



2014-15

Annual Report



Deshabandhu Club

an organization working with people for sustainable development



PHOTOGRAPHS OF DIFFERENT PROGRAMME



Annual Report

2014-2015



DESHABANDHU CLUB

BEHARA BAZAR, CACHAR, ASSAM

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

FCRA Registration No.020720016 dtd 19.03.1996

Registered under Section 12(AA) & Section 80(G) of Income tax Act 1995

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ANNUAL REPORT

2014-15

Deshabandhu Club

“Empowering lives.”

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PRESIDENT'S DESK

Dr. Sanjib Sikidar,
President, Deshabandhu Club



We are pleased to place the Annual Report for the year 2014-15, We have step into 49th year in the Development field. It is our pleasure to contribute effectively in this reporting year towards diverse sectors of marginalized section through institutions and various programs .

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 2014-2015. 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.

Dr Sanjib Sikidar



INTRODUCTION

Deshabandhu Club is an esteem organization in Assam has established 1965-66 with a immense vision by a few enthusiastic youths of Behara village in the name of 'Balak Samity', main objective was to promote sports and culture among the people in general but, in the following year a devastating flood occurred and in response to the humanitarian needs these youths carried out door to door relief operation, which gave them a new direction to serve the mankind. Since then, these youths had been doing social services within their capacity.

In 1973, the members of Balak Samity passed a unanimous resolution to change the name of the organization from 'Balak Samity' to 'Deshabandhu Club'. This is in nutshell how the present 'Deshabandhu Club' came into being. Later in 1978, the organization got registered under Societies Registration Act, 1860.

Deshabandhu Club could continue its activities only because the organization received the wholehearted cooperation from all sections of the society, which has placed this rural organization among the few prestigious organizations in the country.

This is needless to mention that Deshabandhu Club had been functioning as a Mother NGO (MNGO), identified by the Ministry of Health & Family Welfare, Government of India to implement Reproductive & Child Health (RCH) programme in selected four districts of Assam. Alongside the health sector, activities in lot many other domains have also brought considerable repute for the organization. Considering the good effort of the organization in Education, Deshabandhu Club has been given the accreditation by National Open School, New Delhi, for implementing Open Basic Education (OBE) Programme. The National Bank for Agriculture of Rural Development (NABARD) had certified the splendid job done by Deshabandhu Club in forming Self Help Groups and then creating linkages of potential Self Help Groups (SHGs). Recognizing the success of Deshabandhu Club in giving SHG Bank Linkages, NABARD had given Best NGO AWARD in Assam to this organization for two successive years for the year 2000-01 & 2001-02.

Assam Rural Infrastructure and Agricultural Services Project (ARIASP) Society of Assam had also identified Deshabandhu Club as Nodal NGO for three districts of Barak Valley. In the Capacity of Nodal NGO, Deshabandhu Club has been looking after the work of irrigation, veterinary and fishery projects started by ARIASP Society, Assam, in those three districts.

The State Agriculture Department had entrusted this organization with the responsibility of implementing three watershed projects for rain fed areas in Cachar district. Considering the potentiality of the organization, many institutions are responding to the call of the organization by sanctioning the projects, which are submitted by this organization. In the field of HIV/AIDS, Deshabandhu Club is a pioneer organization in the Assam and has been executing the three different programs in Barak valley namely Targeted intervention project on female sex workers, Care and Support Centre for PLHIV and PPTCT. After running this program, the organization has formulated as vast expertise which may help to the community particularly.

So far in order to care, rescue and protect children who are vulnerable and seeking support for that the organization already has taken care of through Childline (1098) and right now a remarkable work has been going on through this all this activity.



Deshabandhu Club
BEHARA BAZAR, CACHAR

BASIC INFORMATION

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 and National Trust Act .



