

ANNUAL REPORT

2013-14

Deshabandhu Club

*An organization working with people
for sustainable development*

ANNUAL REPORT

2013-2014



DESHABANDHU CLUB

BEHARA BAZAR, CACHAR, ASSAM

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Registered under Societies Regn Act XXI of 1860, Regn. No 193 of 1977-78

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about ●
Deshabandhu Club

“Empowering lives.”

2014

President Column



Dr. Sanjib Sikidar
President,
Deshabandhu Club

I am delighted to share Deshabandhu Club's 48th Annual report with all of you. It is not often that civil society organizations in North-East India present their 48th Annual reports, which demonstrate the vibrancy of their contributions to the society.

Over the inception, the organization has been keeping its pulse on the changes and has developed a responsive transformation in its own functioning, working in both urban and rural locations, working with other national & international NGOs and Government institutions and maintaining the elasticity to work at District and State levels. By working in both urban and rural areas on issues namely education, health, sanitation, poverty alleviation, Child rights, women empowerment, HIV related issues, Disability issues etc by focusing on people's participation at all levels, the organization has developed the ability to link urban and rural people through advocacy and community mobilization process.

In this report, we have tried to capture some major highlights of Deshabandhu Club's work during 2013-2014. It is important to acknowledge that many activities and details about Deshabandhu Club's work in different parts of south Assam have not been fully captured in this report. We shared some ongoing projects and its impact.

I want to take this moment to thank Deshabandhu Clubs General Members and all staffs for their commitment and active support. I acknowledge the strong support Deshabandhu Club has received from many of its key resource providers like ASACS, NRHM, NABARD, IL&FS, Caritus India, FXB india Suraksha, CIF, DSW, The National Trust and Ministry of Health and Family Welfare department, Government of India. Special acknowledgement is also due to many partners and communities who are live contact with us.

Do introspect this Annual report and share your comments with us. mission & vision of organization & everybody who helped us through their ideas, experiences & suggestions.

I request for creative criticism from the stakeholders so, that we can learn from mistakes to make our efforts more result oriented. I am hopeful that with the support & involvement of all we will be able to work more effectively in the days to come.

(Dr. Sanjib Sikidar)

background

DESHABANDHU CLUB, is an esteem non –governmental organization, began its work in 1966. A group of committed youth activists stimulated the work of Deshabandhu Club. It was set up with the aim of empowering marginalized and vulnerable population through improvement of health, education and income generation activities.

legal status

Registered under Society registration Act XXI of 1860, foreign contribution regulation act, 1976, PWD Act 1995, section 12(A) & 80(G) of IT Act, 1961.

decision makers

The Executive body, elected by the general body biennially is responsible for all sorts of planning, execution, assessment, monitoring of all program & activities.

vision

To create a society where every citizen avails basic needs and services so as to have a life with self respect, dignity and pride.

mission

Deshabandhu club exists to bring the socio economic development of the citizens particularly to women & children of Assam by 2020 A.D. would like to provide cost effective, sustainable, peoples' friendly health, education, economic empowerment and rural entrepreneurship through peoples participation.

human resources

A group of youth from diverse background has been operating of Deshabandhu Club. They have experience and expertise in the field of social action, communication, networking .They work for advancing the rights of women, children and the underprivileged in a broad-spectrum.

AIMS & OBJECTIVE

- ❑ To promote the cause of national integration and communal harmony in a best possible means.
- ❑ To eradicate illiteracy on voluntary efforts and to help in the spread of education both formal & non formal in the rural & backward areas with special emphasis on female & child education.
- ❑ To organize training programme for the rural youths and women aims at offering self employment opportunity to unemployed youths & women in distress.
- ❑ To develop scientific temperament among the rural people with the help of organizing seminar, symposium, discussion, folk entertainment and audio visual aid.
- ❑ To create awareness about over increasing environment pollution and to encourage the people for mass awareness of trees in the available land and to make environment pollution free.
- ❑ To promote the cause of sports & culture.
- ❑ To make the people aware about population explosion and encourage them to accept small family norms.
- ❑ To provide basic medical relief to families particularly of old and women and children residing in the remote & inaccessible areas.
- ❑ To help the relevant govt & non-govt agencies in the implementation of various socio-economic and refundable assistance at the grass root level.
- ❑ To help & rehabilitate physically handicapped persons.
- ❑ To create health awareness among the rural people as preventive measures from various incurable diseases.
- ❑ To develop the socio economic status of rural masses the organization may borrow to raise loan from any outside agency as per objectives of the programme of that agency.
- ❑ To help by organization & providing training to the unemployed youths, the club will encourage them to establish small scale as well as tiny industries. The Club will also help economically to the unemployed / underemployed youths / group either by providing refundable assistance or participating as stakeholders in their entrepreneurial ventures.
- ❑ To aware the rural people about small savings.
- ❑ It will function as non-profitable organization. If some profit will raise from any source it shall be utilized in furtherance of the objects of the organization & shall not be distributed amongst the members.

2014

HEALTH

Health is a major sector of the organization and the organization has been emphasizing on this since its inception. Due to consistence intervention in this sector, presently the organization is one of the prominent stakeholder in Barak Valley Districts of Assam to execute health related programs. Throughout organization's extensive journey, has got opportunity to work with ISM&H, RCH-I and RCH-II as a mother NGO in Barak Valley, Dima Haso (formerly NC Hills) and Karbianglong District and right now, inextricably involved with District Health Society, Assam state AIDS Control society and NRHM.

MAJOR HEALTH INTERVENTIONS ARE AS FOLLOWS

- Free Health Check up Program
- Targeted Intervention Project on HIV/AIDS
- Care & Support Centre for People Living with HIV/AIDS (PLHIV)
- Prevention of Parent to Child Transmission (PPTCT)
- Community Based Monitoring Program under NRHM

FREE HEALTH CHECK UP PROGRAM :

Free health check up program is one of the oldest interventions of the organization. As the organization's president is a doctor which creates more opportunity for lobbying with other doctors in the valley to provide support to the marginalized and vulnerable population and at the moment a full pledged doctor team is providing support to the organization when needed.

Currently, free health check up programs are available in Head Quarter in Behara, Disha in Srikona and City office, Tarapur. In Disha, which is especially for mentally challenged persons and in Head Quarter & City office, all types of check up are available but emphasizing on children, women and old people's health. It is notable that day by day people's participation is increasing. The organization is also distributing medicine in free of cost to underprivileged patients.

TARGETED INTERVENTION PROJECT ON HIV /AIDS :

Targeted Interventions (TI) are a specific set of intervention in HIV/AIDS Control Program meant specifically to reach out to groups seen to practice high-risk behavior (HRG). High Risk Behavior Groups (HRGs) are divided into Core Groups (comprising Female Sex Workers (FSW), Injecting Drug Users (IDUs), Men having Sex with Men (MSM) and Bridge Groups (Migrant workers, Truckers and Local Transport Workers). Targeted Interventions are implemented through partner NGOs/ CBOs. The goal of NACP-3 is to saturate coverage of high-risk groups through TIs.

It is estimated that if 80% of the high risk groups are reached, it would effectively lead to saturation coverage of HRGs. Apart from prevention of HIV infection, TIs facilitate prevention and treatment of sexually transmitted diseases as they increase the risk of HIV infection, and are linked to care, support and treatment services for HIV infected. NACO is the apex body to execute the HIV/AIDS related program in the country and every state has SACS. It has one of the responsibilities to empanel for implementing the projects and accordingly the SACS has empanelled Deshabandhu Club to run the same The



organization has been implementing successfully this program for providing information, education and community mobilization to the communities (1000 nos FSWs and 120 nos MSMs).

OBJECTIVES OF THE PROJECT :

1. To create awareness among the community and make them aware regarding various issues of STI & HIV/AIDS.
2. To expand of acquaintance competencies and practical proficiencies in about safer sex practices.
3. To promote correct and consistent use of condom among the community.
4. To minimize the STI cases among the HRGs through Syndrome case management.
5. To mobilize the target group through empowering them and make a strong community response group.

