



Bhavishya Bharat Foundation

Annual Activity Report
April 09-March 10

Project Title:

“Improve quality of life of communities by providing sustainable opportunities to improve livelihoods, health, education, water and sanitation and thereby promoting well-being in nine project villages of North Sikkim where the Teesta Stage III (1200 MW) HEP infrastructure development is in progress”





Message

Our focus has been on rural development. In fact, we would like to touch every aspect of an individual's life and improve the quality of life as also of the community. Infrastructure development does not necessarily mean wanton destruction of the environment and disruption in the day to day living of common man. All programmes undertaken by BBF are focused on meeting individual and community needs and aspirations. Right through the year we have received encouragement, cooperation and support from Teesta Urja Limited, District and State Government authorities and last but not the least, from the local populace.

I would like to place on record the unwavering and focused commitment and dedication of the BBF team who worked tirelessly to meet deadlines.

We shall not rest on our past achievement but continue to plod on a "pursuit of excellence".

Jai Hind!

*Lt Gen (Retd) Hari Prasad
PVSM, UYSM, AVSM, VSM
Managing Trustee*



Table of Contents:

| | <i>Page</i> |
|------------------------------------------------|-------------|
| I. Executive Summary | 1-3 |
| II. Introduction | 4-4 |
| III. Chronology of work done | 5-7 |
| IV. Health Care | 8-29 |
| V. Water and Sanitation | 30-33 |
| VI. Livelihood | 34-36 |
| VII. Education | 37-42 |
| VIII. Social and Cultural Development Activity | 43-44 |
| IX. Other Major activities | 45-45 |
| X. News clippings | 46-48 |
| XI. Picture Gallery | 49-53 |



Abbreviations:

| | |
|--------|-----------------------------------------------------|
| ADIT | Access Duct into Tunnel |
| ASHA | Accredited Social Health Activist |
| AIPL | Abir Infrastructure Pvt. Ltd. |
| BBF | Bhavishya Bharat Foundation |
| CO | Community Organizer |
| CSR | Corporate Social Responsibility |
| EMP | Environmental Management Programme |
| GPU | Gram Panchyat Unit |
| HEP | Hydro Electric Power |
| ICDS | Integrated Child Development Services |
| LADP | Local Development Programme |
| MW | Mega Watt |
| NOC | No Objection Certificate |
| NSA | North Sikkim Academy |
| NABARD | National Bank for Agriculture and Rural Development |
| OPD | Out Patient Department |
| PHC | Primary Health Care |
| PHCS | Primary Health Sub Center |
| PV | Project Village |
| PRI | Panchyati Raj Institution |
| R&R | Resettlement & Rehabilitation |
| SMC | School Management Committee |
| SSA | Sarva Sikshya Abhiyan |
| TUL | Teesta Urja Ltd. |
| TITDC | Teesta Industrial Training and Develop Center |
| VWMC | Village Water Management Committee |



Executive Summary

The Teesta Urja Limited (TUL), an upcoming 1200 MW Hydroelectric power plant in District , North Sikkim, entrusted Bhavishya Bharat Foundation (BBF) in December 2008, the responsibility of improving the living condition of people in nine project villages that is under its jurisdiction as per the MoU between the TUL and Government of Sikkim. TUL would provide funds for developmental activities in the nine project villages as its Corporate Social Responsibility.

BBF has taken up developmental activities in nine Project Villages (PVs') in sectors that impinge people most. These include Health, Water & Sanitation, Education, Livelihood and Social and Cultural Development.

Although, the PVs' have a Primary Health Care Center or Sub Center, the health facilities extremely poor and inadequate; the doctors attend these centers weekly. In 2008-09, BBF set-up 5 health clinics with a total 8 doctors from BBF and TUL providing health care facilities round-the-clock. Further, a mobile clinic van with State-of-the-Art facilities like Ultrasound, X-Ray and Biochemical testing has been procured to improve the health facilities in the PVs. In 2009-10, BBF has conducted a medical profiling camp where it profiled a total of 3045 people in the nine PV for various health problems. Profiling is a very useful tool as it can predict a health problem, suggest precautionary measures, initiate timely medication, and if necessary, patient referred to a hospital where treatment facilities are available. The OPD in the 5 health clinics handled a total of 44219 patients which included patients from the PVs and company employees. The BBF and TUL doctors conducted health awareness camps on cancer, eye checks-ups, swine-flu and use of First-Aid Kits. The doctors from BBF and TUL propose to have more awareness programmes and include health camps in women diseases and dental care

In Water & Sanitation sector, the emphasis has been on water supply in the PVs. In the PVs of Ramom, Singhik and Kazor, BBF has installed 302 water connections that provide water to 267



Households, Gumpas, ICDS centers, a clinic, a primary and secondary school, dairy farm and animal husbandry. A population of approximately 1350 benefits from the water supply systems. BBF proposes to improve water supply to other PVs and introduce the concept of water safety in the PVs. Currently, BBF is engaged in developing a supply scheme at Pegong village which would cater 55 households. BBF has advocated a participatory approach in developing water supply schemes in the PVs.

BBF has embarked in the livelihood sector in a very big way as it would provide the much wanted financial security to the local population. The population has almost given-up cultivation of large cardamom which incidentally Sikkim was major producer a couple of years ago. BBF's livelihood team is all set to revive its cultivation in a scientific manner, without the use of any form of chemical or biological pesticides. In this regard, BBF planted 80,000 disease free large cardamom rhizomes (seedlings) in its nursery, which would produce approximately 5 to 6 seedlings by mid 2010 and would be distributed to the villagers. BBF has developed a nursery for vegetables, fruits and spices. The BBF has planted orange, papaya, potatoes, cauliflower, cabbage, capsicum and tomatoes while spices include large cardamom and black pepper. BBF has initiated farmers clubs and distributed chilly, brinjal and tomato seeds/saplings to the PV farmers. Further, BBF has trained para-agronomist to assist the farmers in monitoring of the cultivation process, documentation and marketing the produce. BBF proposes to empower women to develop small scale manufacturing units like bags, low cost sanitary napkins, etc

In the education sector, BBF has sponsored a total of 73 students. The children have been accommodated in a temporary hostel till BBF has its own 100 bedded accommodation at Singhik. The living condition, food quality, dress, personal hygiene of the hostel and children who require special care, such as tuition are closely monitored by BBF. For overall development of the hostel children, BBF proposes to provide facilities for extracurricular activities such as sports, hobbies etc. It has been observed that the children have improved in their overall performance after BBF sponsorship.



In Social and Cultural Development front, BBF is involved in renovating/developing religious structures on request of the communities. These include Gumpas, prayer halls and kitchen at Gompas which have been planned in the R & R.

In 2009-10, BBF has been rigorously involved in the overall community development in the PVs. The communities have been very supportive and appreciative to BBF's endeavors as they are seeing the ongoing development in the PVs and have understood the BBF's sincerity of carrying out its developmental activities.



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 whereby BBF had undertaken



Field visits & consultations by Managing Trustee in the PVs

a detailed activity planning exercise. 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.

Vision:

Improve the quality of life of communities in the areas where the infrastructure development is in progress, thereby enabling communities to become self-reliant and more developed.

Mission:

Provide sustainable life solutions to and promote the well-being of the communities.



CHRONOLOGY OF WORK DONE IN APRIL 09 – March 10

Bhavishya Bharat Foundation (BBF) entered into its second financial year with much of the work continued from last year (2008-09) while a few activities introduced for first time in current year. Briefly, the following activities/ events were carried out from April 09 to March 10.



The BBF Team

Health Sector:

- ◆ A MoU signed between the Department of Health, Government of Sikkim and BBF on BBF's role in health care.
- ◆ Health care by organizing specialized medical camps in project areas, non-project areas and schools. This involves taking extra care of serious patients by sending them to state hospitals and purchase of bulk medicine, surgical equipments, and emergency life saving kit, long sized stretchers, first aid kits and specific health support systems.
- ◆ Medical profiling is ongoing in all villages of the 9 PVs', in all ADITS (Teesta Urja employee and local workers) and among school children.
- ◆ Medical profiling has also begun for School children
- ◆ Eye camps became a part of the OPDs in two PV.
- ◆ Community Organisers and ASHA workers have been roped in to provide support in health activities .
- ◆ Awareness campaigns on Swine Flu, Training on First Aid kit use, cancer and hygiene and sanitation among communities.

Water and Sanitation:

- ◆ In the three PVs' viz. Ramom, Singhik and Kazor the water supply schemes have been commissioned and handed over to the VWMC. The inauguration of the water supply



schemes at all 3 villages were organized in presence of Government Officials, Teesta/Abir Engineers, Panchayat and WMC Representatives, the local MLA and the Community members.

Education:

- ◆ Providing Scholarship to BBF sponsored school children in North Sikkim Academy, Mangan and Singhik Secondary School, Singhik.
- ◆ Appointed an Associate Education Programmer to improve quality of Education of BBF sponsored children studying in Singhik Secondary School and North Sikkim Academy
- ◆ Renovation of Girls Hostel and Science Laboratory in Chungthang
- ◆ Construction of school playground at Safoo, which included leveling and filling of the ground.

Livelihood:

- ◆ Completed the distribution of Dalley Chilly and Brinjals seedlings to all village farmers, Also, planted 80,000 numbers of large cardamom rhizomes (seedlings) and orange, papaya, tree tomatoes and other seedlings planted in the nursery land for our future purpose.
- ◆ Formation of 11 farmers clubs and 8 para-agronomist in the PVs
- ◆ Appointed Center for Technology Development, New Delhi for supporting the livelihood project, first field trip report is submitted and plan for next action is under progress.

Social Development:

- ◆ Planning is on progress for construction/renovation of Schools, School hostel, PHSCs, Community center and it's kitchen, Lama prayer hall and toilet etc. in all project villages
- ◆ Clearing up few NOC's with Government Departments, Village Panchayat for taking up approved construction/renovation works in villages.



Events:

- ◆ BBF Website launched in May 2009
- ◆ Celebrated few International and National events like the World Environment Day, Sikkim State Plantation Day, Independence Day, International Ozone Layer Protection Day, World Cancer Day, International Women's Day and World Climate Change Day mainly with the participation of school children and teachers.
- ◆ Regular visits and review made by the Managing Trustees, Director-Programmes, Manager-IT and Programme Development, Manager-HR & Finance from BBF Head Office and few Consultant expert on various field.
- ◆ Provided support to external visitors, who came down to observe BBF programme areas from Government and consulting agencies.



Programme Area: Health Care

The key objective is to provide comprehensive quality primary medical care for all people in the nine Project Villages. An integrated primary health care clinic system has evolved; s five clinics and a health center was set-up in the project villages to adequately support health activities in the nine Project Villages.

Patients load in BBF and Teesta Urja Clinics

The North District has a total of 22 Health care centers which includes both the Primary Health Care Centers and its Sub Centers, which caters to an approximate population of 38,352 in the 20 GPUs. As such the health care centers are understaffed; 17 doctors provide health services to the entire district; the District hospital at Mangan has staff strength of 9 doctors and 2 dental surgeons while the 3 PHCs have a doctor each. The BBF and TUL has a total 5 clinics with 8 doctors and paramedical staff catering to a population of approximately 5000 people in 9 GPUs and the project staff (Fig 1).

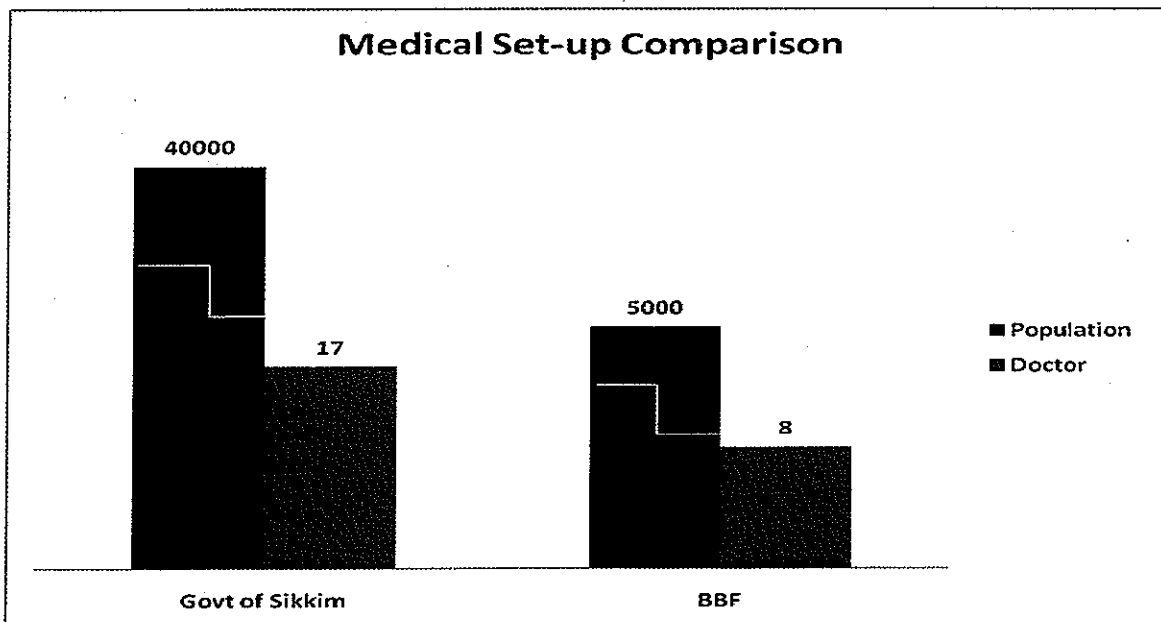


Fig1. Patients load on Government and BBF-TUL doctors



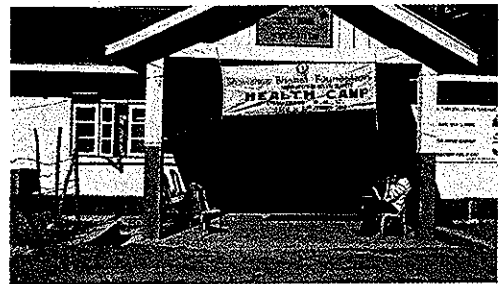
1. Health camps

Project areas:

Health camps were organized in Chungthang, Safoo and Singhik. The beneficiaries in these camps were approximately 1555 people. The details of few camps are mentioned below.

