- Child political refugees
- Children whose families are in crises

Action taken so far :

I. Intervention	Total No	Remarks:
Medical Help	23	Medical support to the poor children, malnourished children, abandon baby, Mental Retired children, physically & sexually abused children
Shelter	21	Abundant baby, physically & sexually abuse children, run away children
Restoration	34	Missing children, run away children
Protection from Abuse.	28	Protect victim child marriage children; Physically & sexually abuse children, child labour, street children and illicit child. Also reunified with family.
Child in conflict with Law		
Sponsorship	1	Provide medical help for that contact with respected authority & some common people
Missing Children	16	Try to re-unifying them with their family
Emotional Support & Guidance	10 (direct) & 70 (indirect)	Child who needs care & protection.

B. Saving Children's Lives Through Community Empowerment

Being supported by Save the Children “**Saving Children's Lives through Community Empowerment**” is the continuation of one year **pilot project** titled ‘**Catalyzing community structures to support integrated health and nutrition outcomes for children in West Bengal**’ is being implemented in 39 backward villages under Bhandarpuara and Manara GPs in Purulia-I and Keshargarh GP in Hura CD Blocks in Purulia in close cooperation with district, block and Panchayat level authorities.

Community based MCH&N pilot project was implemented in response to the grave health and nutritional situation of women and children in the district of Purulia. The strategy emphasized on a multi-sector approach and involved the major systems i.e. Health and ICDS as well as the PRI. Through this project efforts were made the downward trends in the health and nutritional status of poorer section of population of the project villages.

The **goal** of the project is sustained reduction in child and maternal mortality in the coverage area.

Key objectives of the said community based Maternal and Child Health and Nutrition project includes:-

Improve use of Key Health and Nutrition Services through increased knowledge, improved health seeking behavior and practice such as

- i. To increase availability of Health and Nutritional services.
- ii. To increase quality of Health & Nutritional services.
- iii. To increase knowledge of improved attitude towards acceptance of key services and behavior.
- iv. To enhance policy environment and resource environment for the child health and nutrition.

In order to effectively implement the project activities, in turn, achieve the project objectives were designed and undertaken in the project.

Key Activities of the Project:-

The following activities are the key activities of the Project during the year 2012-13:

i) Meeting and events;

Sl. No.	Type of meeting	No. of villages covered	No. of meeting held during 2012-13	No. of participants attended
01.	Female Support Group meeting	38	230	3552
02.	Male Support Group Meeting	38	228	3421
03.	VHSC Meeting	38	218	2212
04.	Mothers meeting in scattered hamlets	9	45	543
05.	Adolescent Girls group meeting	38	114	1276
06.	Meeting with PRI	3 GP	18	203
07.	Community Level Sensatization meeting	24	24	8753
08.	Interface meeting with duty bearers	3 GP	6	231

09.	Village level health events and campaign through Jhumur, Baul & Papet shows.	38	38	27432
10.	Nutrition counseling of mothers with ICDS	38	224	4077
11.	World Breast Feeding Week Observation	38	38	2876
12.	World Nutrition week observation	38	38	2340
13.	District level Seminar on MCH & Nutrition issues	One at Purulia town	1	64
14.	Block level monthly meeting of field staff	Centrally at CESR Office	9	116
15.	World Health Day & Safe Motherhood Day Celebration	Haripada Sahitya Mandir, Purulia	1	122

2. Training Workshop:

Sl. No.	Name of training workshop	Duration (No. of days)	No. of training workshop	No. of participants
01.	Reinforcement Training of front line Health Workers (AWW, ASHA & ANM)	1	3	130
02.	Training of Support Group Members	2	4	335
03.	Training of VHSC Members	2	3	123
04.	Reinforcement Training of Male Support Group Members	2	4	136
05.	Reinforcement Training of Women Support Group Members	2	4	132
06.	Reinforcement Training of VHSC Members	2	3	90

HOME VISIT

During the year of 2012 -2013 we have conducted 17321 nos. of home visit within the 38 project villages. Following areas were covered during the home visit:

- To assists families to provide the best possible support for their Children, lactating mothers and pregnant mother.
- Support to parents in areas of parenting
- Provide up to date health information for parent Children, and young people.
- Health service for infants, children, pregnant and lactating mothers.
- Engaging the parents in a positive partnership with Health service providers.
- Provision of appropriate information and making referrals in health and Nutrition issues.
- To enhance the mental and physical health of children and their families.
- To enhance the cognitive social and emotional welling of children and their families.