COMPONENTS OF THE PROJECT :

- Enabling environment
- Condom promotion
- STI management
- Community mobilization
- Referrals and Linkages

QUALITATIVE ACHIEVEMENT IN ONE YEAR :

COMPONENT	INPUT	OUTPUT	NEXT STRATEGY
1. Community Mobilization	<ul style="list-style-type: none"> ● 1 no's of Vocational Training program conducted during this tenure ● TI ORWs analysis that HRGs are facing problem regarding identity proof and hence they motivate HRGs to make PAN Card, Postal ID etc... for HRGs Identity proof. ● Address proof is also made in Link up with Local Panchayat and Commissioner. ● Informal Education to Brothel based HRGs is also provides. 	<ul style="list-style-type: none"> ● About 20% of HRGs are coming willingly for service uptake. ● 167no's of Community people form Women Working Group people. ● 17 no's of HRGs is being done Saving Account including brothel. ● 56 no's & 5 no's of community people have done Janata personal Insurance & Health Insurance. ● 10 no's of HRGs have AAY card. ● 13 no's of HRGs have PAN Card. ● Identity card helps Brothel and street Based HRGs to move in other area and manage police by showing their Identity card. 	<ul style="list-style-type: none"> ● (WWG) 16.7% is achieved it is planned to achieved at least 30% in next six month. ● (Saving Account) 1.7% is being achieved and it is planned to achieve at least 10% in next six month. ● (Insurance) 6.1% is Linkup with Insurance schemes it is planned to achieve at least 20% in next six months. ● (PAN Card) 1.3% is achieved it is trying to linkup at least 5% of HRGs in next six month. ● (AAY) 0.10% is achieved it is trying to linkup at least 5% of HRGs in next six month.

2. BCC	<ul style="list-style-type: none"> ● 4 PE is upgraded as a Peer counselor. ● Need based group discussion and spot meeting done in Hot spot. ● 1-1 and regular contact is done monthly basis. ● IPC is done through verbal and non verbal communication with IEC. ● ORW-3 (Dipak Nag) has giving his best effort through IEC development committee and developing IEC in every six month. 	<ul style="list-style-type: none"> ● Peer Counselor arranges In-house training in DIC. ● Capacity builds up among new PES. ● Peers are motivated performing well. ● HRGs are active in services uptake and other extra facility. ● Peers are making decision in IEC development in IEC development committee. 	
3. Condom promotion	<ul style="list-style-type: none"> ● To all new HRGs and old HRGs condom demo and need assessment it's done regularly. 	As per one year data 80% above HRGs are using condom regularly.	
4. Referral and Linkages	<ul style="list-style-type: none"> ● All HRGs are link up with each project level services. ● PLHIV are link up with ART, CSC etc. 		
5. STI Management	<ul style="list-style-type: none"> ● Special emphasis is provided to Symptomatic HRGs and follow up done. ● PT is provided those new HRGs who are not diagnosis any symptoms. ● For RMC General Medicine is provided on behalf of organization. ● Some times in need sample of medicine is also collected from known Doctors. 	● RMC is 90. % above which is only possible providing general medicine.	
6. Enabling Environment	<ul style="list-style-type: none"> ● Logical framework is adapted to linkup with primary, secondary stakeholder meet. ● Specific advocacy was done according to stakeholder analysis. 	● TI Team has conducting follow up visit after every quarter.	

RECOMMENDATIONS :

As the organization has been working with Home based, brothel based, Street based and lodge based sex workers so it has to emphasis to think a separate strategies on brothel. Hence, the organization recommends a few interventions specifically on brothel and MSM Community which are as follows:-

- ☑ A long term health care facility has to start in the heart of the red light areas after prior consultation with sex workers. (It is a Drop in Centre and should be inside the brothel comprising all clinical and counseling facilities)
- ☑ It is more essential to step any vocational training program for income generation because during old age they do not able to do sex work who are involving herself in to begging it can help them alternate thinking and healthy living.
- ☑ To have better intervention on MSM Community need for separate staff structure as it is difficult to maintain FSW and MSM at a same time

CONCLUSION :

To conclude we can say that we have learned a lot from NACP Phase III and we keep more hope to learn from NACP Phase IV. We would also provide more emphasis on community mobilization part side by side also give full effort provide education to secondary stakeholder

CARE & SUPPORT CENTRE FOR PEOPLE LIVING WITH HIV/AIDS (CSC) :

Care and Support Centre is a national initiative to provide expanded and holistic care and support Services for PLHIV. It symbolizes a ray of hope in the lives of PLHIV. CSC expands access to essential services, supports treatment adherence, reduces stigma and discrimination, and improves the quality of life of PLHIV across India.

Goal: The overall goal of CSC is to improve the survival and quality of life of PLHIV.

SPECIFIC OBJECTIVES OF THE PROGRAM INCLUDE THE FOLLOWING

- ☑ Early linkages of PLHIV to care, support and treatment services: The CSC will support PLHIV in early linkage to care, support and treatment services.
- ☑ Improved treatment adherence and education for PLHIV: Adherence education and support can help PLHIV sustain and manage their treatment regimes.
- ☑ Expanded positive prevention activities: Early testing and diagnosis will be encouraged through appropriate counseling and peer support. All who are tested will be supported to engage their sexual partners, family members and children toward testing.
- ☑ Improved social protection and well being of PLHIV: The CSC will facilitate linkage to the existing social welfare and protection schemes under different line departments, corporate sector, public sector undertakings, faith based organizations, and civil society organizations.
- ☑ Strengthened community systems and reduced stigma and discrimination: To ensure a robust system that supports the program goal and ensures reduced stigma and a discrimination free access to quality services

ACHIEVEMENTS OF THE PROGRAM DURING THIS YEAR SO FAR..

Activities	Target	Achievement
No of PLHIV registered in ARTC & on ART are registered in the CSC	517	178
No of PLHIV in pre ART phase who get registered at the CSC	475	58
No of registered PLHIV receiving at least one counseling session	236	213
No of PLHIV whose atleast one family member or sexual partner referred for HIV testing & received test result	7	3
No of PLHIV registered in the CSC linked to Govt Social Welfare schemes	236	157
PLHIV lost to follow up (LFU) brought back to treatment	248	17
No of Advocacy meeting	4	3
Support Group Meeting	105	49
Total no of already registered PLHIV contacted through outreach	127	127
Total no of supervisory visit undertaken by Project Coordinator	53	53
Total no of supervisory visit undertaken by Project Director	33	33

IMPACT OF THE PROGRAM SO FAR

- Increasing ART adherence in over PLHAs who were facilitated access to ART treatment and enabled adherence through regular follow up.
- Community sensitization initiatives have ensured basic rights like stigma free life for PLHAs by increasing community participation in caring for them

PREVENTION OF PARENT TO CHILD TRANSMISSION (PPTCT) :

PPTCT in India with 27 millions percentages a year and an overall estimated 0.3% prevalence rate of HIV infection among pregnant women , it is estimated that about 100,000 HIV infected women deliver every year . Using a conservative vertical transmission rate of 30% , about 30,000 infants acquire HIV infection each year. The life span of a child infected by HIV infection is lower than that found in adults. Thus HIV infection may increase health care expenditure both propensity to alter the morality rates in childhood. PPTCT (prevention of parents to child Transmission HIV Aids) project is a special project for all the PLHIV infected people in this part of Assam. The organization is looking over two districts of Assam mainly Cachar and karimganj Districts

GOAL OF THE PROGRAM

The main motto or the main goal of this program is to minimize the number of PLHIV Aids people in our society and make HIV Aids free society.

OBJECTIVES OF THE PROGRAM :

The main object of the program is to find the Positive pregnant women and give proper support and service provide. The objective of this partnership is to prevent HIV transmission and mitigate the impact of HIV by expanding access to testing, counseling and prevention of parent to child transmission services, strengthening inter program linkage, specially HIV and TB collaboration and integrating HIV services with the general health system by performing the following activities.