Camp at Eklavya School-Swayen, Singhik - A free Medical Camp was held in April, 2009 on the request of Joint Director Education, Govt. of Sikkim. A total 118 of students attended the camp and received complete health check-up and subsequent health care thereafter provided.

Camp at Chungthang PHC - A free medical camp was organized by BBF field office and held in July 2009 as per the regular planned activity. The camp was under the supervision of medical and paramedical staff from BBF, TUL and Government Hospital, Mangan; the camp also had the services of mobile diagnostic super specialty van. A total 325 (Male-121 and Female-204) patients were checked in the medical camp and necessary health care provided.



Medical Camp at Chungthang

Camp at Safoo PHC A free medical camp was organized by BBF field office and held in January 2010 and the beneficiaries were 197 people.



Patients at medical camp



2. Medical Profiling

BBF aimed at providing holistic primary health care by carrying out free medical profiling of the communities in the 9 PVs. The 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.

The medical profiling is progressing very successful in all the project villages. Initially, while conducting the exercise, the men folk in the communities were reluctant to be profiled but after understanding the significance of profiling, the people came voluntarily for knowing their profile. The rural communities that found accessibility to the clinic at Project site-ADITs difficult, the medical team conducted a door-to-door health check up for those communities. The profiling included for the company staff and the nine PVs.



Medical profiling at Singhik clinic



Mobile Clinic Van used in camp

A total of 3045 patients had attended for medical profiling. The (Fig.2) shows number of patients who had their profiling done from the 9 PVs. The response from male (52%) and females (48%) to undertake profiling was almost similar. The doctors carried out the profiling by segregating age-wise and the stage of maturity like toddler, pre-puberty, puberty and adult stage in both males and females.

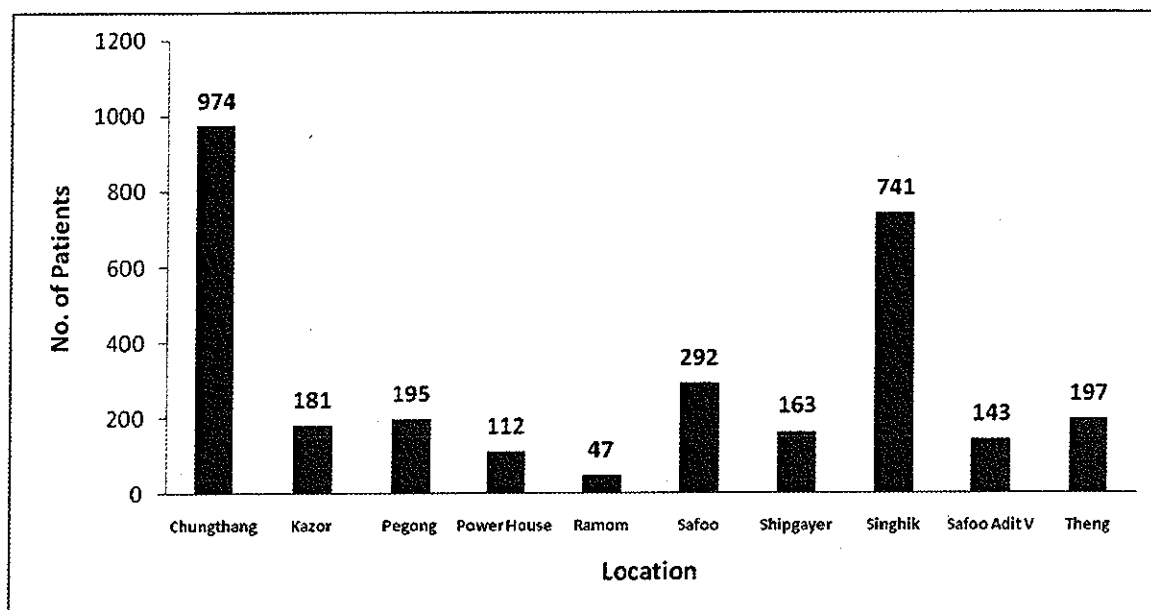


Fig 2: Patients for medical profiling from project villages

The past disease history of the patient were investigated (Fig.3). The patients personal history like, if vaccinated, source of drinking water (tank/river), food habits, availability of sanitation facilities, use of tobacco and alcohol was recorded. In case of married patients, family planning and the method used were recorded. Also, the type of diet, if the diet contained milk, curd, dals, sprouts and pulses and how often they were consumed.

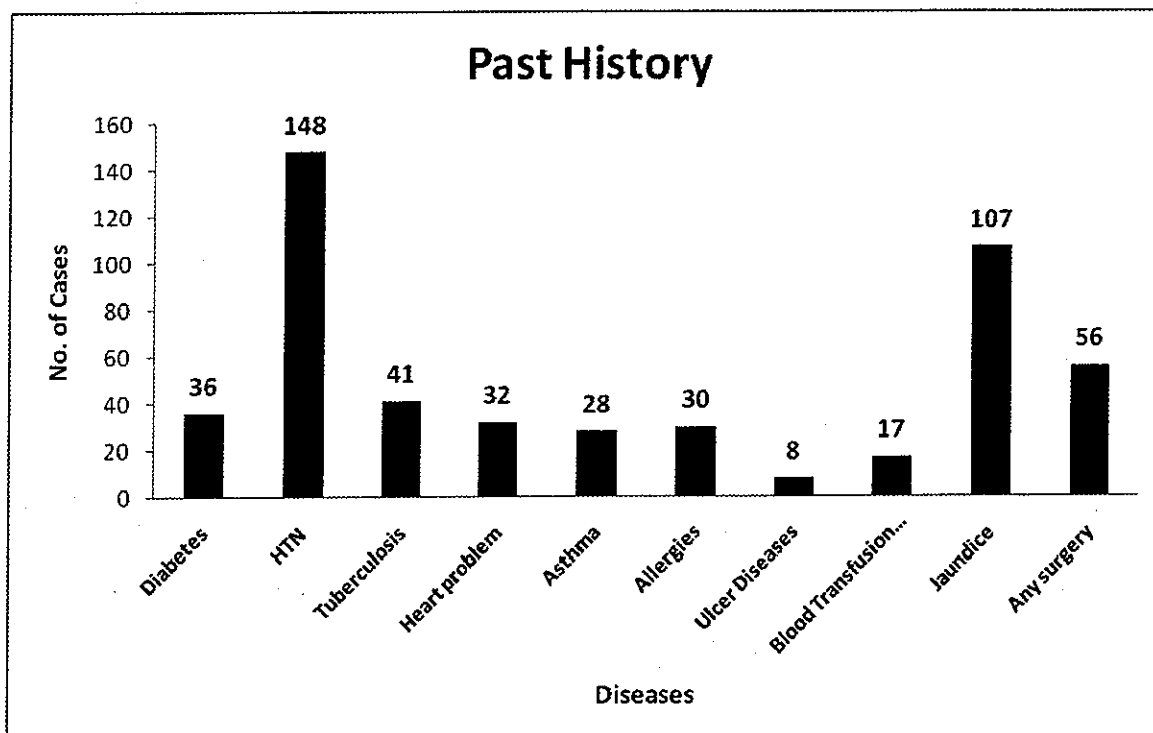


Fig3. Past history indicating various health problems

The various diseases within each age group were computed. The diseases that were diagnosed were those of the heart, stomach, intestine, liver (GIT), nervous, urinary tract and respiratory system. Blood test was conducted to estimate the content of respiratory pigment (hemoglobin) was normal and verify if it led to anemia or breathlessness etc. Patients were treated in the clinics if they did not need any special care. Among the incidences of diseases, Gastro-intestinal and Cardio-respiratory diseases were the most prevalent health problems in the populations. The Fig 4 and 5 shows the incidence of cases in the stomach and intestine (digestive system) in the medical profiling. Such profiles have been made for other diseases as well.

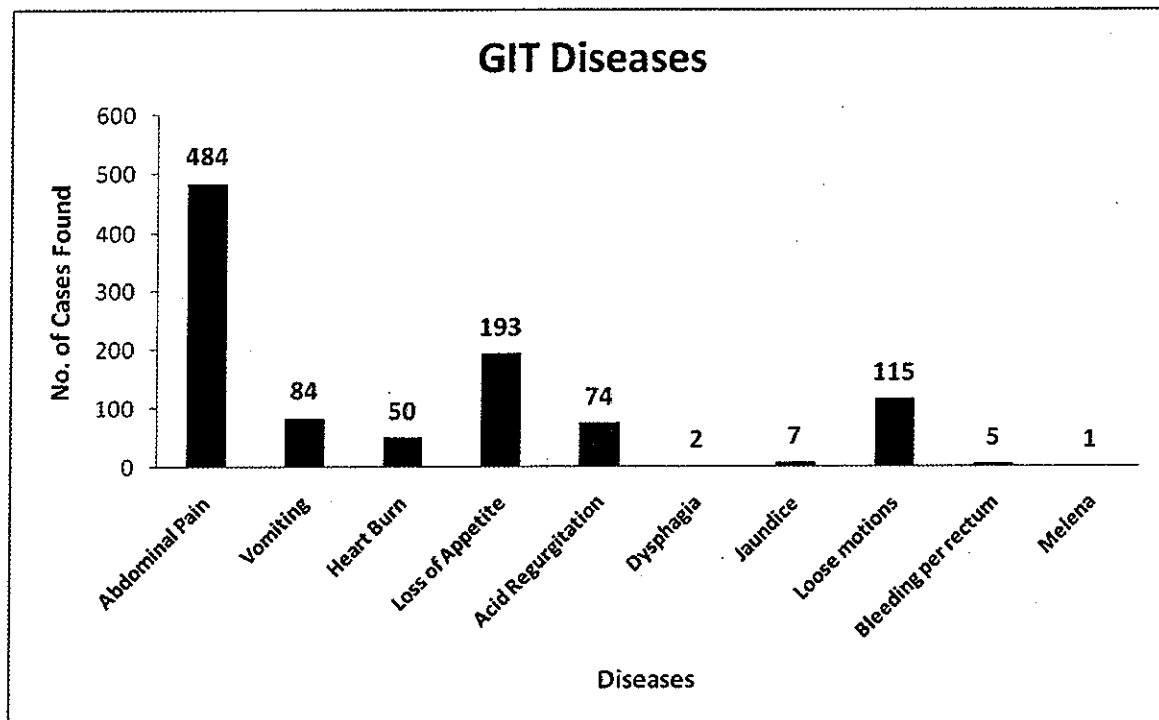


Fig4. Incidence of diseases in the gastrointestinal tract

The medical profiling has been a huge success with context to the number of patients attended and their response and follow-up.