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 2030 A.D. would like to provide cost effective, sustainable, peoples' friendly health, education, economic empowerment and rural entrepreneurship through peoples participation



Decision Makers

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



AIMS AND OBJECTIVES

- To promote the cause of national integration and communal harmony in a best possible means.
- To eradicate illiteracy by 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 conduct training program for the rural youths for self employment.
- To develop scientific temperament among the rural people through seminar, symposium, discussion, folk entertainment and audio visual aid.
- To create awareness on environment pollution and encourage the people for a forestation.
- To promote 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 old 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 all types of disable persons.
- To create health awareness among the rural people for preventive measures on various incurable diseases.
- To uplift the socio economic status of rural masses, the organization may borrow or raise loan from any outside agency as per objectives of the program of that agency and the organization.
- To aware the rural people about small savings.
- It will function as non-profitable organization .If some profit is raised from any source it will be utilized in furtherance of the objects of the organization & shall not be distributed amongst the member





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 stakeholders 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 presently inextricably involved with District Health Society, Assam state AIDS Control society and NHM.

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)

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. Therefore, it is observed that day by day people's participation is increasing from the different areas of Barak Valley. The organization is also distributing medicine in free of cost to underprivileged patients.



TARGETED INTERVENTION PROJECT ON HIV /AIDS:

Targeted Interventions (TIs) are set of intervention in HIV/AIDS Control Program peer-led preventive interventions focused on HRGS and bridge population. 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 by Non-Government Organisations (NGO) and Community-based Organisations (CBO) in a defined geographic area. They provide prevention services with components such as behavioural change communication, condom distribution, STI/RTI services, needle & syringe exchange, opioid substitution therapy, referrals and linkages to health facilities providing HIV/AIDS services, community mobilization and creating enabling environment.

Core Composite TI that provides prevention services to more than one high risk group. The number of TIs mentioned in the document includes only NACO-supported TIs. Migrant TIs include only destination TIs. The goal of NACP IV (2013+) Consolidate gains, focus on highest risk HRGs, scaling up services and quality assurance. 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 whose has one of the responsibilities to empanel for implementing the projects and according the SACS has empanelled Deshabandhu Club is run the TI project. The organization has been implementing successfully this program for providing information .education and community mobilization to the communities (1000 no's FSWs and 120 no's 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 empower them and make a strong community response group.



Component of the Project:

Behavior Change Communication, Condom Promotion, Sexually Transmission Infection, Community Mobilization and enabling environment.

Activities	Outcomes
1. Outreach (Regular contact)	<ul style="list-style-type: none"> ● Regular contact is varies from 75% to 80%.
2. Services (STI, PT and RMC).	<ul style="list-style-type: none"> ● STI is low evidencing adherence to Condom use. ● However PT have been provided to all new registered HRG's. ● Some community people sometimes not using Condoms, this happens unwillingly or under pressure of partners and due to that STI is fluctuating. ● RMC is provided to all link HRGs.
3. ICTC Analysis.	<ul style="list-style-type: none"> ● According to referral overall ICTC performance is law due to some reason. ● Some time KIT is unavailable at ICTC. ● Timings of ICTC is hard to manage by HRGs to prefer their job than to health priority.
4. Condom Promotion.	<ul style="list-style-type: none"> ● It is also very hard to meet 100% condom distribution among street based and hotel based FSWs as they are floating in nature.
5. Community Mobilization.	<ul style="list-style-type: none"> ● 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. ● Community group are also motivate to apply for PAN Card, Identity card which will helps Brothel and street Based HRGs to move in other area and manage police by showing their Identity card.
6. Enabling Environment	<ul style="list-style-type: none"> ● Logical framework is adapted to linkup with primary and secondary stakeholder meet. ● Specific advocacy was done according to stakeholder analysis.