1. Tracking and reporting number and percentage of HIV infected pregnant women and their babies receiving a complete course of ARV prophylaxis to reduce the risk of PPTCT.
2. Tracking and reporting number of outreach workers trained on PPTCT module
3. Tracking and reporting number of district level networks/ civil society Organization staff trained on PPTCT module.
4. Tracking and reporting percentage of infant born to HIV infected women who receive an HIV test within 2 months of birth .
5. Tracking and reporting number of ART centers visited and data gathering.
6. Tracking and reporting data on institutional delivery of positive pregnant women over total institutional delivery.

A FEW ACTIVITIES ATTAINED SO FAR IN ONE YEAR

ACTIVITIES	No of PROGRAM	No of PARTICIPANTS	OUTCOME
Support Group Meeting	72	864	Built network amongst the PLHIVs
Community Meeting	72	1440	Especially PLHIVs are gathered knowledge on HIV/ AIDS and the project's pros & cons
Health Worker Meeting	72	576	Establish rapport with the Health workers like ANM, ASHA, and Anganwadi Workers

COMMUNITY BASED MONITORING PROGRAM UNDER NRHM

Community Based Monitoring of health services is a key strategy of National Rural Health Mission (NRHM) is to collect feedback on the status of fulfillment of entitlements, functioning of various levels of the Public Health system and service providers, identifying gaps, deficiencies in services and levels of community satisfaction. It also aims at ensuring the services reach those for whom they are meant, especially for those residing in rural areas, the poor, women and children. Community Monitoring is also seen as an important aspect of promoting community led action in the field of health. The community monitoring process involves a three way partnership between health care providers and managers (health system); the community, community based organizations and NGOs and the Panchayati Raj Institutions. The provision for Monitoring and Planning Committees has been made at Primary Health Centre (PHC), Block, District and State levels. The adoption of a comprehensive framework for community-based monitoring and planning at various levels under NRHM, places people at the centre of the process of regularly assessing whether the health needs and rights of the community are being fulfilled.

IMPLEMENTATION METHODOLOGY ADOPTED

- Following methodologies adopted to carry out the CBM activities:
- Organise Public meeting.
- Organise Trainings and Workshop.
- Conduct Focus Group Discussions
- Conduct In-Depth Interview.
- Community Mobilization and Participation of stakeholders.

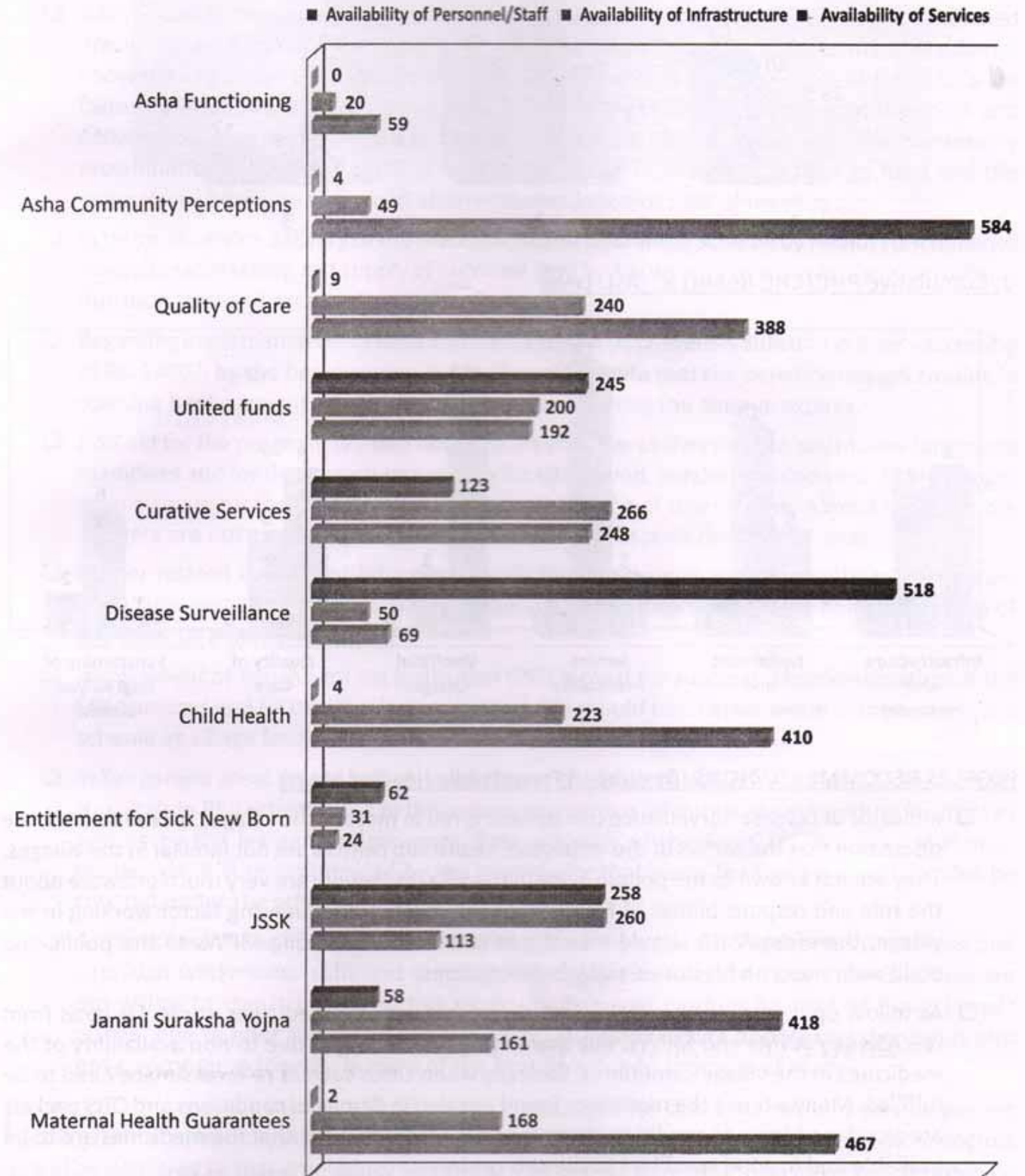
PROGRESS AND ACHIEVEMENT / PROGRAMME OUTCOME

- Total 637 nos. of Village Health, Sanitation & Nutrition Committee were oriented. Total 4450 Members of 637 VHSNC were trained covering the topics mentioned earlier.
- Total 1121 persons understood about block level Public Hearing meet. They are aware about their present status of VHSNC and functioning.
- Total 500 peoples (Approx) are sensitized through street theatre, as a tool of social media to create awareness.
- Build awareness to strengthen the VHSNCs among 4000 People (Approx) of 5 health block through bike & cycle rally.

Women folk are empowered on right to health, government schemes and roles of VHSNC.