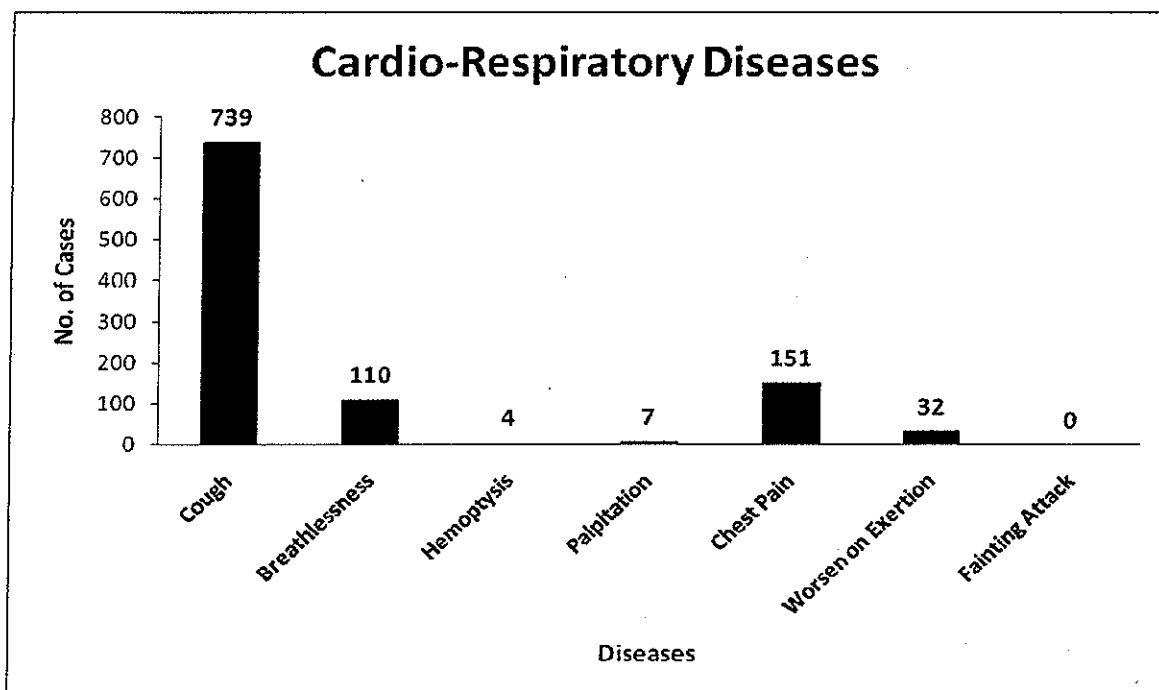


Fig5. Incidence of diseases in the cardio-respiratory system

3. Other Health Related Activities

1. As a case of special treatment, Mr. Phu Tshering Lepcha, a 68 year from PV, Singhik, was diagnosed with cancer viz. Carcinoma of Oropharynx (initial part of the breathing tube\windpipe) was sent to North Bengal Oncology Centre at Siliguri on May 29th, for further investigations. Thereafter, he was sent to SVS Marwari Hospital Kolkata for Chemotherapy. The Indian Cancer Society, Kolkata supported BBF in this initiative.
2. The medical profiling of the BBF sponsored students of the Singhik Hostel was also conducted on April 09. Health screening and medical camp for BBF hostel children and staff were done.



3. On the World Environment Day, BBF organized a free health camp in the Singhik PV. The BBF medical team and community organizer along with super specialty diagnostic mobile van, (mainly used for blood, ECG, ultrasound and X-ray test) were a part of the health camp. A total 64 people attended the health camp. The health profiling will assist towards better health care and healthy life.
4. In the 9 PVs' BBF conducts a monthly 'Cancer Awareness Campaign and Hygiene Sanitation Improvement Campaign'. Doctors and paramedical staff create awareness personal hygiene, hand-wash behavior and practices improve health and living condition.
5. An awareness campaign on Swine Flu and First Aid kit handling was conducted at the PVs' of Chungthang and Theng. The staff at Safoo ADIT and the powerhouse complex received demonstration on the use of the kit and awareness about prevention from Swine Flu. The post training materials in shape of First Aid Kit has been procured and distributed in all ADITs.

Table1. Staff training on use of First Aid Kits

| Date | Clinic Location | Trainers |
|----------|----------------------|----------------------|
| 10-07-09 | Ship Gyer (ADIT-III) | Dr. Navraj Rizal |
| 11-07-09 | Ramom (ADIT-IV) | Dr. Pravat Moktan |
| 13-07-09 | Theng (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. In the schools of the project villages, the BBF doctors are screening students and providing free treatment. The medical profiling of the 39 BBF sponsored students of the Singhik Hostel was conducted. In case of health related problems, the guardians are kept informed about their wards' health and the necessary medical interventions required for their wards.



BBF doctor examines a student

7. The BBF Health Care Programme is closely monitored and supported by District Hospital is available in the health care programme in the MoU. The senior members from head office is putting timely interventions in procuring materials, equipments and solving HR related matters at fast pace.
8. BBF has purchased two Emergency Kits and placed them at Theng and Safoo ADITs in anticipation of emergencies.
9. Indent for medicines, surgical items and equipments for all dispensaries was submitted and the medicines received were disbursed in the PVs. The medicines were procured for a period of three months. Further, a special type of stretchers for casualty evacuation has been procured and kept at the Safoo stores.

The BBF and TUL health care system

The entire Health Care System of the project area has been placed under the supervision of one doctor designated as Coordinator-Health from the BBF. It means the management of entire Health Care system of the project personnel and PVs' would be managed in the 6 clinics. The requisition of medicines, surgical equipments, disposable materials, laboratory materials, clinic equipments for the 6 clinics would be requisitioned by Coordinator-health.



BBF's aim is to cover all the nine PVs' with primary health care facilities at all times. To attain this goal, six health clinics are available to cater to the nine PVs and the project areas. In addition, there is a system in place whereby doctors visit the village communities twice a week in Ramom, ShipGyer and Safoo villages enabling a sustained health services as much as possible. The integrated approach has enhanced the efficiency of the health care delivery system helping the villagers in accessing quality primary health care services.



Registration at a clinic

Health check-ups are conducted regularly in each clinic by medical specialists and the support team. The mobile diagnostic van is made full use in medical camps and in medical profiling work. At terrains that are difficult and weather conditions unpredictable, there is a risk of damage to the mobile diagnostic van. Under such conditions health camps are organized on accessible locations for the community. At the moment, it has been decided that the mobile diagnostic van would be stationed at village Theng and shifted to other PVs such as Chungthang, Shipgyer or Safoo village areas as per requirement, however, ensuring that transit does not damage the van. In PV's where the mobile vans cannot go, the BBF medical team does the needful.



BBF mobile diagnostic van

The daily OPDs as well as emergencies are handled by 6 doctors round-the-clock (24x7) for the PVs and company personal. While caring for people with health problems that can be treated by the BBF doctors, the concern is when patients requiring super specialty treatment and stay at hospitals that have sophisticated facilities. As the budget for various BBF programmes has been pre-planned, unanticipated major health problems like cancer



OPD at Singhik clinic



in the PVs require diversion of planned funds and lead to fund constraints. As the BBF mandate of “Primary Health Care to All” in the R & R listed activities, the fund crunch results in considering only few patients for the expensive health treatment. BBF considers only a few cases for such medical treatment.

Out Patient Department (OPD) - Clinical Performance Data

A total of 42219 patients visited the five OPD centers for medical care between April 09 and March 2010. The records indicate that a total of 12376 patients visited the Safoo OPD, while the patients who visited the other four clinics ranged from 6891 to 8820 (Fig 6).

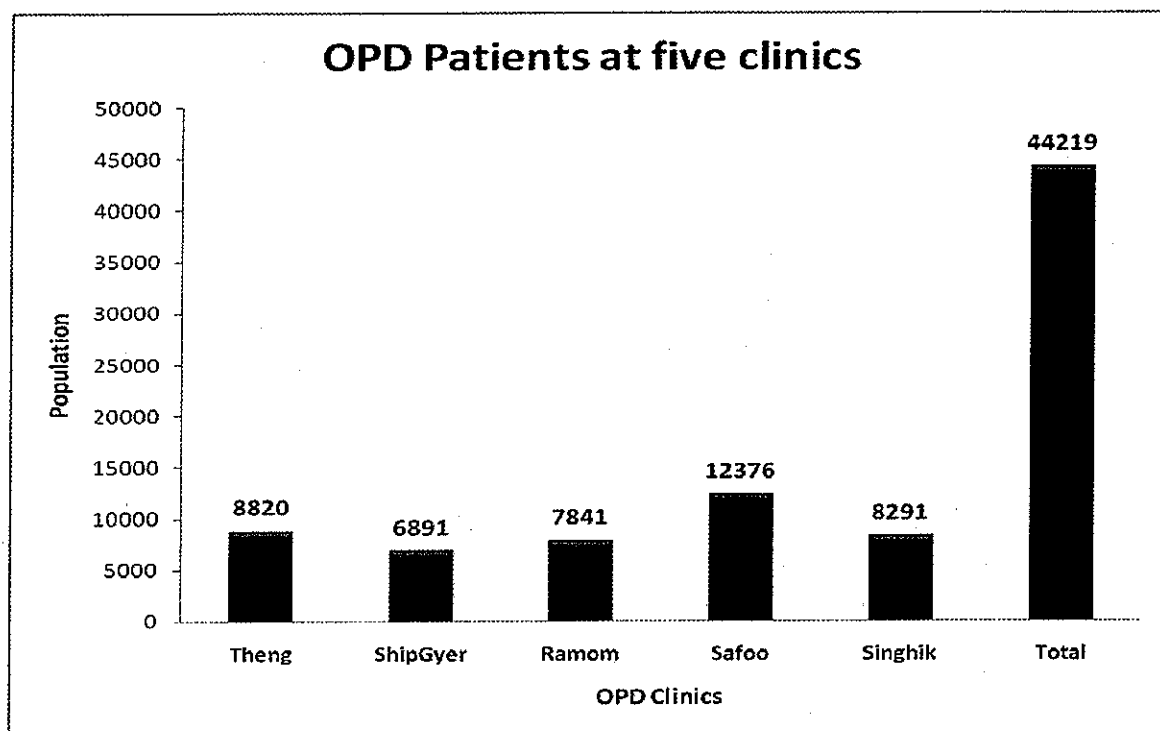


Fig6. OPD patients in the 5 Health clinics



The disease burden indicated that in most of the OPDs, common cold and cough was the most prevalent disease followed by acute respiratory infections, gastritis and skin infections (Fig 7).

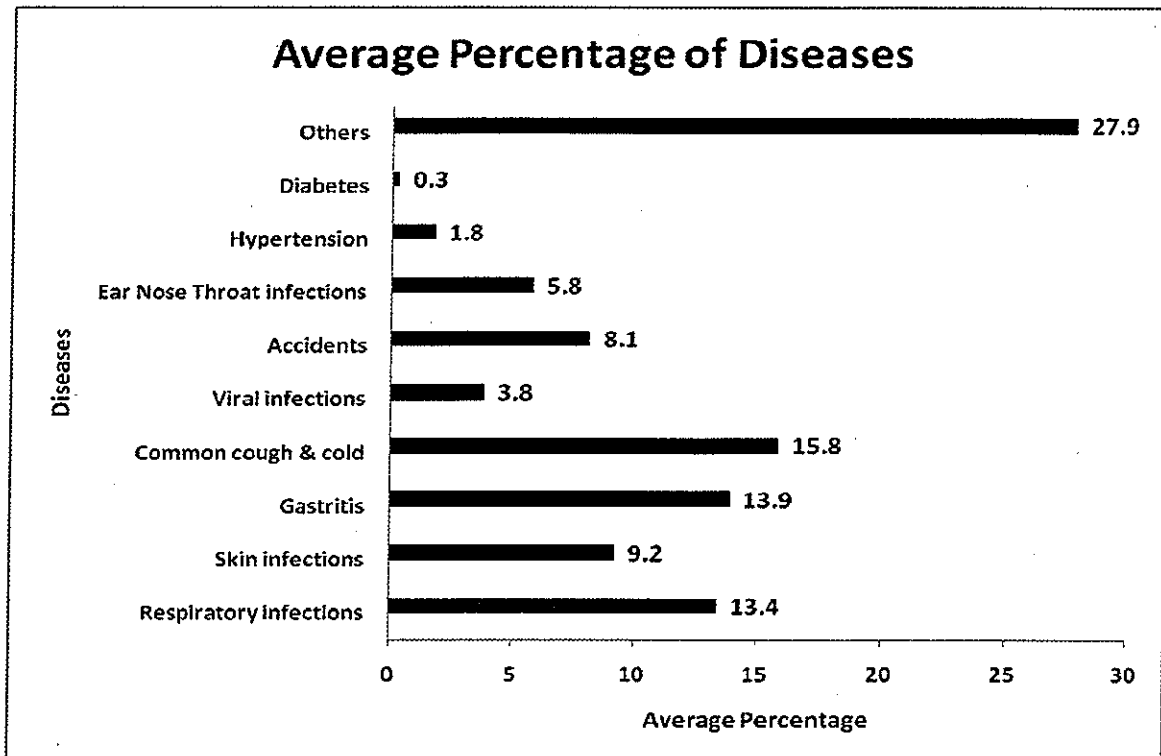


Fig7. Percent burden of disease in the five clinics

The details of the incidence of disease reported in each clinic is shown in Fig 8 to 12