- To assist families to provide a safe and supportive environment for their children and mothers.

OUTCOMES:

- Awareness increase about health & Nutrition issues among community
- Strong co-ordination established between the Health & Nutrition service provider
- Community people are now seeking to understand their perception, priority & need
- Capacity building among mothers & others care givers in appropriate feeding & caring practices for infants & young children
- Reduced IMR & MMR
- Exclusive breast feeding rate has been increased at satisfied level
- Quality of services at health facilities has strengthened
- Community ownership has been increased among population
- No of institutional delivery & delivers by trained personnel has been increased
- Access use & coverage of essential & basic curative services increased
- Early child marriage has been reduced throughout our regular intervention
- VHSCs are now play an active role for maintaining Health & sanitation standards through expanding granted untied fund

C. Saving Children's Lives Through Mobile Health Unit (MHU):

Purulia is one of the least developed districts of West Bengal with 40% of its villages declared 'backward' by the Government. It has a low level of female literacy (37%), high proportion of marginal workers and poor health conditions; most habitants suffer from malnutrition, and women from anemia.

However accessing to health care services becomes a challenge in the remote terrains of Purulia where many tribal villages are underserved, transportation services are poor and low awareness level among the communities is a reality. Providing mobile health services would help to make health care services available for these unserved or underserved children, pregnant women & lactating mothers. The strategies to bring needed medical expertise, medicines and other diagnostic services to the door steps of the communities in under-served hamlets and villages. Creating awareness and imparting correct knowledge on issues relating to the 'Right of Health' of children forms an integral part of the project.

The Mobile Health Unit is a van fitted with all basic facilities for examination of patients, and with essential diagnostic equipments. The MHU is staffed with one general physician who is experienced in delivering primary maternal and child health care. There are paramedical and other support staff for delivery of comprehensive healthcare to the unserved / underserved communities through the mobile unit.

The MHU, in order to deliver curative services effectively, have basic diagnostic services for diseases like respiratory infections; malaria, diarrheal diseases, water borne diseases etc are of common occurrence. The MHU can come across common medical emergencies during the working hours; therefore it is

essential to have the equipments and supplies to tackle these. Of particular significance here is the basic bag and mask equipment for newborn resuscitation. Other equipments like adrenaline, intubation instruments, oxygen cylinder, IV fluids etc are always available to deal with any life threatening emergency condition encountered and save precious lives.

The MHU also has the equipments and facilities for carrying out antenatal, postnatal and newborn checkups, growth monitoring of children, cold chain equipment for vaccines and audio-visual equipments for film shows for community awareness generation.

The Mobile Health Unit van is moving in its project area as per a plan prepared by the project partner and remaining operational for at least 24 days in a month. MHU is conducting camps in the identified hamlets/ villages on a 'fixed-day fixed site' basis. The van provides healthcare services required for child survival to reduce child mortality and is also addressing the primary healthcare needs of the community. The services of the van is not only limited to the curative aspect, but it is also providing promotive and diagnostic services. An effective referral network with block and district level health facilities have been established to make the programme comprehensive and sustainable.

To increase the demand of health services in the community, the project is also working with the existing Self Help groups/ MahilaMandals of the community to act as pressure groups for demanding quality services. The project is facilitating interface of these group members with the duty bearers and service providers for improving the delivery of services.

Relevant IEC materials have been developed for disseminating information and messages on maternal and child health and nutrition, hygiene and sanitation.