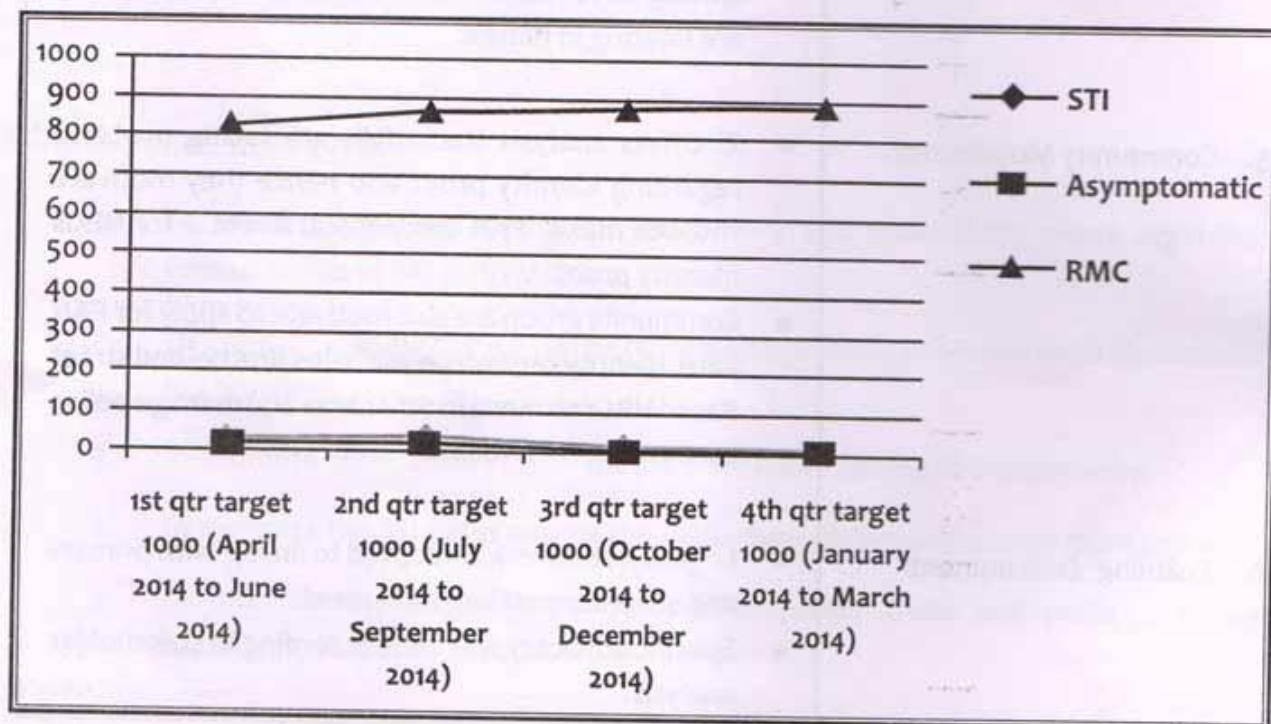


CLINIC EPISODE CONDUCTED DURING THE YEAR

Clinical episode	STI	Asymptomatic	RMC	Total
1st qtr target 1000 (April 2014 to June 2014)	32	17	830	879 (87.9%)
2nd qtr target 1000 (July 2014 to September 2014)	38	22	866	926 (92.6%)
3rd qtr target 1000 (October 2014 to December 2014)	20	8	876	904 (90.4%)
4th qtr target 1000 (January to March 2015)	11	10	884	905 (90.5%)

The above table represents that out of total 1000 community 87.9% have attended at NGO clinic including PPP model clinic in the hot spot during the 1st quarter followed by 92.6% in 2nd quarter 90.4% in 3rd quarter and 90.5% during last quarter of the session.

GRAPHICAL REPRESENTATION REVEALS THE DATA



CHALLENGED FACED

- Most of the HRGs belong from street based and brothel based it is difficult to maintain 100% regular contact.
- In the remote areas some problems arising in course of contact.
- Initially it was extremely challenging to initiate intervention inside the brothel area. Now due to the constant efforts of the organization and staff, the peer's can easily access the DIC. Moreover staff also meet the outreach services inside the brothel.
- As the outreach staff and counselor has build a good rapport with the madams in the brothel therefore in every Thursday mobile STI clinic is conduct with the help of PPP doctor.
- It has been observed by our TI team that the Collective income generation activity among sex workers is difficult.
- It is also observed that brothel based FSWs are furious to do ICTC test regularly and it become hard to enter with visitor also.