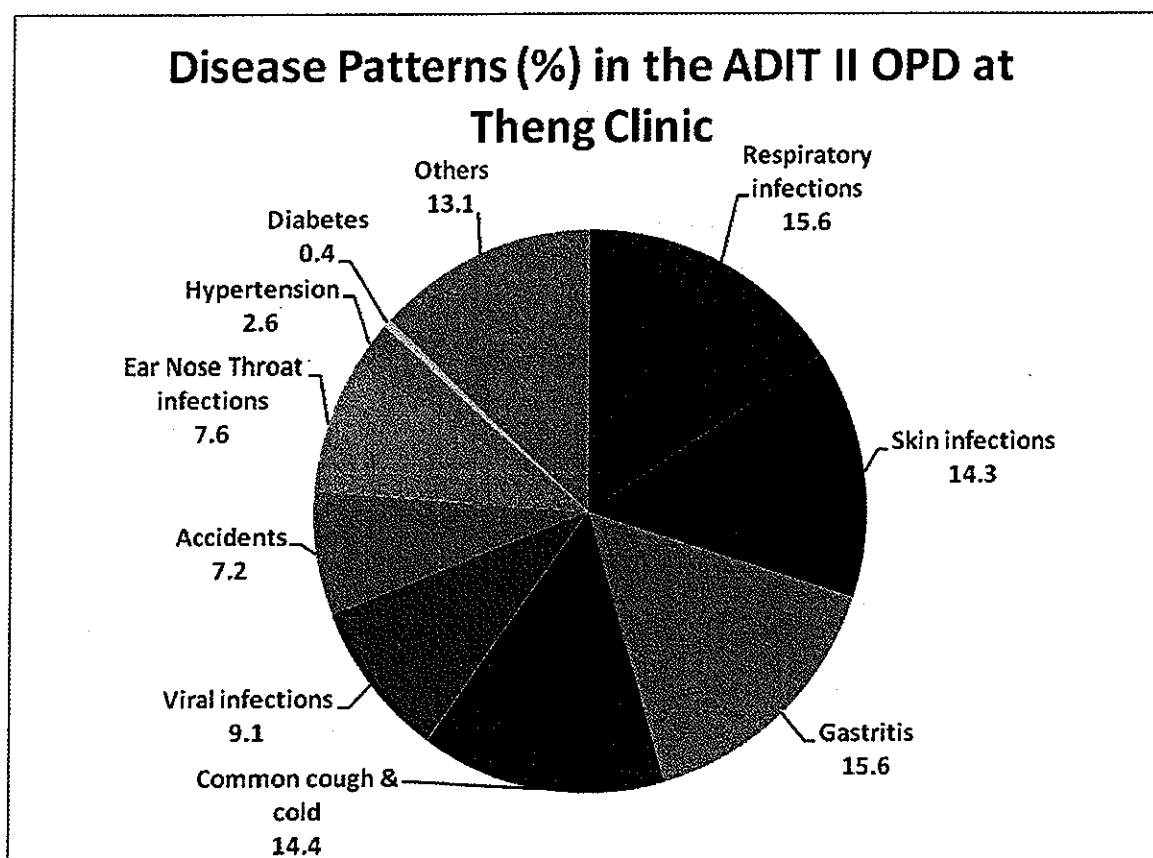


Fig8. Incidence of disease (%) in ADIT – II Clinic (Theng)

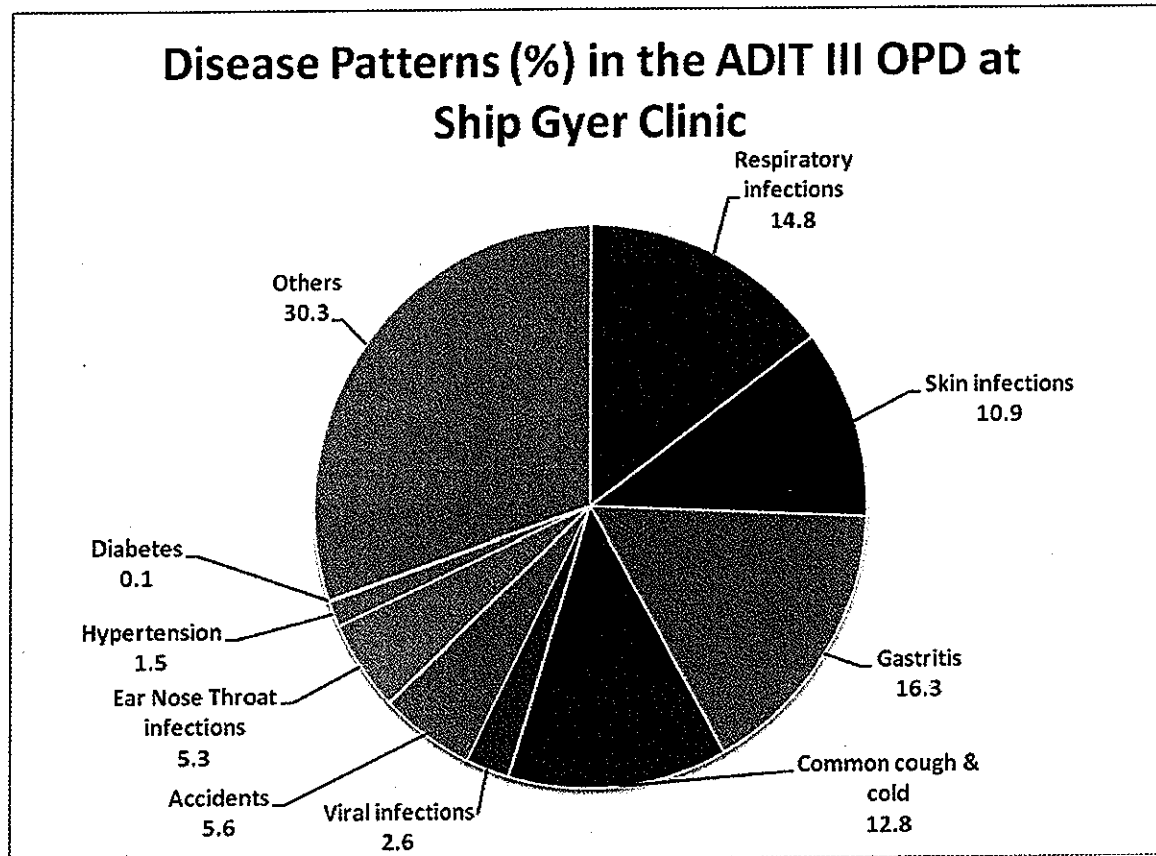


Fig9. Incidence of disease (%) in ADIT – III Clinic (Ship Gyer)

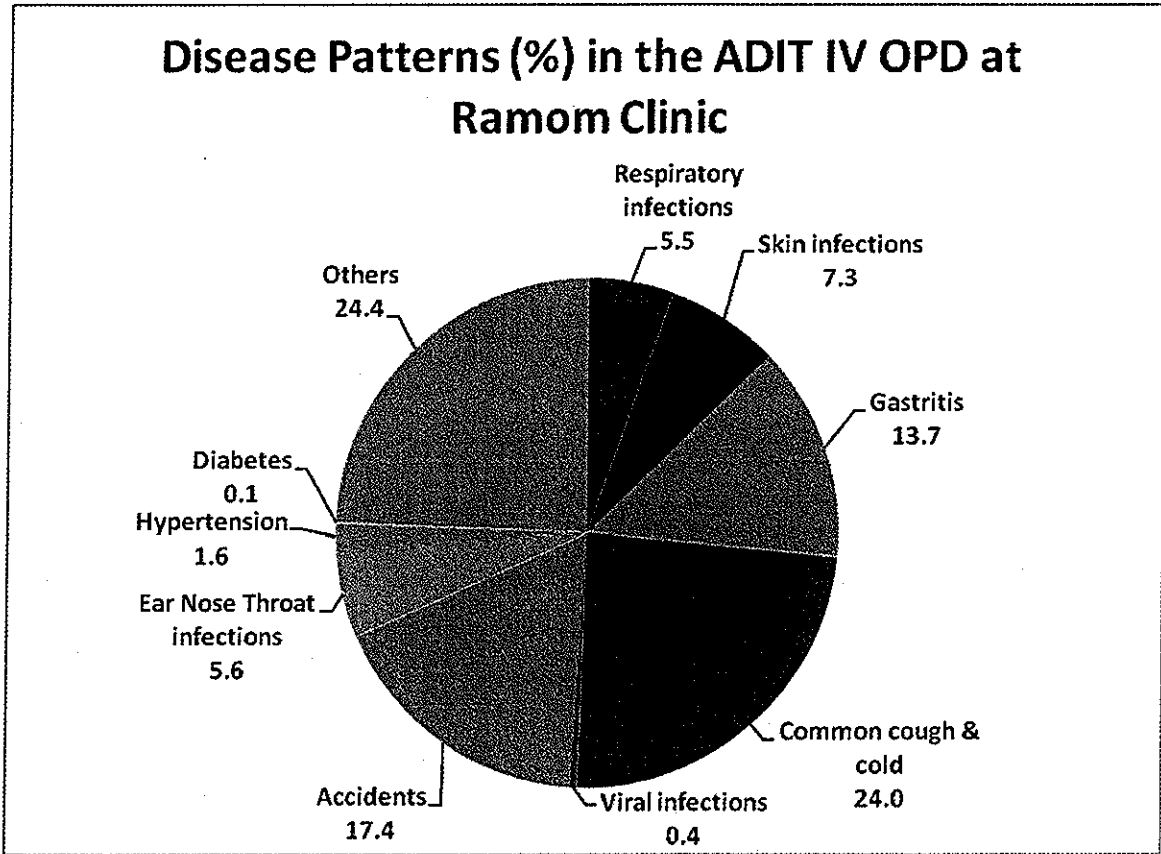


Fig10. Incidence of disease (%) in ADIT – IV Clinic (Ramom)



Disease Patterns (%) in the ADIT V OPD at Safoo Clinic

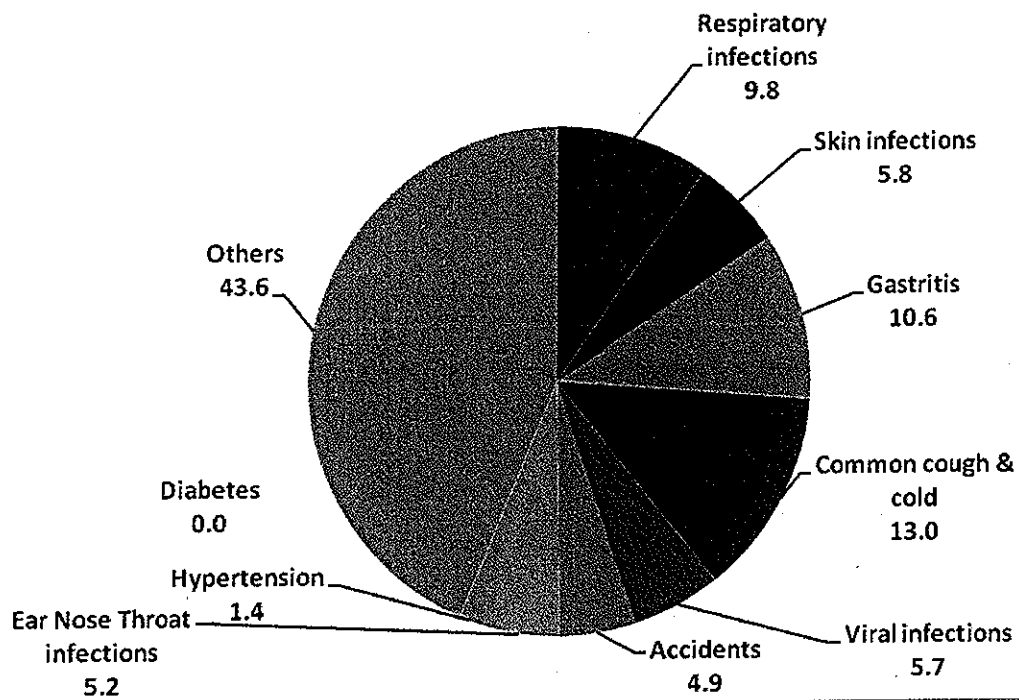


Fig11. Incidence of disease (%) in ADIT – V Clinic (Safoo)