The project is also working in close cooperation with the ASHA, AWW and ANM in the operational area and ensures that their services are accessed by the communities residing in remote hamlets through community awareness and establishing linkages with the service delivery system or advocating for such services wherever nonexistent.

Overall Goal:

To reduce under five mortality and rate of under-nutrition among children aged 0-5 years

Specific objective:

1. To provide Maternal, Newborn and Child Health & Nutrition (MNCH) care in remote inaccessible hamlets and villages.
2. To raise the level of community awareness on issues of institutional delivery, immunization, environmental sanitation, hygiene, and other health and nutrition related behaviours and create a demand for neighbourhood quality primary healthcare services from the government.
3. To develop an effective system of referrals & linkages with the government health facilities at different levels.

Activities Undertaken

1. MHU services are delivered at 10 points in a week

2. Liasening with Dist Health mission & Zilla Parishad
3. Regular patient follow up by CO as well as SHGs
4. Training to GP Level Front line health workers
5. Training to GP the members of Level SHGs
6. Facilitating community groups and community level institutions to monitor health services
7. Attend every month 4th Saturday meeting(convergence meeting of Health, ICDS& PRI)in GPs
8. Village level awareness campaign on Health seeking behavior & Hygienic Practices, water sanitation and hygiene behaviours and demand for services within target communities
9. Strengthening monitoring and accountability for the delivery of quality MNCHN and watsan services, with active community participation
10. Wall Writing.
11. Providing ante natal care to pregnant mothers.
12. Providing post natal care to lactating mothers.
13. Providing essential new born care.
14. De-worming of all children over 1 year of age.
15. Conducting IEC activities on health, nutrition, water and environmental sanitation and promoting institutional deliveries etc

Performance Report of MHU during Operation

OPD Status

Month	No. of days MHU in Operation	No. of patient visited OPD	Total no. of males visited OPD	Total no. of females visited OPD	No. Of Children Visited OPD(0-1Years)	No. Of Children Visited OPD(1-5Years)	No. Of Children Visited OPD(5-18Years)
April	15	1178	234	445	62	149	288
May	19	1805	401	784	88	185	347
June	12	1650	343	707	73	188	339
July	18	1796	393	717	88	202	396
August	16	2968	593	1001	155	446	773
September	19	2718	451	1069	132	381	685
October	11	2244	434	857	122	308	523
November	19	1276	277	471	98	202	228
December	22	1076	253	387	78	171	187

January	16	729	138	293	62	118	118
February	19	949	212	391	73	150	123
March	20	1082	183	460	73	206	160
Total	206	19471	3912	7582	1104	2706	3879

Proportion of Pregnant & Lactating Women visited OPD

Month	No. of pregnant women visited OPD	No. of Lactating women visited OPD
April	28	93
May	56	66
June	64	81
July	47	85
August	56	125
September	38	82
October	31	60
November	49	46
December	73	35
January	47	27
February	66	22
March	88	34
Total	643	756