STEP TAKEN TO ADDRESS THE PROBLEMS

- Four Peer Educator is involve with project for smooth contact with brothel based HRGs.
- It is more prioritize to continue mobile ICTC inside the brothel twice in a year.
- There is need for orientation among community people and police person.
- There is need for policy and strong administrative advocacy which help community people to come forward for services.

PROJECT QUARTERLY PLAN TO MEET THE STAKEHOLDER

1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
<ul style="list-style-type: none"> • Hot spot wise covering all police station regarding concept of FSW, MSM. • Introducing the targeted Intervention goal. • Meeting with police personnel whenever crisis arises. 	<ul style="list-style-type: none"> • Hot spot wise meeting with key stakeholder along with police administration. • Meeting with police personnel whenever crisis arises. 	<ul style="list-style-type: none"> • Follow up visit with Superintendent of police and discussion regarding brothel in specific. • Meeting with police personnel whenever crisis arises. 	<ul style="list-style-type: none"> • Follow up visit with Hot spot wise all police station to discuss regarding problem faced during covering hotspot. • Meeting with police personnel whenever crisis arises.



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 service.

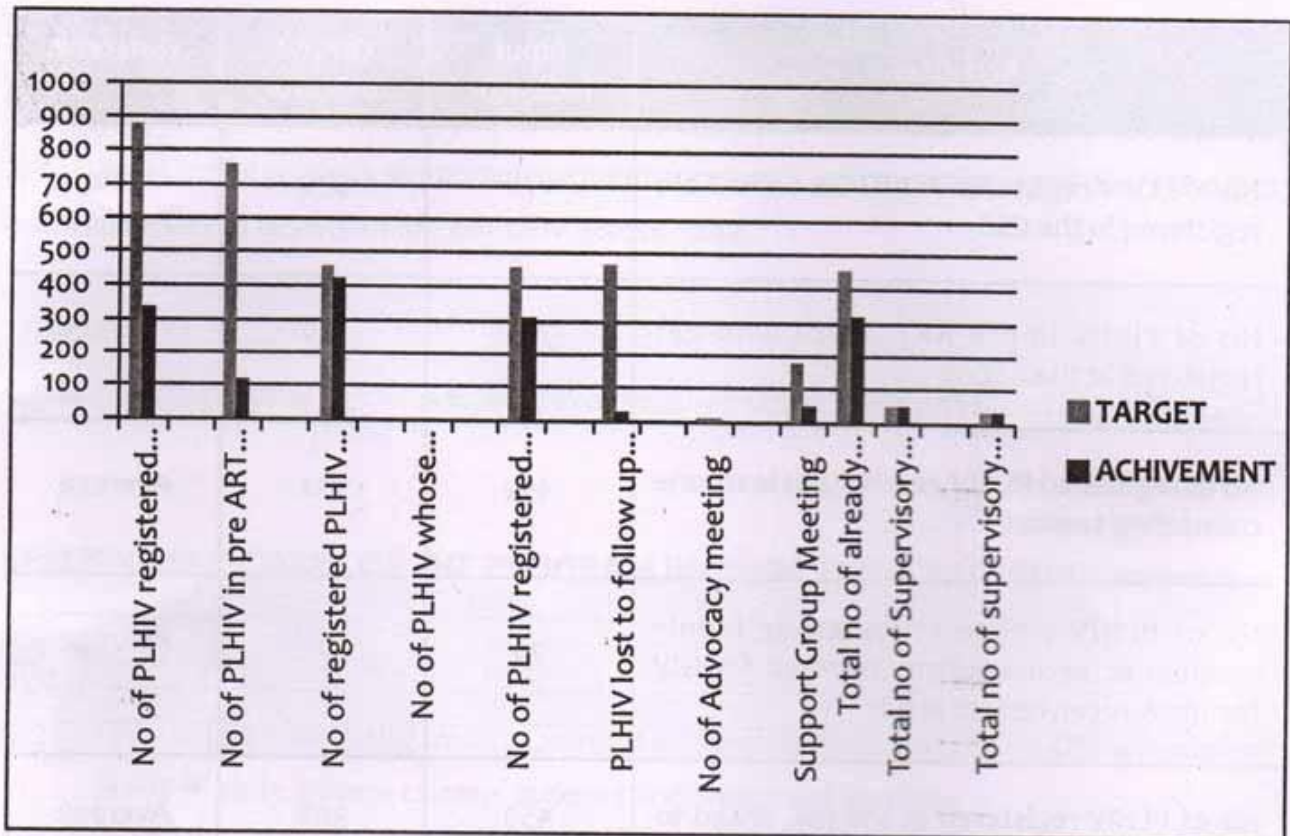


ACHIEVEMENTS OF THE PROGRAM DURING THIS YEAR SO FAR

Activities	Input Indicator	Output indicator	Outcome
No of PLHIV registered in ARTC & on ART are registered in the CSC	876	339	Average
No of PLHIV in pre ART phase who get registered at the CSC	759	120	Average
No of registered PLHIV receiving at least one counseling session	459	422	Average