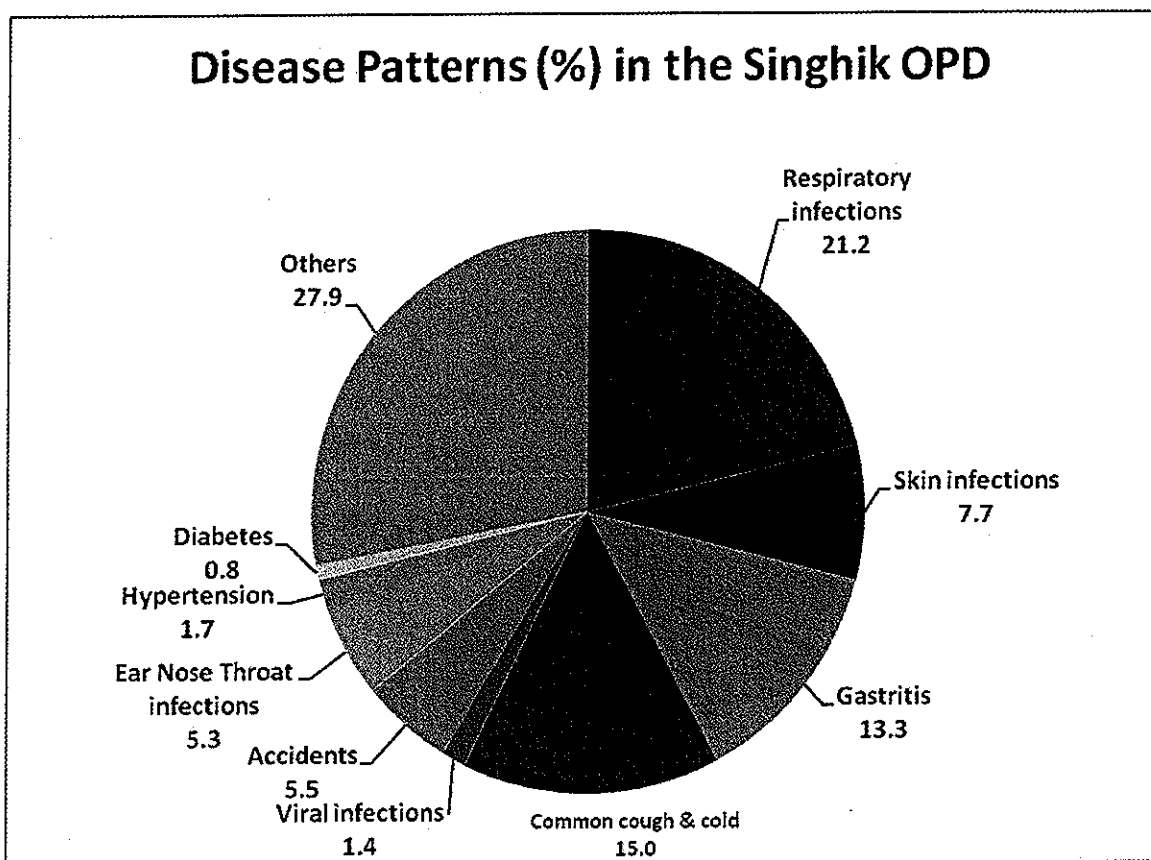


Fig12.Incidence of disease (%) in Singhik Clinic

It was observed that in all the ADIT Clinics the male patients were almost 10 times more than the female patients except in Singhik clinic where the difference was approximately 1.5 times. The reason could be that Singhik had a lady doctor and women found it easy to interact with the lady doctor, also the number of people visiting other clinics were males as most company employees were males and finally Singhik had more female population than other clinics (Fig 13).

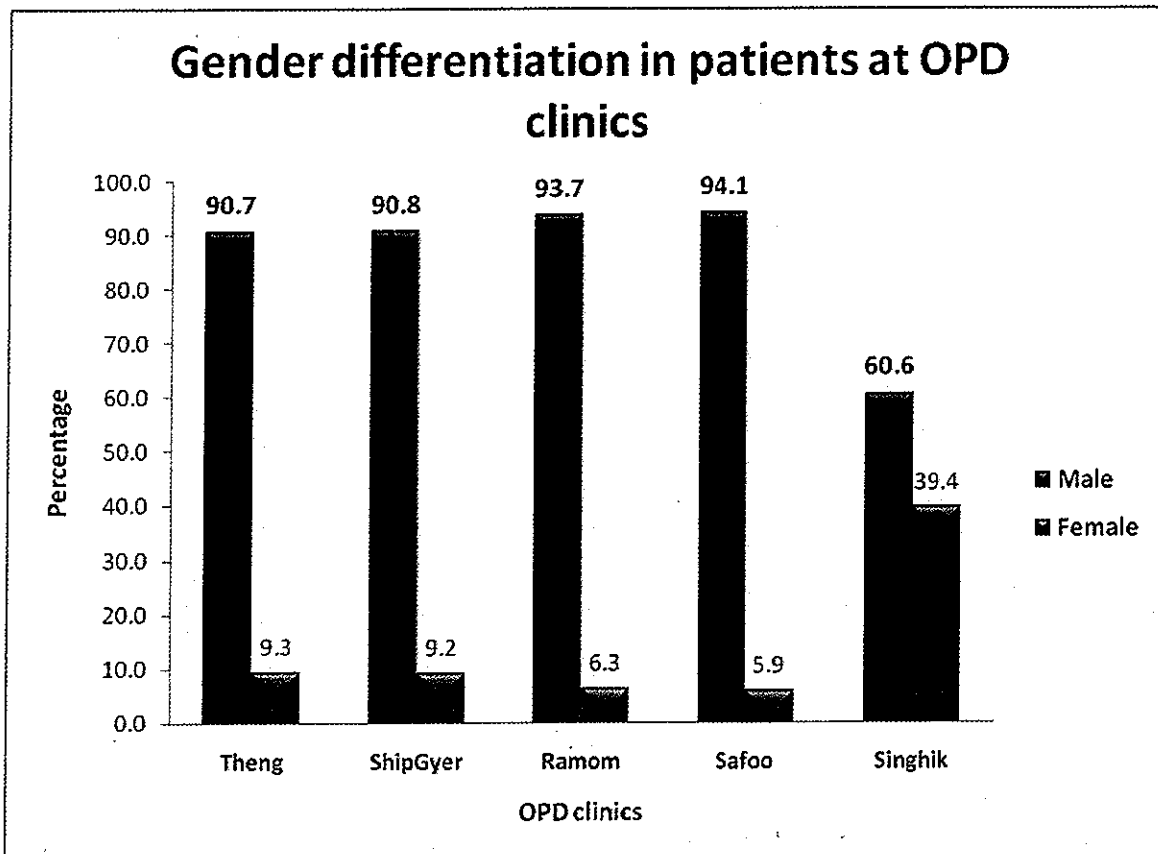


Fig13. Gender variation in OPD attendance in five OPD clinics

The number of company patients who visited the ADIT clinics was almost 10 to 20 times more than those from the PVs except at Singhik where company patients were marginally lesser than the local population. It is quite likely that because of the easy accessibility of the ADIT clinics to the company patients. There was a reversal in the trend as the company patients who attended OPD in the Singhik clinic were fewer than those of the PV patients. The attendance to the clinics was based on accessibility of clinics to patients. (Fig 14)

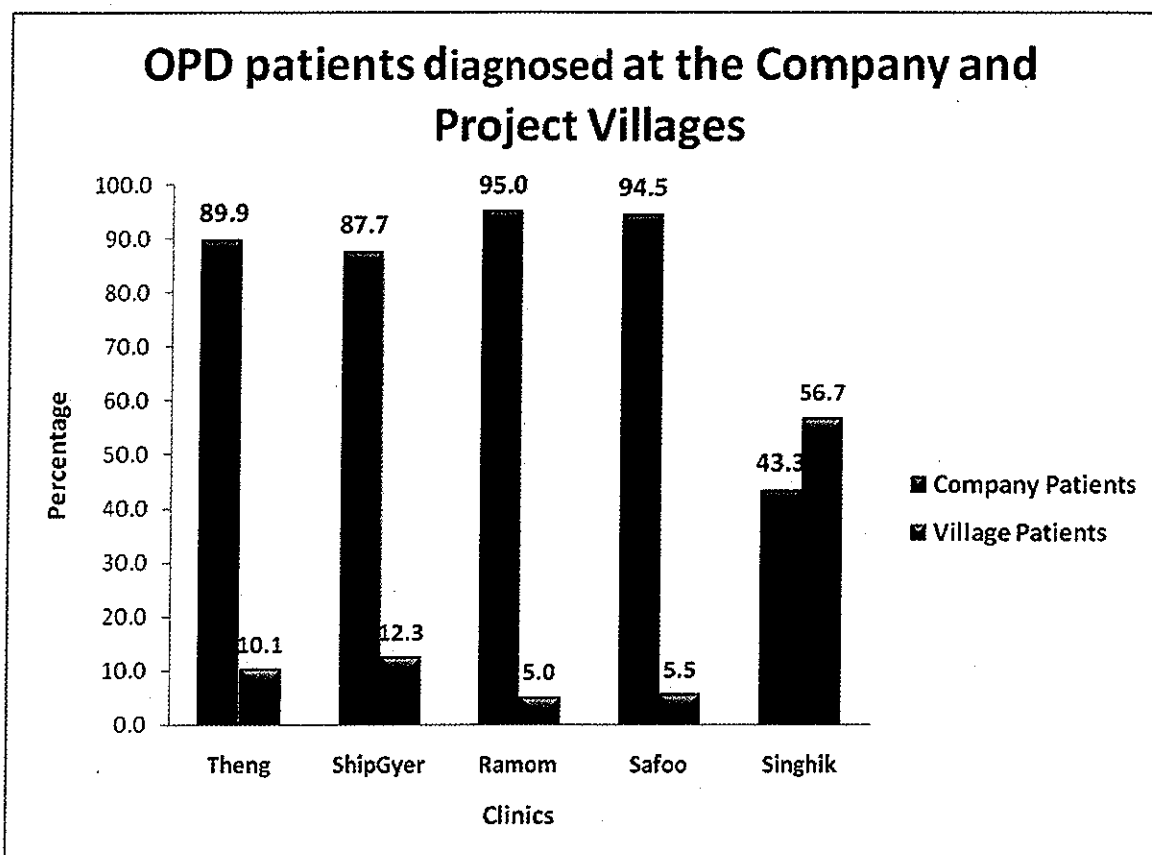


Fig14. Company and PV patients treated at five OPD clinics

Among the male and female company patients, the male patients who visited the ADIT clinics were almost 20 times more than female company patients. The reason for this marked difference is that most of the company employees were males than females (Fig 15 &16). There was not much difference in the numbers of male and female patients that arrived from the project villages.