DATA ANALYSIS AND INTERPRETATION

1: Cumulative District Level Report Card of VHSNC

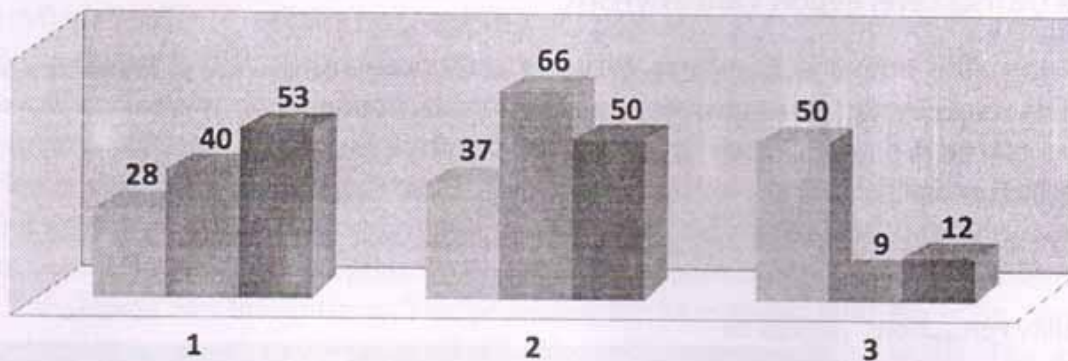


2. CUMULATIVE SUB-CENTRES REPORT AT DISTRICT LEVEL

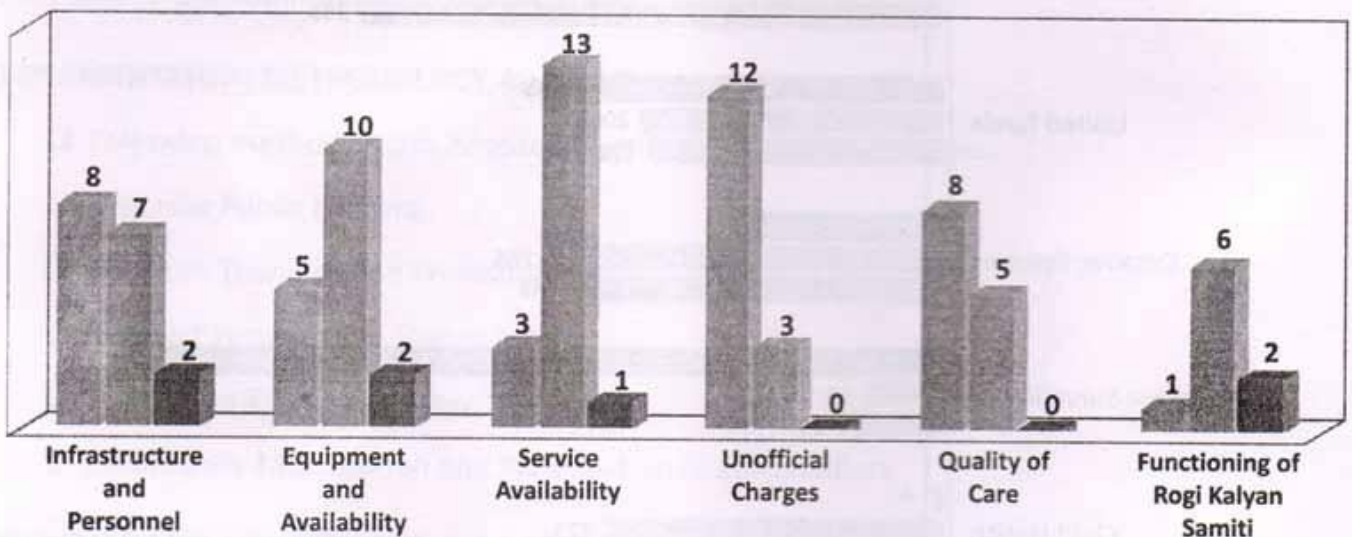
Availability of Personnel/Staff

Availability of Infrastructure/Equipments

Availability of Services



3: Cumulative PHC/CHC Report at Dist. Level



PEOPLES RECOMMENDATIONS (Developed From Public Hearing Meet)

- ❑ Indicator of Disease Surveillance component is red in most of the villages. It reveals from the discussion that the MPWs of the respective health sub centres are not familiar in the villages. They are not known to the people living in the villages. People are very much unaware about the role and responsibilities of MPW. Since the ASHA is a influencing factor working in the village, therefore ASHA should take the initiative of introducing MPWs to the public and build awareness on his duties and job descriptions.
- ❑ As follow up measures of curative service, people get free medicines at regular basis from the ASHAs / ANMs and MPWs. But there are issues emerged due to non availability of the medicines in the village sometimes. Basically when cases such as referral service need to be fulfilled. Many a times the medicines found are also in damaged conditions and ORS packets are also found leakage condition. Therefore it is recommended that the medicines are to be available and in good condition in the sub centres.

- ❑ It revealed from the discussion that support for 24X7 normal delivery or referral services are not provided by majority of the Sub Centres due to absence of ANMs in the SCs. It is recommended that the authority should take steps so that the ANMs are stay in the SCs, community also requested concerned PRIs also to follow up in this regards.
- ❑ With regard to the Untied Fund, people are not aware mostly. It is exercise of the concerned President and ASHA and they only know how to utilise the funds and other members do not know how to utilise the fund. Furthermore, community opined that most of the VHSCs are formed without much peoples notice and most of the members are closer to the ASHA and ANM accordingly representatives from all side of the village are absent. The community recommended that more training is to be organised regarding utilisation of fund and the committee should be re-formed after wide circulation of date of meeting.
- ❑ In terms of service delivery of the Maternal Health Guarantee Scheme by Health Functionaries are quite satisfactory. But supply of nutrition food by AWWs very much irregular which effects nutrition status of pregnant mothers.
- ❑ Regarding implementation of Janani Suroksha Yojana (JSY), there is difficulty in timely accessing of Rs. 1400/- by the beneficiaries. It is quite unfortunate that the beneficiaries get trouble in opening bank account and for that period of en-cashing the cheque expires.
- ❑ JSSK aid for the pregnant women not so much effective as they need to pay money for getting medicines and for delivery, charge money for ultrasound, purchasing blood etc. Many villages even a single mother not found who have got benefit of this scheme. Almost in all remote villagers are not getting Ambulance / 108 EMRI due to poor road conditions.
- ❑ Matter related to JSSK for infant was rarely found. It was seen that people are not aware about the particular scheme. Basically, people go to hospital for usual health check up of infants where they pay money.
- ❑ Involvement of Panchayati Raj Institution (PRI) is must for successful implementation of the CBM process and till date it is lacking behind. PRI should take active role in implementing the scheme at village level.
- ❑ In Tea garden areas where PHC services are not available, NRHM has involved the Tea Garden Hospitals in PPP scheme. But in this case ex-tea garden labourers are not getting facilities as getting by the lea garden labourers. Even majority of the Tea Garden areas are remain uncovered. It is recommended by the community that more Tea Garden Hospitals also be covered under the scheme.
- ❑ As far as Health Facilities are concerned it appears from the visiting the Health Centres that supply of water is not sufficient in hospital is a major concern. In many a times people are not willing to stay in health centres especially delivered mothers for next 48 hours (as per norms) due to poor sanitation and bad smell. Moreover, waste disposal mechanism is also not environment friendly in most of the hospitals due to shortage of space.

In most of the hospitals there are shortages of doctors and for that 24X7 delivery service are not getting by the community and the doctors have admitted that. It is recommended that more doctors should be deployed so that emergency services can be getting by the mothers as well as community.

WOMEN AND CHILD WELFARE**ANGANWADI TRAINING CENTRE**

Deshabandhu Club is running Anganwadi Training Centre at Behara Bazar supported by Director of social welfare, Govt. of Assam. The trainers of AWTC impart training To Anganwadi workers & helpers so that they can be well equipped with knowledge & information to perform their role & responsibilities effectively in the community. The workers & helpers from Barak valley are trained at the centre from time to time. The AWTC conducts different type of trainings i.e., Job Training, Orientation & Refresher Training as per training guideline of Government.

OBJECTIVES OF THE TRAINING ARE AS FOLLOWS :

- i. To train and orient the AWWs to the various component of the scheme of the ICDS.
- ii. To enable them understands their roles and responsibilities as well as those of other factionaries of the scheme.
- iii. To develop them in appropriate skill necessary for pre-school activities, public relation, scheme implementation and general administration.

GOAL OF THE PROGRAMME :

To make good health of women, children and other people of the society and to make the children free from the malnutrition, and to provide the children (3-5 years 11 months) non formal pre-school education to prepare them for the formal education which they will get from the age of 6 years by imparting training to the Anganwadi Workers and Anganwadi Helpers in AWTC.