Proportion of Referrals to various Govt. Health Service Centers

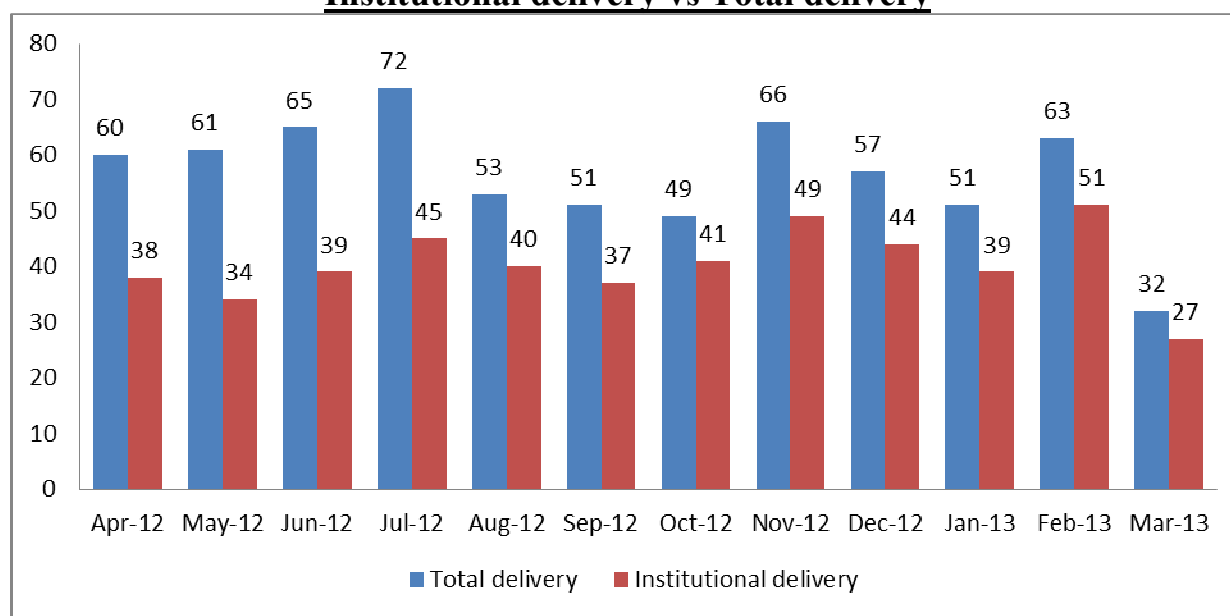
Referral Types	Total
Total number of referral cases made for institutional deliveries	36
Total number of referral cases held for birth registration	67
Total number of referral cases made for other child hood illness	74

Total number of referral cases made for other Gynecological complications	41
Total number of referral cases for other critical diseases	144