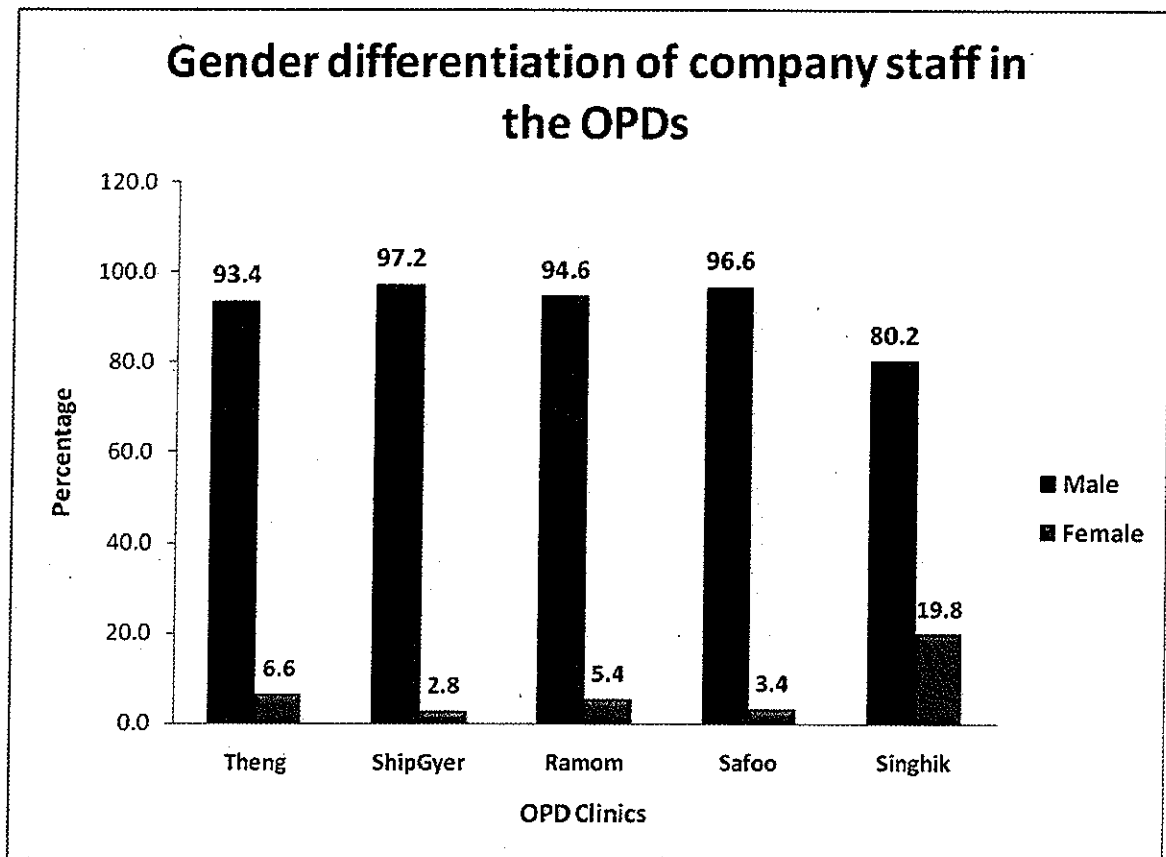


Fig15. Gender variation in attendance of employees in the OPD Clinics

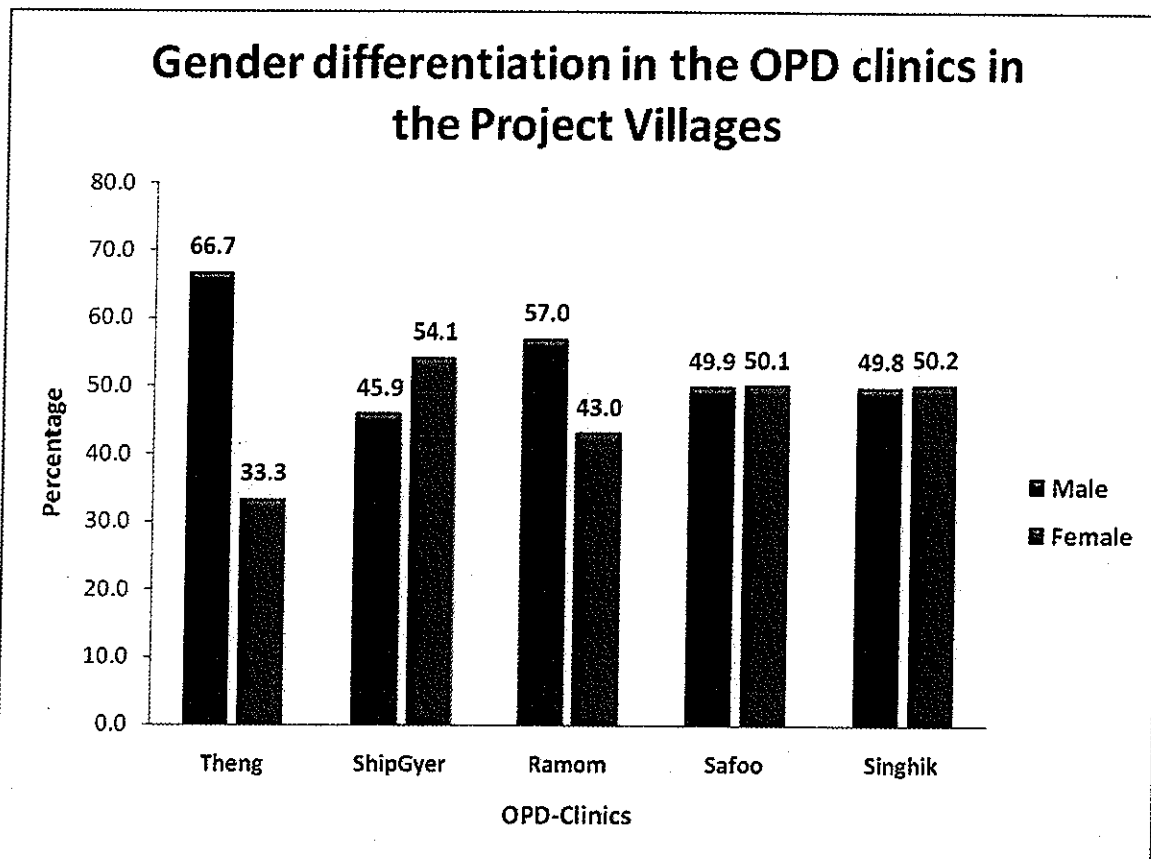


Fig16. Gender variation in attendance of PV patients in OPD Clinics

Proposed Activities in Health

1. Advocating awareness programmes on health and hygiene
2. Health camps of women's diseases like Reproductive Tract Infections, Helipad construction for emergency evacuation at school ground at Saffo village. This would enable evacuating people from Chungthang, ShipGeyer and Singhik during emergencies.
3. Emergency Portable Medical Kit procurement to provide fastest medical care to patients in case of any eventuality. The "Medisys Resusvent" provides necessary artificial ventilation and is most appropriate system for emergency transport ventilation.
4. Walkie-Talkie sets (Motorola hand set) procurement is in the pipe-line. It will be available to all the doctors at the Adits/Portals clinics and a set as a master control unit at the BBF, Singhik, PHSC



control room. This would enable the doctors to be kept abreast about medical problem and the medical care required support required for a patient.



Programme Area: Water and Sanitation

The objective is to enable households to access drinking water in the 6 PVs. BBF has installed 302 water connections that provide water to 268 Households, Gumpas, ICDS centers, a clinic, a primary and secondary school, dairy farm and animal husbandry in the 3 PVs. A population of approximately 1350 people benefit from the new water supply systems developed by BBF.

1. PV-Ramom

A gravity fed drinking water supply system with a network of pipelines contributing to 30 water connections and supplying drinking water to 24 Households, a Gumpa, a primary school, ICDS Centre and a clinic. The construction for the water supply system commenced in January 2009 and completed by June 2009. BBF has been instrumental in the survey and identification of



Monitoring water supply at household

the catchment areas of water sources. The water supply system installed by BBF includes storage tanks, a network of pipelines and household tap connections.

The water supply system was developed with community participation. The Village Water Management Committee (VWMC) was entrusted by BBF to carry out the task of building the infrastructure. The VWMC selected local contractors to develop the infrastructure. After the completion of the water supply system, it has been formally handed over to Mayel Ramom Village Development Committee by BBF in the presence of Mrs Shiphora Targain, Additional Deputy Commissioner, North District, Sikkim, on September 2009.



2. Singhik-Sentam Village

BBF set-up a gravity fed drinking water supply system for the people of Singhik Sentam village. The project was initiated on April 09 and completed by August 09. The water scheme was formally handed over to the Singhik Sentam Village Development Committee by BBF in the presence of Mr.Tshering Wangdi Lepcha, Honb'le MLA (Lachen-Mangan) on September 2009.

The water supply system provides water to 178 households and includes 204 water connections providing water to a Gumpa, a senior secondary school, ICDS centre, an animal husbandry, a PHSC and the Panchayat Bhavan. The water supply system has been handed over to Singhik Sentam Village Development Committee.

3. Kazor Village

BBF has been involved in the development of a gravity fed drinking water supply system for the people of Kazor Village. The water supply system has 68 connections and provides water to 65 households, a school, an ICDS Centre and a dairy farm. The water supply system has been formally handed over to Kazor Village Development Committee by BBF in the presence of Mr.Tshering Wangdi Lepcha, The Honb'le MLA of Lachen-Mangan.

The table 2 provides a summary of the number of households, water requirement and water supply work carried out by BBF in the PVs

Table2- Details of Water Supply

| Parameters | Ramom | Kazor | Singhik |
|-------------------------------------------------------------|------------|------------|------------|
| Household | 120 | 345 | 890 |
| Taps | 24 | 65 | 178 |
| Connections | 30 | 68 | 204 |
| Water requirement (Norms is 25 lpcd at hills, DDWS, GoI) | 3000L | 8625L | 22,250L |
| 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 by BBF

The project was based on people's participation at all levels, essentially community driven. Communities were made aware of the available technologies given a choice to select for themselves, monitor the implementation the project. People's participation in project implementation helps to sort out problems, provides a choice for identifying quality in materials used, workmanship and monitoring.

BBF's role in the participatory approach has been:-

1. Emphasis on stake-holders' participation from planning, design, location, implementation and management so that the end users take on the responsibility for operating and maintaining the system.
2. Community involvement in conducting survey and reconnaissance for exploring water sources and catchment areas
3. Communities role in site selection, location of tanks and identifying pipe lay out plans and places of water connection points, selection of contractors and providing unskilled labor force/volunteers for construction purposes
4. Supporting communities to form Water Management Committee members to take responsibility on the water supply for the community
5. Facilitated WMC meetings, attended community meetings to review progress
6. Supported WMC to decide on tariff and strategy for fund collection
7. Motivated communities to pay a tariff for the water supply. The rates were between Rupees 10 to 30 per household, depending on the GPU. The tariff would be used for operation and maintenance of the water supply system
8. The capacity building, exposure and trust building among all stake holders have created a new model of self sustainable, socio-economic stability in the PVs.



BBF has provided an insight on the issues like importance of saving environment, preserving the ecology viz. flora and fauna of the Himalayan region, water conservation, water and sanitation and other issues that improve the quality of life.

BBF's on-going projects in water supply:

- A scheme on water supply at Pegong village for 55 households is under progress and VWMC has been formed
- A scheme on water supply at Safoo village is on progress and VWMC has been formed



Programme Area: Livelihood

Agriculture-Horticulture-Nursery

The objective of the programme is to revive agriculture and instill confidence among the section of the population who had practiced agriculture but because of poor harvest, no buyers for the produce, crop diseases etc many have discontinued the practice of agriculture. Sikkim has a rich soil filled with essential micronutrients; if the soil is managed properly by mixed farming, crop rotation and terrace farming, there is a tremendous potential for reviving agricultural produce, orchards and floriculture.

Over the past year, BBF has been very successful in growing saplings of cardamom and vegetables essentially by organic farming. The results have been very encouraging as disease free plants have been produced. As BBF's objective of promoting agriculture, the distribution of seedlings to the villagers have been initiated.



BBF team demonstrates cultivation techniques

BBF's contribution in improving Livelihood

BBF has undertaken/completed the following activities:-

1. The nursery for vegetables, fruits, large cardamom, black pepper
2. Orange, Papaya, Potatoes, Cauliflower, Cabbage, Capsicum Tomatoes seedlings have been planted in the nursery.
3. Completed distribution of Dalley Chilly (11315 plants), Brinjal saplings (400 plants) and Tomato (600) to all village farmers and distributed in the PVs.



Sapling distribution to farmers



4. Black pepper seedlings have been sown in April 2009 and would be ready for distribution to the villagers by end of May/June 2010.
5. Purchased 80,000 disease free large cardamom rhizomes (seedlings) at cost of Rs 1, from South Sikkim and West Sikkim and planted in the BBF nursery. Each plant would provide approximately 5 to 6 seedlings which would be ready by mid 2010 for distribution to villagers
6. Para-agronomist for monitoring of the cultivation process and documentation
7. Soil and water conservation.
8. Distributed foot pump spray machines to all the Project Villages for spray of organic insecticide.
9. Providing better tools and technologies, seedlings, marketing and sales.
10. Appointed Center for Technology Development, New Delhi (CTD) for supporting the livelihood project, first field trip is done.
11. Mobilized SHGs in the PVs' of Singhik, Theng, Pegong, Chungthang, ShipGyer, Ramom, Safoo and Kajor-Pakshep to encourage and support villages to use their unused land for agriculture as an additional source of income which is also beneficial to the community.
12. Capacity Building conducted by NABARD for SHGs regarding range, availability, seasonality and prices of fruits and vegetables grown in the area, amount of savings/credit, empower women on income generating schemes etc.
13. Farmers clubs and a few beneficiaries for ginger plantation in 8 PVs have been initiated.
14. Organic farming and vermin-compost pit.
15. An Audio-Visual film entitled ***"Initiatives in Livelihood Promotion"*** on livelihood programme depicting the process in making a nursery with a special effort to grow Cardamom



Monitoring of progress at BBF nursery



Sapling & seedling distribution to SHGs



Proposed activities in the Livelihood Project:

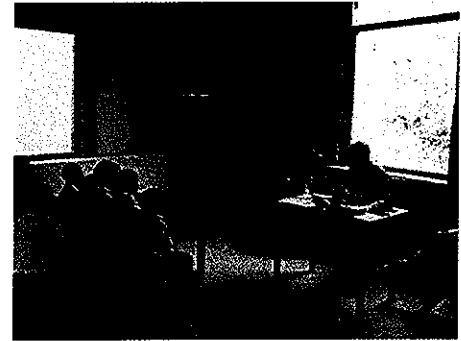
1. Conventional crops – maize and soya beans.
2. Orchid and Hybrid Orchid Farming using greenhouse (poly-house)
3. Medicinal plants and aromatic crops
4. Horticulture for local supply and sale
5. Fruit cultivation (2&3 tier system) – plum, peach, apricot, apples and cherries
6. Floriculture – seed and raising of seedlings for propagation
7. Growing spices - large cardamom seedlings, black pepper and black turmeric
8. Package and Marketing
9. Innovation for standardized method of cultivation
10. Apiculture and Pisciculture.
11. Organic Composting
12. Fruit juice manufacturing unit and productive use of the by-products
13. Value addition of ginger, cardamom, turmeric and aromatic crops – oil distillation
14. Seed production and raising of planting materials
15. Fodder cultivation



Programme Area: Education

The BBF's objective in the education sector is to ensure "Education for All" which is in abeyance to the Gol programmes on improving literacy rates. In North district, BBF is actively involved in advocating parents to send their wards to schools. In the PVs, BBF has sponsored a few underprivileged children for their education. BBF has arranged hotels, tutorials, food, with a warden to take care

which has led to a significant improvement in the overall performance of the children. In addition, BBF is constructing hostels and recreation facilities such as playgrounds and television sets so as to provide a conducive environment for improving literacy.