Following are the lists of the trainings which were conducted at AWTC of Deshabandhu Club, during 2013-2014

Sl. No.	No. of Participants	Name of the Course	No. of Block	Input Indicators	Output Indicators
1.	213	Job Training	6	Inaugural session, Introduction of ICDS, Early Childhood car and Development ,Health and Nutrition Component, Communication Advocacy and community participation, Management of an Anganwadi, Supervise Practice and field visit, Feedback and conclusion session.	Grade A-118 Grade B-83 Grade C-12 Grade D-0
2.	315	Refresher Training	8	Inaugural session, objectives, services, beneficiaries and organization set up and integrated packages of services under the ICDS, basic concept of the health and nutrition, importance of healthy living and good nutrition, and nutrition care of the children and expectant women and nursing mother, 11 Registers and Monthly Progress Report (MPR), field visit.	Grade A-145 Grade B-110 Grade C-45 Grade D-15



3.	254	Orientation Training	5	Inaugural session, Early Childhood Care and Development and Pre-school, basic concept of the health and nutrition, importance of healthy living and good nutrition, and nutrition care of the children and expectant women and nursing mother, common childhood diseases and how to use medicine kit at their centre, how to maintain personal hygiene and importance of safe drinking water, role of AWHs, field visit.	Grade A-66 Grade B-68 Grade C-75 Grade D-30 Failed -15
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CHILDREN IN NEED OF CARE & PROTECTION THROUGH CHILDLINE

CHILDLINE (1098) service is a 24 hour free emergency phone outreach service for Children (0-18) in need of care and protection. The CHILDLINE is a project sponsored by the Ministry for Women & Child Development, Government of India.

Deshabandhu Club has been executing CHILDLINE services since May, 2012 intended for the Children (0-18 yrs) who need of care and protection like Street children, Child addicts, Abused children, mentally ill children, Child laborers, Children affected by disaster, HIV/AIDS infected children, differently- able children, Trafficked children.

GOAL OF THE PROGRAM

- To establish one common brand for CHILDLINE, making it the most recognized reference point in the field of Child Rights.
- To set up systems and processes for existing CHILDLINE city and district teams to: enhance service excellence
- Move from being activity-oriented to goal-oriented
- To launch the CHILDLINE service to the most under-represented and under-reached geographical and thematic child rights areas
- To make National Initiative for Child Protection (NICP) the most comprehensive initiative in the country for mainstreaming child protection.
- To optimize new technologies for up scaling CHILDLINE, reducing the cost per call and making operational systems more professional
- To develop systems and processes to ensure performance excellence in CIF
- To develop new roles and cross-functional leadership positions to facilitate CIF's journey to the next phase of its growth.
- To integrate child participation within CIF governance through a children's advisory council
- To raise local resources to deepen individual commitment and stake in CHILDLINE..

VISION : A child friendly nation that guarantees the rights and protection of all children.

MISSION : CHILDLINE will reach out to every child in need and ensure their rights.

ACHIEVEMENTS AS PER THE INDICATORS in this year

	April 2013	May 2013	June 2013	July 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	March 2014	TOTAL
Meetings													
Call Received	186	120	99	119	100	64	69	66	205	127	141	131	1427
Intervention	09	06	07	12	13	06	11	06	21	06	03	06	106
Out Reach	14	39	28	20	16	07	21	29	29	24	31	19	277
Open House	01	01	01	01	01	01	--	01	01	01	01	01	11
CAB	01	--	01	--	--	--	--	01	--	--	--	--	03
District task force meeting	--	--	--	--	--	--	01	--	--	--	--	--	01
Observation of Worlds Day against Child labour	--	--	01	--	--	--	--	--	--	--	--	--	01

A SNAPSHOT OF CASE FROM APRIL,13 TO MARCH' 14

Sl.No.	Intervention	No. of Case
1.	Medical Help	3
2.	Shelter	16
3.	Restoration (within the country)	16
4.	Repatriation (outside the country)	0
5.	Protection from abuse	29
6.	Child in Conflict with Law	15
7.	Sponsorship	2
8.	Referred by another CHILDLINE	12
9.	Missing Children	12
10.	Parents Asking Help	1
TOTAL		106

2014

DISABILITY

DISHA (A SPECIAL SCHOOL FOR MENTALLY CHALLENGED CHILDREN)

Disha was established with a view to show proper direction to the mentally challenged people to lead their lives. Persons with disabilities are one of those marginalized people who need our attention and guidance.

Disha is one of the disability initiatives of the organization and initiated in the year 2003 as a day care centre. From the beginning, special classes and Clinic are available for PWDs and at the moment almost all important services are incorporated in the day care centre like physiotherapy, Music, Art, Computer classes and Vocational training activities. The students remain in the day care centre from 10-00 a.m. to 3-00 p.m. and centre remains open on five days a week.

ACTIVITIES IN DISHA :

The students are given training on daily living Skills and in addition, students are taught basic academics, money transaction to become well equipped to deal with the daily activities, motor functioning. Apart from these, they are taught about vocational skills like making envelopes flowers & flower vases. Every Saturday Physiotherapy session is held for the children by a Physiotherapist.

GOAL :

The main Goal of this program is to rehabilitation to these children and their life.

OBJECTS :

The main objects of the program are

- To build up among mentally challenged children a spirit of self -reliance and self-determination.
- To create mass awareness on disability issues and fight for stigma and discrimination.

The student strength has gone up to 45 till April 2014. Generally, four types of children are admitted in this centre. These are Mental Retardation, Cerebral Palsy, Autism & Multiple Disability.

COMMUNITY BASED REHABILITATION (CBR) FOR PERSONS WITH DISABILITIES

Community Based Rehabilitation for Persons with Disabilities is another disability initiative of the organization and it has been executing since April'2011 with the aegis of CBR Forum, Bangalore. There are five thematic areas work under CBR program like Health, Education, Livelihood, Social and Empowerment of PWDs.

GOAL OF THE PROGRAM :

Persons with Disabilities (PWDs) would have awarded their rights and low and they participate fully and effectively in society.

OBJECTIVE OF THE PROGRAM :

CBR program is an attempt towards rehabilitation of all kinds of disabled and remove of stigma and discrimination and inclusion and empowerment of PWDs in all the area's leading a good quality of life.

ACTIVITIES ACCOMPLISHED THROUGHOUT THIS YEAR SO FAR...

Activity	Output indicator	Outcome
Need based Training program for project personal at Organizational level	80% of staff have gained knowledge on proper management and proper execution of CBR program	60% of staff have gained knowledge on proper management of PWDs and able to prepare proper action plan for better achievement of CBR program
<ul style="list-style-type: none"> ➤ Awareness program on Promotion of Health and prevention of disabilities with the community ➤ Support for treatment and medicine for the persons with MI and Epilepsy ➤ Organized eye screening camp in association with Loins Club Silchar ➤ Organized disability assessment camp to provide Aids and appliances ➤ Carry out home based intervention for severely and Multiple disabled children 	360% of target people have accessed appropriate health facilities by the needy CWDs/PWDs	<p>28% (35/125) of PWDs who have reduced their violent nature (MI).</p> <p>Are able to do ADL independently.</p> <p>Have increased their communication ability.</p> <p>Have increased their mobility.</p>
EDUCATION		
<ul style="list-style-type: none"> ➤ Promoting inclusive education of CWDs in general school ➤ Meeting with SMC and block officials to provide scholarship & educational allowances 	<ul style="list-style-type: none"> ➤ 70% CWDs have been enrolled in local general school and ICDS centre ➤ 64% of school going CWDs got scholarship, escort allowances, Minority allowances 	➤ 33% of CWDs who are performing well in classroom examination and able to response teacher's question
LIVELIHOOD		
<ul style="list-style-type: none"> ➤ To assist DPOs for their economic dev. Through individual /group ➤ Linkage /Facilitate with available Govt. livelihood prog. / accessing 3% poverty reduction scheme related to livelihood by PWDs 	<ul style="list-style-type: none"> ➤ 49% (53/108) PWDs received social security scheme ➤ 50% (10/20) nos. of active DPOs have received livelihood support fund 	<ul style="list-style-type: none"> ➤ 16% (24/150) of PWDs engaged in wage employment like MGNREGA, domestic work, agri. Work & pvt. Job etc. ➤ 14 nos. of PWDs (DPO) members have already started income generating activity with help of livelihood
SOCIAL		
<p>Encouraged parents of CWDs/PWDs community leaders to motivate their CWDs/PWDs to participate in social and cultural events</p> <p>Sensitized the families about the importance of PWDs to take part in family decision making process</p>	76% (37/49) of parents of PWDs/CWDs are encouraging to participate in social and cultural events	62% (115/186) of PWDs who have participated in family function, social, sports & game and Gram sabha meeting

EMPOWERMENT

- Formation of DPOs.
- Facilitate monthly meeting of DPOs
- Interface meeting with govt.officials.
- Organized training for DPO leaders on concept of DPOs,
- DPO management and rights and low of PWDs

40% of PWDs who aware the right of PWDs.