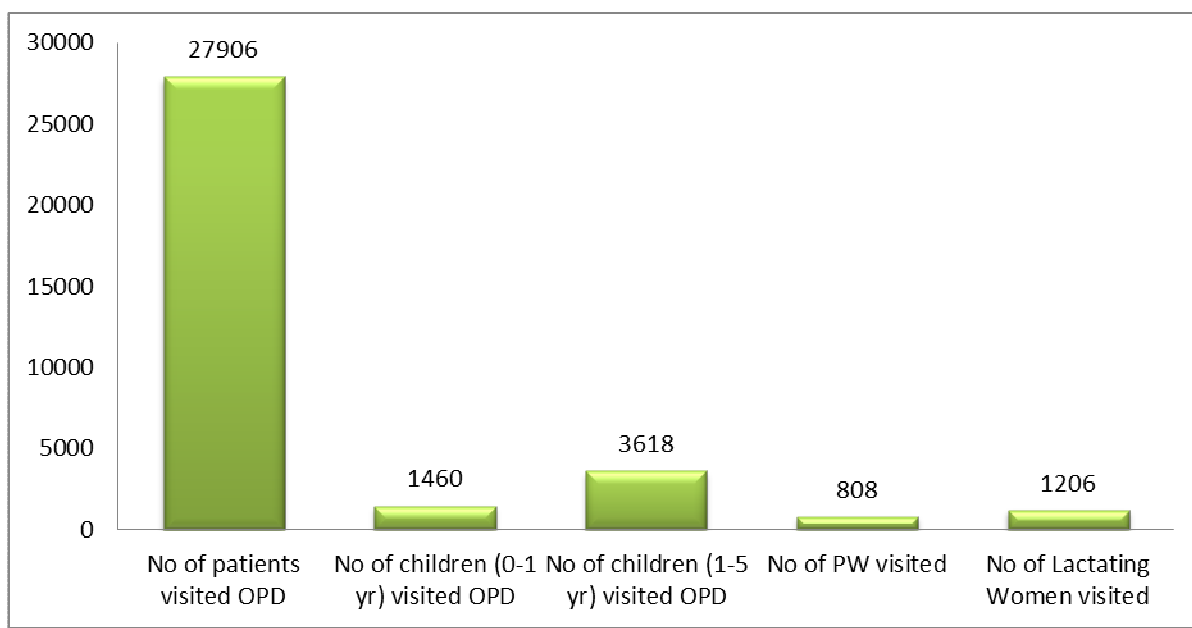
Type of Diseases found during OPD

Type of Diseases found	Percentage of patient
Fever	8.92
Cold & Cough	6.97
Hyper Acidity	3.46
Anemia	1.71
Diahorrea	3.31
Worm Infestation	5.71
ENT	5.84
Leucorrhea	3.65
Dysentery	3.35
Scabies	21.61
Dysmenrhea	.02
Gingivitis	0.47
Caries Tooth	0.74
Fileria	0.25
Typhoid	0.44
Other General Diseases	33.55
Total	100

Institutional delivery vs Total delivery



Achievement of MHU (Sept 11 to March 13)



Lab. Test Status

Sl No	Type of Test	Total
1	Malaria Antigen Test	110
2	Urine Pregnancy Test	181
3	Hemoglobin Test	196
4	Blood Group Test	142
5	VDRL/RPR Test	94
6	HIV Test	93
7	HBsAg Test	96
8	Widal Test	168
9	Urine Sugar Test	87
10	Urine Albumin Test	87
11	Urine Bile Salt Test	1
12	Filaria Antigen Test	19
13	Blood Sugar	92
14	ASO Titre Test	9
15	Semen Analysis	10

Challenges Faced

- convenient locations for conducting camps
 - Condition in most of the Places
 - patients in every OPD session
 - in the community about good health practices
 - Interference
 - covering large number of Villages with limited staffs
- Appropriate and
Bad Road
Huge No. of
Lack of awareness
Local level
difficulty in

CESR with its limited capacity is trying to overcome the challenges & hopefully will be able to provide the basic health services to the target community through "Mobile Health Unit Project".

Expectation from MHU

To Change the people behaviour regarding health, water & sanitation

To Reduce all types of communicable & non-communicable diseases in the community covered by MHU

Communities became capable of organizing themselves for improving their health practices

To improve access and utilization of basic maternal, newborn, child health and nutrition services in the defined geographic area.

2. GENERAL ACTIVITIES;

a> Pre-Primary Education:

As indicated earlier CESR has started working in one of the most remote areas of the district of Purulia. The members of CESR and the Community Organizers of the respective Sectors of the operational areas of the organization motivated village youths for organizing Pre-primary education of the children in the villages where there is no formal primary school. As an initial venture the organization has started three centres in three villages with 118 tribal children. During the last financial year all these three centres has been continued with active participation of village level volunteers. Though there is public demand to open more pre primary and supplementary education centres in remote tribal villages at Ajodhya hills where within 3 kilometers there is no primary school the organization applied SDTT, Mumbai for financial support to open 10 centres which is going to approved by SDTT.

b> Free Coaching Centre:

Earlier the organization started only one free coaching centre in Bondih, one of the village under Manara sector in the Barabazar Block of Purulia. But considering the interest of the students of remote villages under its operational area another two free coaching centers were started at Bandowan and Ajodhya villages during the year 2010. All the centers are run by the youth volunteers of these localities. In these coaching centers students up to high school standard are being served. Some of the students have already reached to the level of class IX and X.

c> Training Programme:

i. Training on Vermi Composting :

During the year the Centre organized two vermin compost training of five days duration at APUS, Ajodhya hills and BAGUS at Bandwan. All total 40 tribal women have taken the training to know the simple techniques of vermin compost production using their household rubbish, leaf and cowdung. The main objectives of the programme were to create awareness among the tribal farmers, to know more about vermin composting and difference between chemical fertilizer and bio-fertilizers. After the completion of training out of 40 trainees 31 trainees have been producing vermin compost and utilizing that on their cultivation field.