Students in classroom

Education for All

A total 73 children from primary and secondary grade in the 9 Project Villages have been sponsored for their education by Bhavishya Bharat Foundation. Among the sponsored children, 39 (Girls-30, Boys-9) are in Government Secondary School, Singhik and 34 (Girls-22, Boys-12) children are in North Sikkim Academy, Mangan. The Fig17 indicates the number of children selected for scholarship from each of the 9 PVs. The selection of the students for sponsorship was done by the Panchayat and the main criteria were for those families which were affected by the power project; a few abandoned children were also considered.

The sponsored children have been accommodated in a temporary hostel till such time BBF has its own 100 bedded hostel at Singhik. An Associate Coordinator Education from BBF and the Village Panchayat is monitoring the living condition, food quality, dress, personal hygiene of the hostel and children that require special care such as tuition. For overall development of the hostel children, BBF



Sponsored student in the BBF hostel



proposes to provide facilities for extracurricular activities such as sports, hobbies etc.

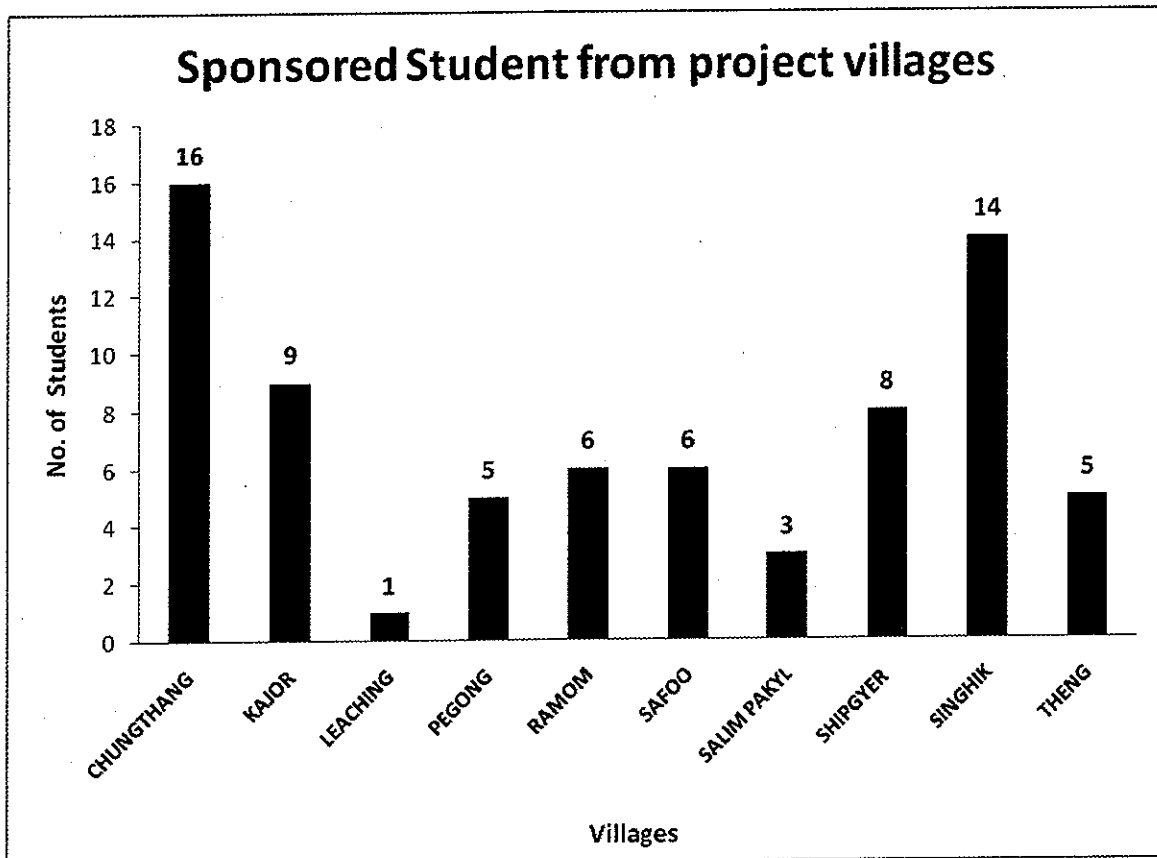


Fig17. Number of students availing BBF sponsorship from the PVs

The impacts of BBF's intervention to the sponsored children have been positive. The attendance has improved after children got sponsorship (Fig 18). The following have been observed after children were provided with sponsorship: -

- ◆ The communication skills of children have drastically improved.
- ◆ Children showing improvement in their class.
- ◆ Children able to complete home work.
- ◆ Tuitions in math and English have boosted confidence in children.



Extracurricular activities in school



- ◆ Extracurricular activities have made children competitive and smarter
- ◆ Medical checks-ups in children have improved their health

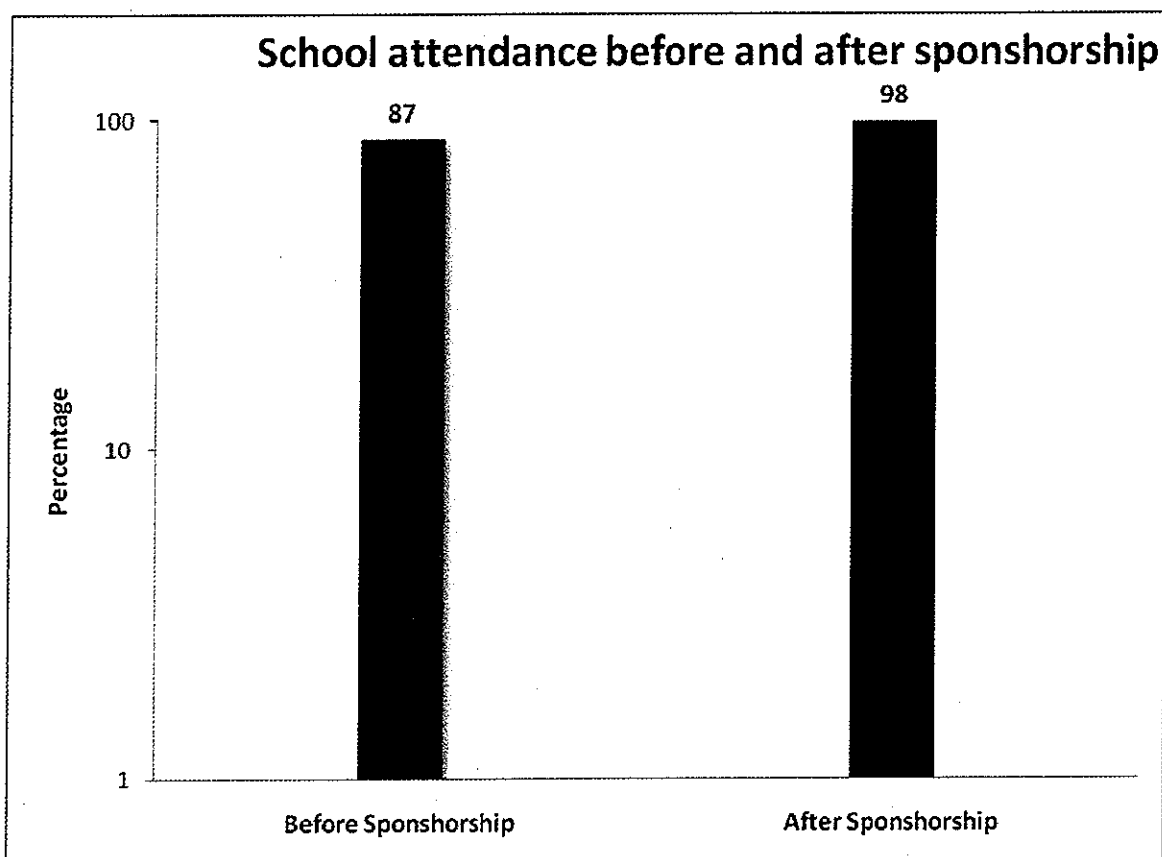


Fig18. Improved attendance of children after providing sponsorship

Children who availed sponsorship were put into two schools viz. the North Sikkim Academy (NSA) and Singhik Secondary School (SSS). The Fig 19 and 20, indicates the performance of the students who were sponsored by BBF

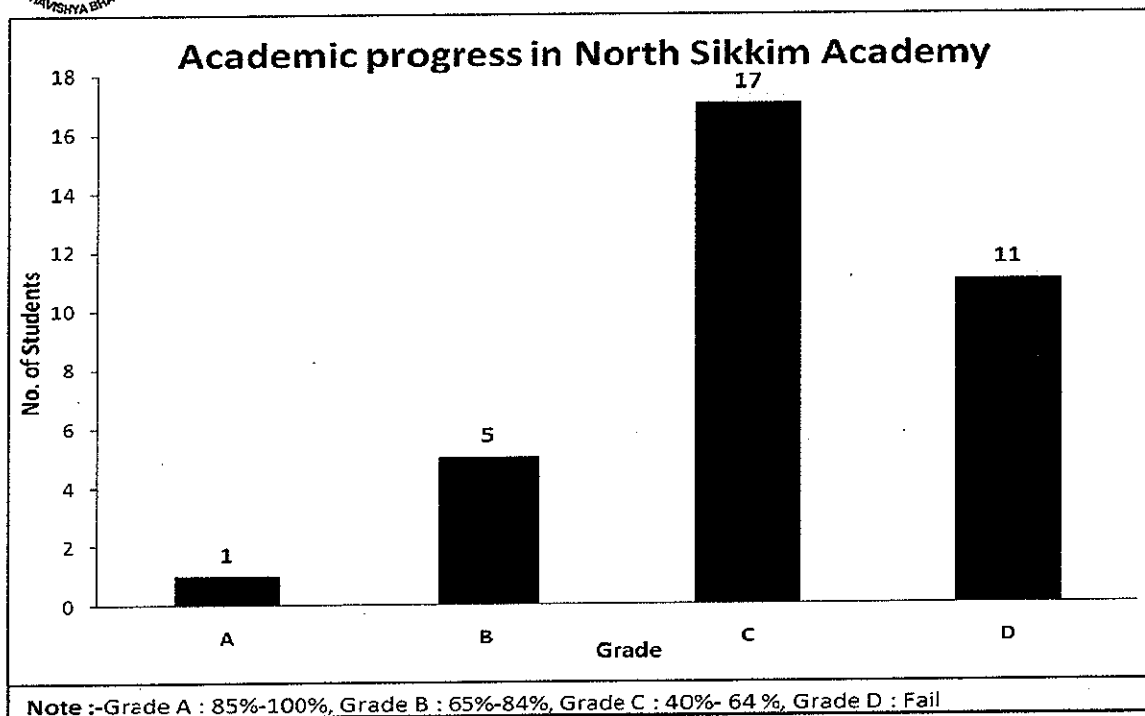


Fig19. Performance of sponsored children in the NSA School

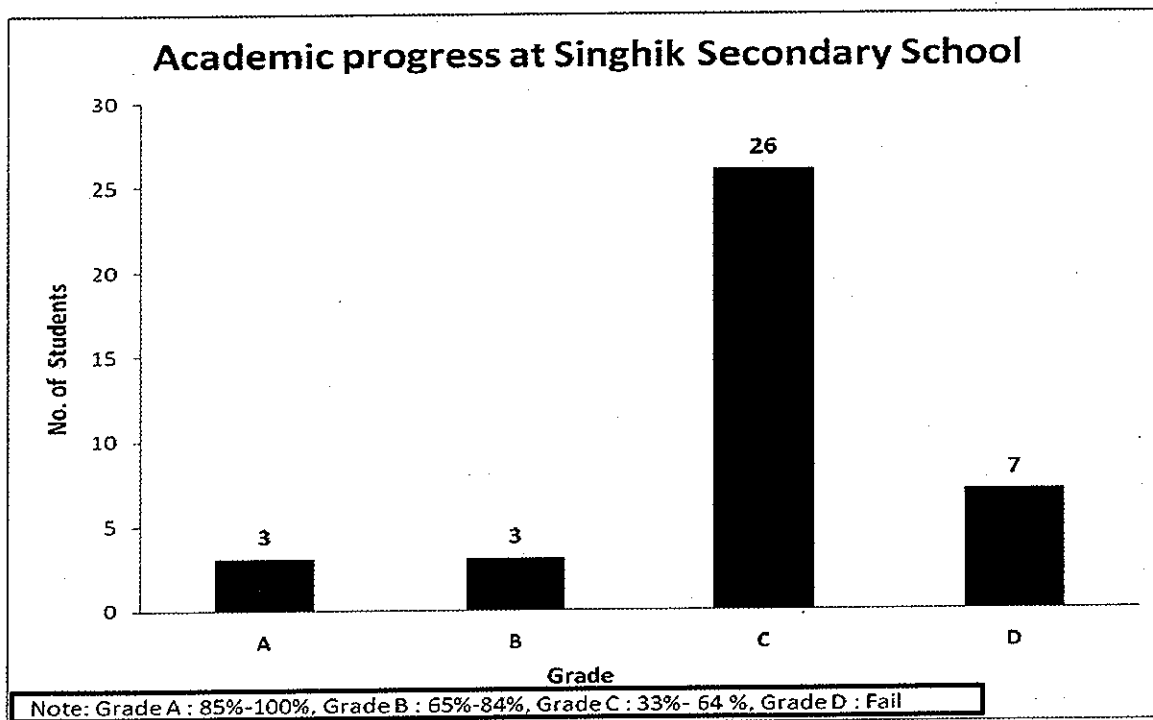


Fig 20 – Performance of sponsored children in the SSS School



- The Associate Education Coordinator of BBF visits Government Singhik Secondary School and provides tutorials. In addition, a warden (paid by SMC from BBF funds) teaches English, Lepcha language and Math to the sponsored students. A Physical Training (PT) teacher takes care of the games and tuition while BBF provides accommodation and food to the PT teacher. It has been observed that a marked improvement in students in respect of class improvement, studies, attendance, extracurricular activities and overall well being of the children.