FUTURE STRATEGIES

1. All the PWDs would have received disability certificate by 2016
2. Formation of panchayet and block level DPO
3. Needy PWDs would have got access appropriate employment
4. Support good services from medical and PHC level
5. PWDs will be given so much priority to include in selecting list of beneficiaries for availing benefit of Govt. programme. PWDs will be engaged in income generating activity.

SOCIAL COUNSELING & ADVOCACY

Legal AID Cell is one of the important wings of Deshabandhu Club. It was started in 2004 to generate legal literacy & to extend legal assistance to people. As per directives of Honorable Supreme court of India & under permission of District session Judge, Cachar the cell was started to address issues like Domestic violence against women & child. It also looks after marital disputes, child labor, cases on violence against women. It is good to share that most of the disputes have been settled down at the legal aid cell & unsettled disputes are referred to the court.

INDICATOR	PERFORMANCE
Total cases resolved	8
Cases under trial	3
Total case unresolved	5

CULTURE

Deshabandhu Club is situated in the foothill of Barail range at Behara Bazar. Many religious & ethnic group lives in the adjoining areas .Every group has unique cultures. The organization is keen on upholding the culture through talent promotion.

Deshabandhu Club has cultural troupe namely Deshabandhu Cultural Mission. The aim of the mission is to spread message on different social issues to the masses. It also observes major cultural events like Yuva divas, International literacy day, World Environment Day, Najrul Jayanti, Rabindra Jayanti etc.

The organization also runs a music school named Deshabandhu sangit Vidyalyaya at Behara Bazar.

The performance of the institution is mentioned below....

Total Candidate appeared	57	Madhyama	
Total Passed	51	Visharad Part -I	
Prathama		Visharad Part -II	

2014

DESHABANDHU VIDYANIKETAN

To impart quality education in rural area, in 1994, the organization founded a School with the name and style "Deshabandhu Vidyaniketan". School is imparting education to the children of Behara and its adjacent areas. The student enrollment at school is gradually increasing because of parent's satisfaction in

school's education. Teachers are trying to focus quality education so that parents can be motivated to send the children to school. The present students strength is 335 and teaching and non teaching staff are 15. Deshabandhu Vidyaniketan students are coming with flying colors in board examination each year.

THE RESULT OF 2014 BOARD EXAMINATION IS GIVEN BELOW ---

Year	Total appeared	1st Division	2nd Division	3rd Division	Letter Marks
2014	9	1	3	4	2

2014

IMPORTANT EVENTS IN THIS YEAR

IN SOLIDARITY-INTERNATIONAL AIDS CANDLELIGHT MEMORIAL-19 MAY 2013

The organization celebrates the 30th International AIDS Candlelight Memorial with full of admiration. The theme of this day is "In solidarity". On Sunday 19 May 2013, the organization commemorates International AIDS Candlelight Memorial. Communities raise awareness around HIV, stand together with people living with HIV and remember the loved ones lost to HIV and AIDS.

The theme of "In solidarity" emphasizes the need for people living with and affected by HIV to join hands and work together in the response to HIV. Solidarity in communities is essential to reduce stigma and promote the involvement of people living with HIV in order to ensure a more effective HIV response. The Staff of TI and CSC project along with community member jointly celebrate the same in city office. A number of PLHIVs are participated in this memorial.

WORLD DAY AGAINST CHILD LABOUR-12 JUNE

In order to provide need, care & support and protection, the organization has been implementing Child Line project 1098 since 2012. From 2012 onwards, the organization has been celebrating this day to advocate stake holders for eliminating child labour from the society. Social protection is both a human right and makes sound economic and social sense. Social protection enables access to education, health care and nutrition and plays a critical role

in the fight against child labour. This year (2013), World Day Against Child Labour draws attention to the role of social protection in keeping children out of child labour and removing them from it. The organization conducted a seminar on Child labour issues in Mahakuma Parisad hall on this day. The District administration, Social welfare department, DCPO, CWC, JJB and NGOs has participated in the program.

14TH NOV -CHILDREN'S DAY -- A DAY DEDICATED TO CHILDREN

Children's Day coincides with the birthday of Pandit Jawaharlal Nehru (November 14, 1889) first Prime Minister of India after Independence, and so is observed in a grand way. This celebration commemorates Jawaharlal Nehru for his affection towards children and faith that education of children could propel the

country's progress. In every year, the organization celebrates children day in Disha Centre (a disability initiative of the organization) with pleasure temperament. Lions Club of Silchar, as a associate organization participate the same in every year.

WORLD AIDS DAY ON 1ST DECEMBER

World AIDS Day is held on 1 December each year and is an opportunity for people worldwide to unite in the fight against HIV, show their support for people living with HIV and to commemorate people who have died.

World AIDS Day is an opportunity for you to

learn the facts about HIV and put your knowledge into action. Conceptualization this perception, the organization observe day in every year. Under the leadership of TI and CSC staffs, the organization organize rally and seminar in organization premises.

3RD DEC INTERNATIONAL DAY OF PERSONS WITH DISABILITIES

Around the world, persons with disabilities face physical, social, economic and attitudinal barriers that exclude them from participating fully and effectively as equal members of society. They are disproportionately represented among the world's poorest, and lack equal access to basic resources, such as education, employment, healthcare and social and legal support systems, as well as have a higher rate of mortality. In spite

of this situation, disability has remained largely invisible in the mainstream development agenda and its processes. The organization observes this day with a colourful cultural program in Disha rehabilitation centre. Parents of mentally challenged children, representative of social welfare department and are participated in the program. Theme of the program is "Break Barriers, Open Doors: for an inclusive society and development for all"



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INDEPENDENT AUDITOR'S REPORT

To,
 Deshabandhu Club
 Behara Bazar
 Cachar
 Assam

We have audited the accompanying financial statements of **DESHABANDHU CLUB**, Behara Bazar, Cachar, Assam which comprise the Balance Sheet as at 31st March, 2013 and the Income & Expenditure Account and Receipt & Payment Account for the year then ended, and a summary of significant accounting policies.

1. Managements Responsibility for the Financial Statements :

Management is responsible for the preparation of these financial statements in accordance with Accounting Principles generally accepted in India. This responsibility includes the design, implementation and maintenance of internal control relevant to the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

2. Auditor's Responsibility :

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with the Standards on Auditing issued by the Institute of Chartered Accountants of India. Those Standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant for preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.



Cont'd...

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Deshabandhu Club, Behara Bazar, Cachar



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Cont'd...

An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of the accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

3. **Opinion :**

In our opinion and to the best of our information and according to the explanations given to us, the financial statements of DESHABANDHU CLUB, for the year ended 31st March, 2014 give a true and fair view in conformity with the Accounting Principles generally accepted in India.

- i) In the case of the Balance Sheet, of the state of the affairs of Deshabandhu Club as at 31st March, 2014.
- ii) In case of Income & Expenditure Account, the total of Income over Expenditure of Deshabandhu Club for period ended on 31st March, 2014.
- iii) In the case of the Receipt & Payment Account, the total transaction taking place in Deshabandhu Club for the period ended on 31st March 2014.