No of PLHIV whose at least one family member or sexual partner referred for HIV testing & received test result	20	5	Average
No of PLHIV registered in the CSC linked to Govt Social Welfare schemes	459	308	Average
PLHIV lost to follow up (LFU) brought back to treatment	467	29	Average
No of Advocacy meeting	8	10	Average
Support Group Meeting	180	50	Average
Total no of already registered PLHIV contacted through outreach	459	321	Average
Total no of supervisory visit undertaken by Project Coordinator	53	53	Average
Total no of supervisory visit undertaken by Project Director	33	33	Average



GRAPHICAL PRESENTATION



□ A few activities taken during this year

- Advocacy meeting with administration, govt. deptt. for Linkage of PLHIV with Social Protection Schemes
- Advocacy meeting with deptts. of food & civil supplies & CA of District, Cachar & karimganj Linkage of PLHIV with Social Protection Schemes
- 308 Nos. of PLHIV are linked with Various Social Protection Schemes (AAY & NFSA)
- 1 No. PLHIV linked with USHA International tailoring program in Deshabandhu club and she was offered a free sewing machine and a certificate and to open a training school in her native place.
- CSC referred 1 no. of PLHIV female for ORW Job in PPTCT IL & FS Project
- 29 Nos. of LFU PLHIV are brought back to Treatment at ART Centre.
- 6 Nos. of PLHIV successfully avail the PAN Card
- 6Nos. of Discrimination cases are successfully resolved by DRT



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)

According to the NACO Technical Estimate Report (2012) estimated that out of 27 million annual pregnancies in India, 34,675 occur in HIV positive pregnant women. 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 of 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.