BBF's proposed/on-going projects in education:

1. **Singhik** – The construction of a 100 bedded hostel for girls and boys has been initiated. The hostel would have a dining hall, visitor's room, library, kitchen, separate toilets and dressing rooms, laundry space and a space for a play ground. The hostel would have separate space for boys and girls.
2. **Kazor** – The extension of school ground at Government Primary School, Kazor has started
3. **Theng** – The renovation of primary school with additional two rooms has been sanctioned.
4. **Chungthang** - The renovation of four storied Girl's Hostel with a school laboratory is in the final stages of completion.
5. **Shipgyer**: The hostel for Monastic School was initiated last September is ongoing
6. **Saffo-Salempakhyel**: The work on the extension of school ground was initiated on September and is ongoing

Events organized by BBF in Schools

- The "ENVIRONMENT DAY", 5th June was celebrated at the Government Secondary School Hostel, Singhik. A painting competition was held for the day.
- The "INDIPENDENCE DAY", 15th August was celebrated at the Government Secondary School, Singhik where a



Independence Day celebration



cultural programme was organized by the BBF sponsored students

- The "TEACHERS DAY" was organized on 5th September at the Government Secondary School, Singhik and North Sikkim Academy School, Mangan. The programme included essay, painting and card making competition



Hand Washing Day

- The "OZONE LAYER DAY", was organized in the Government Junior High School, Kazor and Tasha Tangay Government Secondary School, Chungthang on 16th September 2009. The children were informed about the importance of ozone layer for the survival of life in the earth and how it could be preserved. The function included essay and painting competition
- The "CHILDREN'S DAY" was observed on 14th November in 5 schools in the 9 PVs. The events in the children's day included painting, speech and slogan writing completion.
- The "HAND WASHING DAY" was organized in schools across the nine PVs on 15th Oct 2009. As children as good ambassadors of change, they were informed the significance of hand washing after defecation and before eating food and good hygiene practices. The method of proper hand-washing with detergent was demonstrated. A total of 1160 school participated in the Hand-Wash Day.
- The other events that were organized were painting, essay writing and debate competition which was organized on regular basis
- Formation of a Knowledge club is under process for needy children in all PVs
- A television with satellite facilities has been installed in Singhik Hostel.



Programme Area: Social and Cultural Development Activity

The objective of the programme is to ensure an overall social and cultural development among the communities in the PVs'. To attain the objective, social profiling was carried out to understand the micro and macro developmental constraints; the data would assist in understanding and implementing the development programmes.

Community Development:

Social profiling was carried out to understand the status of health, education, water and sanitation, hygiene and socio-economic parameters. In this regard, the following activities were carried out.

The following activities were undertaken:

- Interaction by holding meetings with the Panchayat community in the 9 PV to discuss ways of improving environment by advocating sustainable development
- Improving life-styles by improving personal hygiene, hand-wash behavior etc. 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 R & R).
- Extension of school playground at Salim Pekyel village. The size of the ground would be 115 meters by 40 meters
- Extension of school playground at Kazor village. The size of the ground would be 44 meters by 18 meters
- Renovation of Gumap Yapring ground and retaining wall at Saffoo village. It will be pillar mounted platform made of concrete with terrace portion to be used by the lamas for prayers. The retaining wall is proposed to protect from land erosion.



- 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.
- Encouraging communities to take part in medical profiling and health camps.
- Preparedness in emergency evacuation.
- Holding meetings with Government functionaries, Panchayat representatives, political and community leaders to implement CSR activities and develop the village.
- Construction of meditation hall for 10 Lamas at Chungthang village.
- Construction of Kitchen for Gumpa at Singhik and Ramon villages
- Collecting resources for promotion of local arts viz. crafts and cultural activities.
- Empowering women by advocating skill enhancements as a source of livelihood.
- Healthy Home Surveys are planned where the factors responsible for a healthy home would be disseminated to the home-maker.
- Observed 100th International Womens Day on 8th March 2010 at TITDC, Mangan campus, where 150 women which included women from 9 SHGs participated



Meeting with Panchayat members



**International women's day-
Empowering women**

Proposed Infrastructure Activities

- Renovation and reorganization of Shipgyer Gumpa.
- Construction of community centre at Pegong village. It will be a simple community hall mainly for cultural and social activities.



Other Major activities

1. Launching of the BBF Website: www.bhavishyabharat.in on May 2009. The website would enable BBF to share BBF's activities in the various rural development programmes that are being carried out.
2. BBF engaged the services of consultants for review and rapid of progress of projects after completion of one year of intervention
3. Capacity building on livelihood training course conducted by Tara Academy at Institute of Social Science, New Delhi for 3 days from 12th to 14th June, 2009.
4. Visits by the Trustees and staff visits from BBF-HQ to monitor assess the status and progress of the programmes



News Clippings

Media coverage – A few clippings of the media coverage on BBF activities has been shown below.

1 Inauguration of Water Supply Scheme at Ramom-30 June 2009



Remote Ramom village gets drinking water through efforts of Bhavishya Bharat

A NOW REPORT
GANGTOK, 01 July: The Bhavishya Bharat Foundation has introduced clean drinking water supply to the remote village of Ramom in North Sikkim.

Concomitant survey in December 2008, Bhavishya Bharat Foundation started drinking water supply project in Ramom village as part of Corporate Social Responsibility of Teesta Uja Stage III HEP in North Sikkim. The project was undertaken on a

primary basis under the

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

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

The ceremony was attended by Bhavishya Bharat Foundation and Teesta Uja Officials.

Deputy Director Bhavishya Bharat Foundation said tribute to Ramom Water Management Committee led by their proactive President Member, Mrs. Dawa Dosta, for their active and wholehearted support to the project. The system yields 5000 ltr of water per day whereas the actual requirement of the village is 3000 ltr per day.

2. Specialist Health Camp cum Medical Profiling- 4th and 6th July 09

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 Shinggyer 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 Uja 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 Mangar District Hospital, Dr. Giley Bhutia of Chungthang PHC, Dr. Bhavna Thapa, Dr. Pemz Lachungpa and Dr. Sumita 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 Uja Ltd) with full lab facilities from Bhavishya Bharat Foundation.

[illegible][illegible][illegible]

These village have been completely withered, many have been ravaged, many have been available, 33 children from these villages were presently under sponsorship in England and North America, many of them were victims of the Chinese famine and were orphaned and abandoned.

Chengdu is a cosmopolitan city, and it is going to be cosmopolitan in the next few days. At the same time, the Foundation's Medical Team is conducting the Chengdu AIDS survey, and the survey is about to begin. The survey is a joint venture of the Chengdu Municipal Government and the Foundation. The survey is a joint venture of the Chengdu Municipal Government and the Foundation. The survey is a joint venture of the Chengdu Municipal Government and the Foundation.

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Sealed 01212

in Glasgow, people
are shaken out of their
routines by the

hundreds in Glasgow
Glasgow was also (in
the 1960s) a

SIKKIM EXPRESS

Classifieds

**WANTED FOR A REPUTED FOOD CHAIN OPENING
RESTAURANT IN GANGTOK**
MANAGER WITH PRIOR EXPERIENCE OF HANDLING MINIMUM
5 COVERS RESTAURANT

4. Hand-washing day by schools

Bhavishya Bharat reaches North Sikkim schools with Global Hand Washing Day celebration

A NOW REPORT

GANGTOK, 22 Oct. Bhavishya Bharat Foundation, supported by Teesta Upa Ltd., the project developer for Teesta Hydro Electric Stage III, organized a special observance of the Global Hand Washing Day on 15 October in nine schools of North Sikkim reaching out to 1,600 children from Cuzor, Sanghi, Ramon, Theng, Shipayar, Fagong, Sargo, Salimkhal and Chungthang.

All children and teachers have actively participated in this global national event with lot of fun and learning. The aim of the programme was to bring awareness among school children with special emphasis on the importance of hand washing as part of their life and personal hygiene, states a press release.

issued by the BPR. The release states that the BPR under the leadership of Shri Singh, Deputy Manager (Field Operations), made a comprehensive plan to visit all schools in the morning and in the afternoon. At all school grounds, importance of hand washing and related information was given to children and teachers.

All children and teacher displayed desire to learn more about the health and hygiene related issues and understanding the benefits of washing hands at least 5 times daily. The release goes on to state:

They also came up with lot of questions which were answered. For demonstration Lifebook song was distributed to all the children and they cleaned their hands for 1 to 2

[illegible]



5.Capacity building for SHG



6. World Cancer Day





Picture Gallery



Health Care



Blood testing in mobile van



Distribution of medicines in clinic



Transport of medicine in remote PV



Health checkup for school children



Patients waiting outside mobile clinic



OPD patients



Livelihood



Demonstration of cardamom plantation



Ginger Plantation



Basal application of nutrients



Demonstration of mix farming



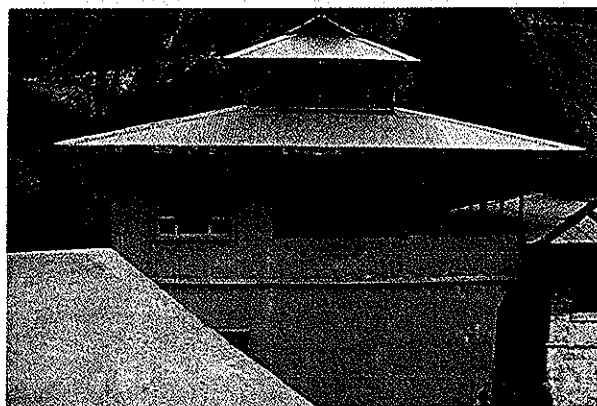
Social Development and Water Supply



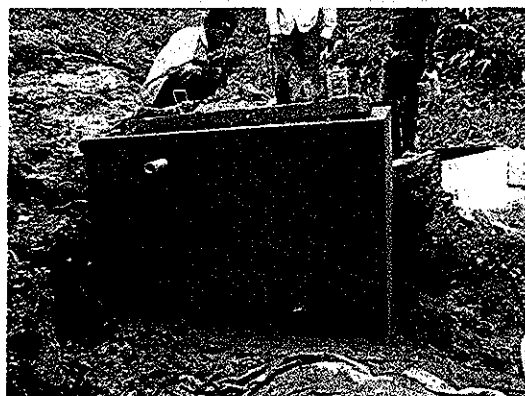
Water source exploration



Monitoring of construction activity



Gumpa Renovation



Water Tank



Education



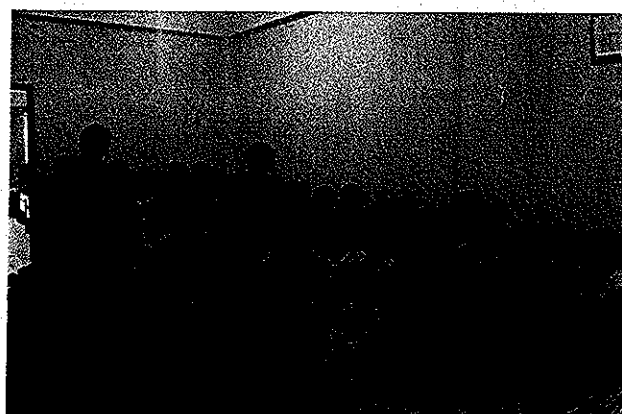
Debate competition



Children with medallion



Painting competition



BBF sponsored student in hostel