Dated at Silchar
the 26th of June'2014



FOR RKP ASSOCIATES
CHARTERED ACCOUNTANTS

(CA. RAVI KR. PATWA)
PARTNER
MRN. 056409
FRN. 322473E

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**DESHABANDHU CLUB
BEHARA BAZAR, CACHAR (ASSAM)**

BALANCE SHEET AS AT 31ST MARCH, 2014

LIABILITIES	SCH	AMOUNT	ASSETS	SCH	AMOUNT
<u>FUND ACCOUNT</u>	'1'	6,807,505.86	<u>FIXED ASSETS</u>	'2'	3,807,805.00
<u>Provisions</u>			<u>INVESTMENTS</u>		
<u>EPF</u>			Bank Fixed Deposits	'3'	475,000.00
Employers Contribution		10,371.00	<u>CURRENT ASSETS, LOANS & ADVANCES</u>		
Employees Contribution		9,144.00	<u>Current Assets</u>		
<u>SUPPENSE ACCOUNT</u>		2,649.00	Grant - in - Aid Receivable	'4'	2,371,093.00
			Refundable Assistance		100.00
			<u>Income Tax Suspenses</u>		
			A.Y. 2013-14		9,840.00
			A.Y. 2014-15		15,315.00
			Cash at Bank	'5'	109,158.24
			Cheque in Hand		35,183.00
			Cash in Hand	'5'	6,175.62
		<u>6,829,669.86</u>			<u>6,829,669.86</u>

IN TERMS OF OUR REPORT ON EVEN DATE

FOR RKP ASSOCIATES
CHARTERED ACCOUNTANTS

Dated at Silchar
the 26th of June'2014



(CA. RAVI KR. PATWA)
PARTNER
MRN. 056409
FRN. 322473E

DESHABANDHU CLUB
BEHARA BAZAR, CACHAR (ASSAM)

INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED ON 31ST MARCH, 2014

EXPENDITURE	SCH	AMOUNT	INCOME	SCH	AMOUNT
Expenditure incurred for various Programmes	'6'	9,311,394.75	By Grant - in - Aid	'4'	7,625,411.00
“ Salary			“ Membership Subscriptions		6,225.00
Executive Members 103,800.00			“ Donations	'8'	851,000.00
General Staff 217,200.00		321,000.00	“ Fees/ Charges/ Receipts from Various Programmes	'9'	384,240.00
“ Telephone Charges		30,223.00	“ Fees Received from Deshabandu Vidya Niketan		
“ Electricity Charges		49,389.00	Tution Fees 528,600.00		
“ Audit Fees		40,394.00	Admission Fees 203,400.00		732,000.00
“ Professional Fees		5,056.00			
“ Expenses Incurred for Deshabandhu Vidya Niketan			“ Amount Received from SHGs under Rastiriya Mahila Kosh (RMK) Project		
Staff Salary 570,000.00			Service Charges		22,110.00
Printing & Stationery 63,980.00		633,980.00	“ Land Rent		360,000.00
“ Amount Expended For Rastiriya Mahila Kosh (RMK) Project			“ House Rent		1,060,250.00
Interest on Loan		17,945.00	“ Repayment of Electricity Charges		16,500.00
“ Staff Insurance		16,410.00	“ Bank Interest	'10'	74,652.00
“ Water Charges		860.00	“ Interest On I.T. Refund		510.00
“ EPF Contribution (Employer)		95,028.00			
“ Bank Charges	'7'	3,621.50			
“ Maintenance of Equipment		9,500.00			
“ Office Expenses		5,010.00			
“ HR Development Executive Member		17,498.00			
“ Advertisement Exp.		3,420.00			
“ Donation		5,000.00			
“ Membership Fees					
Creditability Alliance 500.00					
PTCC General Assembly 2,500.00					
NCAS 775.00		3,775.00			
“ Depreciation	'2'	416,094.00			
“ Excess of Income over Expenditure		147,299.75			
		<u>11,132,898.00</u>			<u>11,132,898.00</u>

Dated at Silchar
the 26th of June'2014



IN TERMS OF OUR REPORT ON EVEN DATE
FOR RKP ASSOCIATES
CHARTERED ACCOUNTANTS

(CA. RAVI KR. PATWA)
PARTNER
MRN. 056409
FRN. 322473E

DESHABANDHU CLUB
BEHARA BAZAR, CACHAR (ASSAM)

RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED ON 31ST MARCH' 2014

RECEIPTS	SCH	AMOUNT	PAYMENTS	SCH	AMOUNT
<u>To Opening Balances</u>			By Expenditure incurred for		
Cash in Hand		5,034.62	Various Programmes	'6'	9,311,394.75
Cheque in Hand		8,000.00			
Cash at Bank		<u>152,999.49</u>	" <u>Salary</u>		
		166,034.11	Executive Members		103,800.00
" Grants - in - Aid received	'4'	7,329,137.00	General Staff		<u>217,200.00</u>
" Membership Subscription		6,225.00	" Telephone Charges		30,223.00
" Donation	'8'	851,000.00	" Electricity Charges		49,389.00
" Fees/ Charges/ Receipts from Various Programmes	'9'	384,240.00	" Audit Fees		40,394.00
" <u>Fees received from Deshabandhu Vidya Niketan</u>			" Professional Fees		5,056.00
Tuition Fees		528,600.00	" Expenditure Incurred for Deshabandhu		
Admission Fees		<u>203,400.00</u>	<u>Vidya Niketan</u>		
		732,000.00	Staff Salary		570,000.00
" Amount Received from SHG's Under Rashtriya Mahila Kosh (RMK) Project			Printing & Stationery Exp.		<u>63,980.00</u>
Service Charges		22,110.00			633,980.00
Loan Recoverd		<u>415,149.00</u>	" Amount Expended For Rashtriya		
		437,259.00	<u>Mahila Kosh (RMK) Project</u>		
" Land Rent		360,000.00	Loan Refunded		340,000.00
" House Rent		1,060,250.00	Interest on Loan		17,945.00
" Recovery of Electricity Charges		16,500.00	Repayment Thrift Money to SHGs		<u>185,400.00</u>
" Bank Interest	'10'	74,652.00			543,345.00
" FDR Maturity Receipt		12,000.00	" Staff Insurance		16,410.00
" IT Refund (A.Y. 2012-13)		7,870.00	" Staff Insurance Claim Payable of earlier year		874.00
" Interest on IT Refund (A.Y. 2012-13)		510.00	" Fixed Assets Purchased	'2'	179,590.00
			" Water Charges		860.00
			" Advertisement Expenses		3,420.00
			" <u>TDS Deducted by</u>		
			PPTCT Project		12,267.00
			SBI, Silchar Br.		<u>3,048.00</u>
					15,315.00
Balance c/d		<u>11,437,677.11</u>	Balance c/d		<u>11,151,250.75</u>



**DESHABANDHU CLUB
BEHARA BAZAR, CACHAR (ASSAM)**

RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED ON 31ST MARCH' 2014

RECEIPTS	SCH	AMOUNT	PAYMENTS	SCH	AMOUNT
Balance b/d		11,437,677.11	Balance b/d		11,151,250.75
" EPF Contribution Received from Staff		139,152.00	" <u>EPF Paid</u>		
" Suspense A/c.		2,649.00	Employers Contribution		95,028.00
" Staff Insurance Recovery		874.00	Employee Contribution		<u>139,152.00</u>
					234,180.00
			" Bank Charges	'7'	3,621.50
			" Maintenance of Equipment		9,500.00
			" HR Development Executive Member		17,498.00
			" Office Expenses		5,010.00
			" <u>Membership Fees</u>		
			Creditability Alliance		500.00
			PTCC General Assembly		2,500.00
			NCAS		<u>775.00</u>
					3,775.00
			" Donation		5,000.00
			" <u>Closing Balances</u>		
			Cash in Hand		6,175.62 '5'
			Cheque in Hand		35,183.00
			Cash at Bank		<u>109,158.24 '5'</u>
					150,516.86
		<u>11,580,352.11</u>			<u>11,580,352.11</u>

IN TERMS OF OUR REPORT ON EVEN DATE

FOR RKP ASSOCIATES
CHARTERED ACCOUNTANTS

Dated at Silchar
the 26th of June'2014



(CA. RAVIKR. PATWA)
PARTNER
MRN. 056409
FRN. 322473E

2014

GOVERNANCE

Legal Compliance

The Deshabandhu Club followed a rigorous audit process. The statutory auditor with a fixed remuneration was appointed in the Annual General Body Meeting. Auditor's reports and financial statements are shared at length in the Annual General Meeting.