ii. Training on Youth Leadership Development:

CESR has been extending training facilities in youth leadership development as well as in vocational subjects like agriculture. Two numbers of seven days duration Youth Leadership training programmes have been organized in BAGUS at Bandwan and APUS at Ajodhya sectors of the centre where 23 male and 17 female youth members participated. In this programme the participants were given to learn about the methods of working with people, extension principles, and conceptual clarity on development for the poor, ecological issues, personality building etc.

iii. Training on Animal Resource Development:

Two days duration two training camps on Animal Rearing and Health Care were organized one each at APUS, Ajodhya and BAGUS, Bandowan sectors of the Centre where 68 tribal participants took part in the same. Of them, 33 were Male and 35 were Female.

d> Awareness Generation Programmes:

A number of awareness generation camps were organised on various aspects like, environmental protection & tree plantation, health, sanitation & nutrition, adolescent girls health and hygiene, etc. in each sector of the Centre. Respective Panchayat and Block level personnel also attended these camps.

Save The Children launched its biggest ever campaign to Save children's lives on the 5th of October 2009. Every life is important more so a child's life for children are the future of a country. The country wide campaign was undertaken to educate every individual and organization to change the world for children.

C E S R helped **Save the Children** to carry out its campaign in several villages under Puncha, Purulia-I and Hura CD blocks in the district of Purulia during the year with several campaign programme like, **No Child Born to Die campaign**, Safe Motherhood Day and World Health Day observation including World Breast Feeding Week and Nutrition Week Observation also celebrated under this campaign programme. More than 70000 signatures were collected in support of the campaign. Leaflets were also distributed. They described the value of each child's life and power of everyone to save those lives.

World Breast feeding week observation:

CESR in collaboration with some ICDS project – in Purulia celebrated World Breastfeeding week from 1st to 7th August' 11. The aims were:-

- a) To point out the importance of breastfeeding and promote the practice.
- b) To eradicate malpractices of breastfeeding.
- c) To create awareness particularly among tribal communities and mothers of the benefits of breastfeeding.

More than 22000 people from Purulia-I, Hura and Pancha CD block participated in the meetings and events held to celebrate the occasion. Mother's meeting, quiz contest, Tablow, Puppet show and poster campaign were some of the activities undertaken to mark the weeklong celebration.

Nutrition week Observation:

CESR celebrated Nutrition week from 1st to 7th September, 2012 by organizing various awareness programmes on maternal and child health & nutrition and also conducted mothers meeting in 17 villages under Purulia I and Hura community development blocks. The theme of the Nutrition Week was "Stay Active and eat like A Champion".\

Mother's Meeting –: These meetings with the help of AWWs and ANMs drew women in large numbers. They were first briefed about the need to observe Nutrition week. Subsequently major issues pertaining to nutrition were discussed. ANM exhorted pregnant mothers to cultivate hygienic habits and showed them various flip charts which demonstrated the basic hygiene norms to be followed during and after pregnancy. Representatives of CESR pointed out that it was essential for a pregnant mother to have a balanced diet and take medicines regularly in case of any deficiency.

e>Agriculture Development:

- i. **On-farm demonstration of Mustard** also continuing since 2003 in some of the operational villages of the Centre. Earlier the villagers were not habituated with oil-seed production but after these on-farm demonstration programme farmers have started to cultivate this crop on a regular basis. It has also helped to increase the production of oil-seeds in the area. This year only 120 tribal farmers of Bandowan, Ajodhya, Manara and Keshargarh sector villages have been distributed early variety of mustard seeds.

- ii. **On-farm demonstration of French Beans and Green Peas;**

During the Rabi season the centre organised On-farm demonstration of vegetables like, Green Pea & French beans at villages under Bandwan, Ajodhya and Bhandarpura sectors of the Centre. The tribal farmers of these villages are not habituated to grow vegetables as cash crop because of lack of irrigation water during the Rabi and Summer seasons. The workers of the centre convinced few farmers that if they grow vegetables just after rainy season they can harvest vegetables using the moisture of the soil and with very little irrigation for cabbage cultivation. So, this programme was innovative for them.