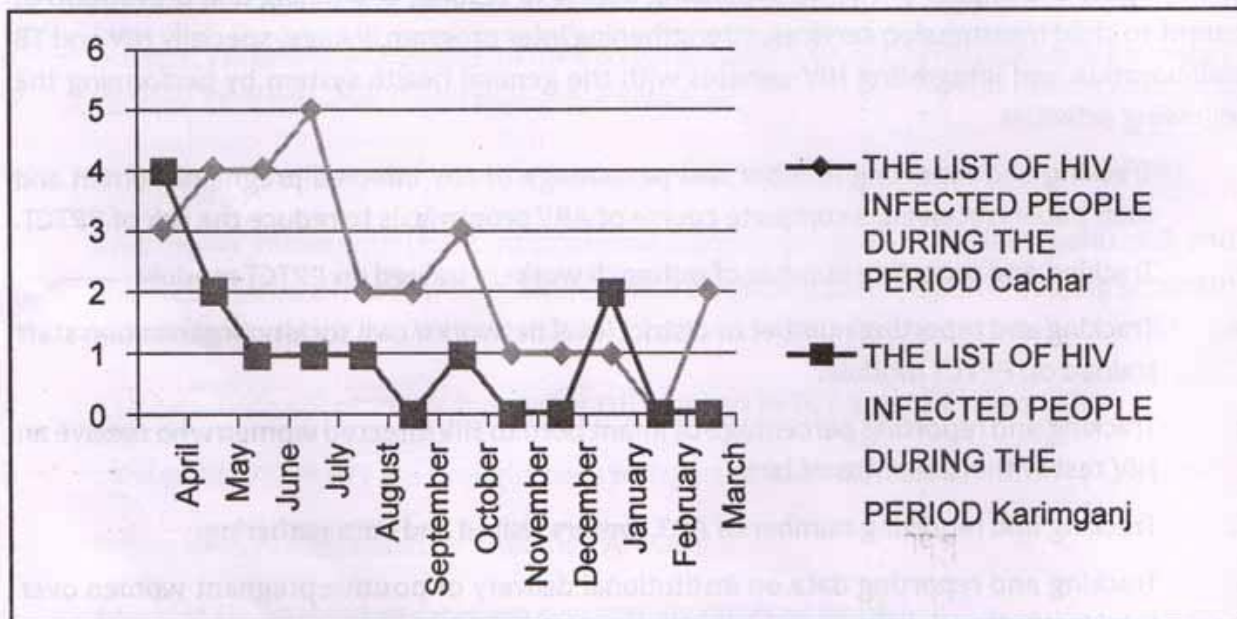
THE LIST OF HIV INFECTED PEOPLE DURING THE PERIOD

APRIL 2014 TO MARCH 2015

Months	Cachar	Karimganj
April	03	04
May	04	02
June	04	01
July	05	01
August	02	01
September	02	00
October	03	01
November	01	00
December	01	00
January	01	02
February	00	00
March	02	00
Total	28	12

The above table depict that HIV infected rate is high in the district of Cachar compared to Karimganj district which indicate there is need for more concern in the district to minimize the rate of HIV infection

The following graphical representation reveals the data.



A FEW ACTIVITIES ATTAINED SO FAR DURING THE YEAR

Activities	No's of meeting held yearly	Outcomes of the meeting
Support Group Meeting	72 no's	Especially PLHIV people are too much benefited with this meeting.
Community Meeting	12 no's	Community Meeting is special because earlier people are don't aware after doing this meeting specially rural areas of people are much aware about HIV/AIDS.
Health Worker Meeting	72 no's	With the help of this meeting we can share all ASHA, ANM & wangan wari workers about HIV/AIDS.

So far during this period under this project we have save Twenty one (21) new born babies life from HIV/AIDS. After 18 month of babies age there is a last test called Rapid Test (DNA-PCR) after doing this test their result came out as a negative. This program is a unique program and it is a ray of hope for the entire PLHIV patient.

Challenged faced

To run this Project we have faced lot of challenges in our society. Stigma and discrimination is common phenomenon in this region. During our field visit we observed that "if anyone says that I am HIV Positive he/she is going to chase away by able society. Family environment is very unfavorable to infected people. Though counseling is provided by the different centre's to overcome and meet the challenges but HIV/Aids suffering people are not getting fully family support as well as social support so, without family and social support to run this project is really a challenging job.

Step taken to address the problem

a)	Regular counseling which will create enabling environment in the family and society.
b)	Empowering PLHIV and coordinate with micro credit facilities.
c)	Proper counseling and social group support for people living with HIV/AIDS.
d)	More and more awareness program should be taken.