Deshabandhu Club complies with statutory requirements of Income tax Act, 1961 and Foreign Contribution Regulation Act, 1976.

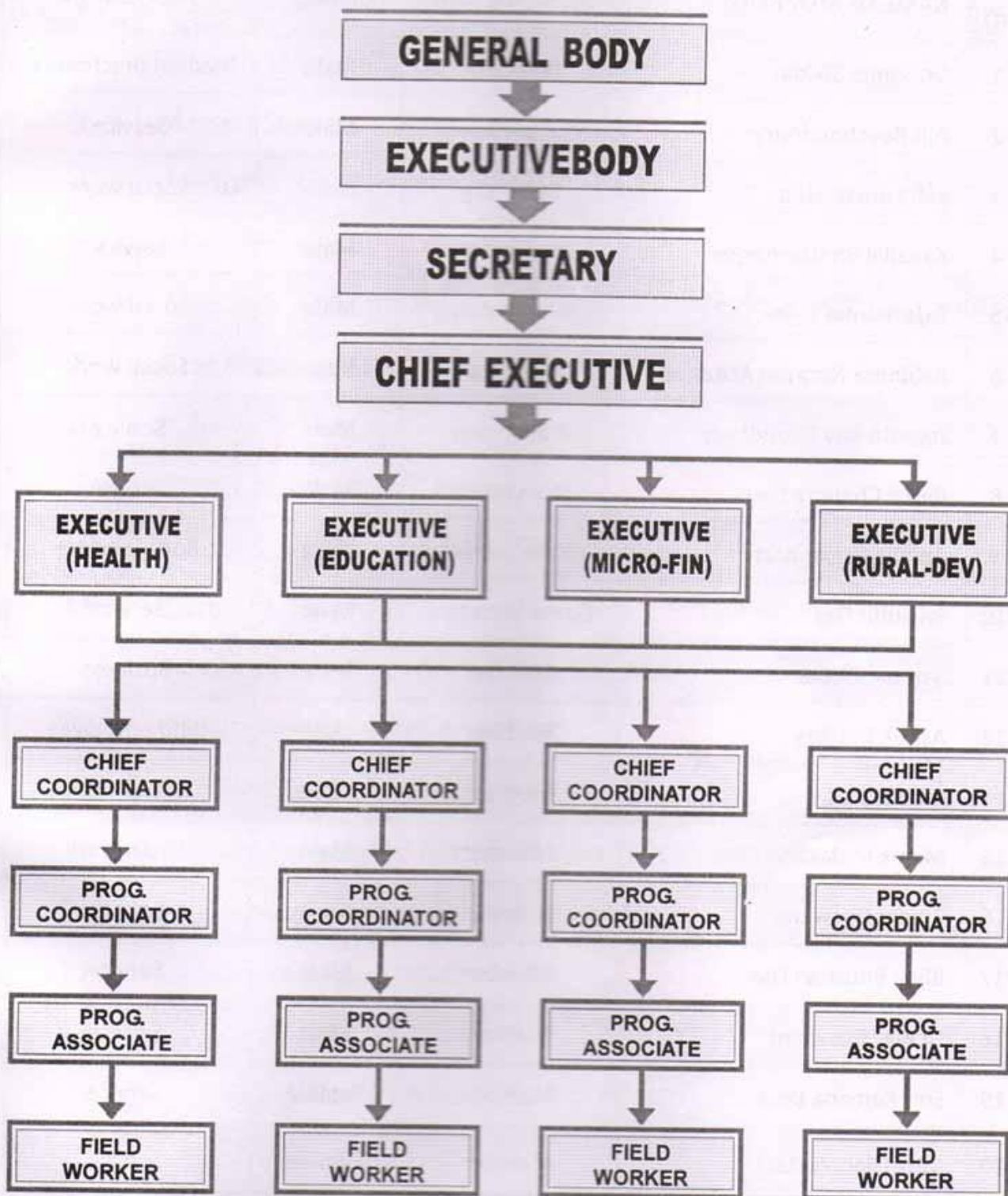
Transparency Disclosures

- ☑ Among the abovementioned EB members, Dr Sanjib Sikidar & Shri Jahar Sikidar are related by blood (brother) and Shri Rabindra Narayan Acharjee & Smt. Kamana Devi are also related by blood (brother-sister). The other members are neither related by blood nor related by marriage.
- ☑ No remuneration, sitting fees or any other form of compensation was paid to any Executive Members for the financial year except Secretary, 2 Joint Secretaries & 1 Executive Member Rs. 135000/-, 122400/- and Rs. 135000/- respectively.
- ☑ Travel reimbursement made to Executive members attending Committee meetings and other office meeting: Nil
- ☑ Remuneration of the three highest paid staff members Rs. 15625/-
- ☑ Total cost of national travel by the Executive Body members: 17498/-
- ☑ Total cost of international travel by the Executive Members: Nil
- ☑ Remuneration of the lowest paid staff member is Rs. 1500/-
- ☑ Total cost of international travel by all staff and board members during the year: Nil

SALARY DISTRIBUTION AS ON 31.03.2014

LEVEL OF SALARY (IN RS)	MEN	WOMEN	TOTAL
Up to 2000/-	7	27	34
2001/- to 3000	3	5	8
3001 – 4000	13	9	22
4001 – 7000	28	14	42
7000 – 9000	6	3	9
More than 9000	5	3	8
Total	62	61	123

organogram of Deshabandhu Club



list of executive body

SL. NO.	NAME OF MEMBER	DESIGNATION	GENDER	PROFESSION
1	Dr. Sanjib Sikidar	President	Male	Medical practitioner
2	Ajit Roychoudhury	Vice president	Male	Service
3	Kali Kumar Saha	Secretary	Male	Social work
4	Kanailal Bhattacharjee	Jt .secretary	Male	service
5	Sajal Kumar Deb	Jt. Secretary	Male	social work
6	Rabindra Narayan Acharjee	Jt. secretary	Male	Social work
7	Jayanta Roy Choudhury	Jt Secretary	Male	Service
8	Bimal Chandra Dey	Jt Secretary	Male	Service
9	Abhijit Chakrabarty	Culture Secretary	Male	Social service
10	Sri Subir Das	Game Secretary	Male	Service
11	Sambit Sikidar	Member	Male	Business
12	Ashok DebRoy	Member	Male	Retd employee
14	Nibhas Das	Member	Male	Social work
15	Manik Malakar	Member	Male	Social work
16	Pradip Goswami	Member	Male	Service
17	Bijoy Bhushan Das	Member	Male	Service
18	Dr.Bijit Goswami	Member	Male	Service
19	Smt Kamana Devi	Member	Female	Service
20	Miss Lilaboti Das	Member	Female	Service

list of our partners

SI.No.	NAME OF AGENCY
1	Ministry of Health and Family welfare ,GOI
2	Assam State AIDS Control Society
3	Assam State Social welfare Board
4	National Rural Health Mission
5	UNICEF
6	National Bank for Agriculture & Rural Development (NABARD)
7	The National Trust
8	IL&FS
9	Deptt of Social welfare
10	Khadi & Village Industries Commission
11	District Legal cell
12	National Centre for Advocacy Studies
13	Nehru Yuba Kedra Sangathan
14	Assam Gramin Vikash Bank
15	Community Based Rehabilitation Forum, Banglore
16	FXB India Suraksha, Positive Alliances
17	Sishu Sarati ,Guwahati
18	Childline India Foundation
19	Voluntary Health Association of Assam
20	Usha International limited