- iii. **Kitchen/Homestead Gardening Programme;**

Minikits of seeds of different types of vegetables were distributed to 250 nos. of SHG women in Rabi season in all selected villages under all 5 sectors of the centre. Training programmes for women on vegetable gardening were also organised before seed distribution.

f> Meeting & Seminars;

i> Village Level Meetings;

The Community Organisers of the Centre conducted regular village level meetings in most of the selected villages where they discussed all matters relating to the activities of the centre for the village people.

ii> Central Level Meetings:

Centrally at the office of the organization monthly meetings were organised to follow up existing work and plan for future work. All the staff members and youth representatives from each sector were attended these meetings. Secretary and other CESR members normally attended these meetings for better impact.

g> Networking & Consultancy Services:

Since inception members of CESR started to organize small grass-root level people's organization/youth clubs of the operational area under a common network for the sustainable development of the area and for protecting its natural resources. For this purpose CESR organized a number of seminars, workshops and training programmes for the functional members of those grass-root level organizations.

The members of CESR also gave consultancy services in the field of participatory processes, staff development, project formulation, project implementation, monitoring & evaluation of programmes, social studies & research, financial management, etc. to various NGO's working in the field of rural development.

h> Pulse polio Programme:-

The organization also participated in Pulse Polio Programme of the Government of West Bengal in its target villages organizing the programme in collaboration with the Health Department personnel and with active participation of village level volunteers and workers.

i> Monitoring & Evaluation:-

Regular village meetings were conducted in all the sectors involving all youth clubs as routine work of the organization. The organization also arranged periodic orientation meetings with the volunteers of the different youth clubs associated with the organizations.

In each sector of the monthly meetings were organized to follow up existing work and to plan for future work to be undertaken in different villages. Two representatives from each village committee normally attended these meetings with CESR Community Organizers and Sector In-charges of each Sector of the Centre.

Executive Committee members of the centre met on regular basis and monitored the programs running by the centre. Alternatively field visit also done by the EC members on weekly basis for monitoring the current activities in the field.

PROPOSED PROGRAMMES FOR 2012-2013:

1. Transfer of Low-cost or no-cost technology for improving ago-based production systems of the resource poor farm families.
2. Organize different types of awareness and training programmes for environmental and socio-economic development.
3. Start various types of location specific income generating programmes for the poor women.
4. Promote Nutritional garden for each family in the operational area of the organization.
5. Organize Training programme for animal resource development.
6. Wasteland development with special emphasis on dryland Horticulture and Medicinal Gardening.

7. Crop demonstration on cereals, oil seeds & pulses.
8. Organization of village level youth organization in the selected villages.
9. Leadership development training for youth leaders of the selected villages.
10. Organize Vermi compost training and demonstration programme for poor farmers.
11. Start education and health programmes in the selected tribal villages.
12. Improve the health and nutritional status of people specially the mothers and children in all the operational villages..

Our Thanks to: -

1. Save the Children, Bal Rakhsha Bharat, Kolkata
2. Konrad Adeneuer Foundation, New Delhi.
3. Department of Health and Family Welfare, Government of West Bengal
4. Department of Agriculture, Government of West Bengal
5. Department of Social Welfare, Government of West Bengal
6. Ministry of Environment & Forest, Govt. Of India
7. Ministry of Women and Child Development, Govt. of India.
8. Childline India Foundation, Mumbai
9. Krishi Vigyan Kendra, Kalyan, Purulia
10. Panchayat Institutions at the Village, Block and District level.
11. The Block & District level Administration of Purulia district.
12. Jan Sikshan Sansthan, Purulia.
13. The office of CMOH, Purulia.
14. The Office of DPO, Purulia
15. All individuals, groups, and community based initiatives who have helped in the endeavour of CESR

(Debasis Panda)
Secretary