ANGANWADI TRAINING CENTRE

Anganwadi Training Centre is a project under the Social welfare Board of Assam. The organization has been implementing this at Head Quarter. 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 PROGRAM

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 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 2014-2015

COMPLETION REPORT OF JOB TRAINING PROGRAMME

Sl no	Name of Block	Period from	No of Participants	Total days
1	Lala	27th April, 14 to 28th May, 14	37	32
2	Lakhipur & Katigorah	18th June, 14 to 1st Sept, 14	29	32
3	Udharbond	31st, July to 1st Sept, 14	32	32
4	Lala	9th Oct, 14 to 9th Nov	31	32
5	North Karimganj	1st Feb, 15 to 4th Mar, 15	35	32
6	Algapur	8th Mar, 15 to 9th April, 15	40	32



COMPLETION REPORT OF REFRESHER TRAINING PROGRAMME

Sl no	Name of Block	Period from	No of Participants	Total days
1	Lakhipur	1st June, 14 to 7th June, 14	37	7
2	Katigorah	21st July, 14 to 27th July 14	11	7
3	Lakhipur	14th Sep, 14 to 20th Sep, 14	38	7
4	Udharbond	10th Nov, 14 to 16th Nov, 14	39	7
5	Borkhola	28th Dec, 14 to 10th jan, 15	39	7
6	Borkhola	4th Jan, 15 to 10th jan, 15	36	7
7	Borkhola	11th Jan, 15 to 17th Jan, 15	40	7

COMPLETION REPORT OF ORIENTATION TRAINING PROGRAMME

Sl no	Name of Block	Period from	No of Participants	Total days
1	Salchapra	8th june, 14 to 15th June, 14	50	8
2	Silchar (U)	3rd Sept, 14 to 11th Sept, 14	42	8
3	Udharbond	22nd Sept, 14 to 29th Sept, 15	45	8
4	Katigorah	23rd Nov, 14 to 30th nov, 14	46	8
5	Katigorah	2nd Dec, 14 to 9th Dec, 14	37	8
6	Katigorah	11th Dec, 14 to 19th Dec,14	45	8
7	Lala	21st Dec, 14 to 28th Dec, 14	53	8
8	Udharbond	18th jan, 15 to 25th Jan, 15	36	8

TOTAL TRAINING PROGRAMME IN 3 DISTRICTS

Sl no	Name of the District	Name of the training	Number of training	Total Participants
01	Cachar, Karimganj & Hilakandi	Job Training	6	204
02	Cachar Karimganj & Hilakandi	Refreshing Training	7	240
03	Cachar, Karimganj & Hilakandi	Orientation Traning	8	354



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.

MAJOR ACTIVITIES 2014-15

	Apr.	May	Jun.	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Total
Call Received	111	196	108	40	45	48	65	41	58	48	35	103	898
Intervention	8	11	12	7	4	10	10	4	5	7	04	21	103
Out Reach	13	29	34	25	35	19	23	31	11	19	23	27	289
Open House	1	1	1	1	1	1	1	1	0	1	02	01	12

- Almost 103 cases from Barak valley handle by Silchar CHILDLINE with the help of different allied system
- Outreach, Open house and Awareness, done on different blocks area e.g. Silchar, Sonai, Borjalenga, Borkhola, Udharbond, Narshingpur etc.
- CHILDLINE Silchar got slot in Doordarshan & AIR Silchar for spreading awareness on CHILDLINE 1098.
- CHILDLINE wall paintings were initiated in some of the important places of the city.
- World Day against Child Labourⁿ was celebrated at GOLDIGHI MALL (Big Bazaar) through drama play programme.
- CHILDLINE Silchar was called in a workshop to present the activities of CHILDLINE. Members from ASSPCR, Deputy Commissioner, & Superintendent of Police of three neighboring districts, DCPO, DSWO, DEEO, and Chairperson of CWC were present.
- CHILDLINE flex is visible at different Police Stations & Allied offices

ACHIEVEMENTS AS PER THE INDICATORS

Intervention	2012-13	2013-14	2014-15	2015-16 till	No of Cases
Child Labour	3	24	8	18	53
Missing	12	9	12	01	34
Child Abuse Sexual Abuse	8	10	06	04	28
Medical Help	1	2	11	05	19
Child Help	1	1	14	04	20
Child in conflict with law	1	15	01	00	17
Shelter	5	14	12	01	32
Restoration	1	17	19	01	38
Referral from Other CHILDLINE	3	14	18	06	41
Unclassified Case	00	00	02		2
Lost & found	00	00	00	28	28
Emotional Support	00	00	00	03	3
Total	35	106	103	71	315



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 50 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) PROGRAM

Community Based Rehabilitation (CBR) for persons with Disabilities in Kalain Block of Cachar District of Assam

- Goal of the program: PWDs would have awarded their rights and low and they participate full and effectively in society
- Objective of the program: CBR program is an attempt towards rehabilitation of all kinds of disabled and remove stigma and discrimination and inclusion and empowerment of PWDs of all the area's leading a good quality of life.



Activities	Outcomes
Health	
➤ Meeting with parents of CWDs/ PWDs/ community leaders and Health management committee to discuss the issues like delaying in issuing of disability certificate and quality medical services at PHC/CHC level	<ul style="list-style-type: none"> ● 200 nos. of PWDs applied to Dist. Social welfare office for obtaining disability certificate ● PWDs are giving medical support from PHC then earlier
➤ Assessment camp for Aids and appliances	● 15 nos of needy PWDs /CWDs have received aids & appliances
➤ Health insurance schemes under NIRAMAYA	● 10 nos. of CWDs have enrolled under NIRAMAYA Health insurance.
➤ Meeting with VHSNC to have proper health and sanitation facility	● 70% (20/27) of VHSNC have become more aware on need of proper health and sanitation facility and gained knowledge about govts. Schemes.
➤ Medication for MI & Eplipsy	● 37% (19/52) of persons with MI/Eplipsy received medication and 5 Nos, of MI shown improvement in health condition then earlier
➤ Organise eye camps in collaboration with Lions Clubs Silchar	● 40%(60/150) PWDs/ CWDs/ Community members attended eye camp and 35 nos. have got cataract surgery
➤ Carry out Home based support for needy CWDs	● 100%(30/30) of severely & multiple CWDs have received rehabilitation service to improve their daily living skills through home based intervention
➤ Preparation of special chair for needy CP child	● 4 CWDs have received special chair and improved mobility then earlier
Education	
➤ Peer group support at school level	● Disabled and non disabled children are creating friendly environment at school level
➤ Meeting with SMC and educational block officials to discuss the matter on CWDs education and BFE	● 40%(25/62) of SMC and school authority have come to notice the education need of CWDs and Barrier free environment at the school level



➤ Regular follow up visit at schools by CBR worker	● Problem encountered by CWDs
Livelihood	
➤ 21 nos. of Groups have received livelihood support fund	● 18 nos. of VDPO groups have started individual venture with support from group loan.
➤ Vocational training of 10 VDPO group members	● 10 VDPO group members gained basic knowledge on water hyacinth based crafts. Fish farming, Poultry farming
➤ Linkage/facilitate with available govt livelihood prog/ accessing 3% poverty reduction scheme related to livelihood by PWDs	● 60 Nos. of PWDs have received social security scheme.
Social	
➤ Encouraged parents of CWDs/PWDs/ Community leaders to motivate their CWDs/ PWDs to participate in social and cultural events	● 48% (120/249) of PWDs included in cultural. Recreational social and religious life of the community.
Empowerment	
1. Formation of Panchayet level DPO 2. Facilitate monthly meeting of DPOs regarding the rights of PWDs 3. Capacity building prog. For PDPO members	● 4 nos. of PDPO formed ● 57%(12/21) VDPOs are functioning effectively

Statistical Data

Sl. No.	Type of Disability	0 - 5		6 - 14		15 - 18		19 - 59		60 +		Total	
		M	F	M	F	M	F	M	F	M	F	M	F
1.	Blindness	2	0	2	0	0	0	4	5	0	1	8	6
2.	Low vision	0	0	5	0	5	2	8	3	0	0	18	5
3.	Leprosy cured	0	0	0	0	0	0	1	0	0	0	1	0
4.	Hearing impairment	2	0	4	5	0	3	19	27	2	1	27	36
5.	Locomotor disability	0	1	12	3	2	0	47	41	3	3	64	48
6.	Mental illness	0	0	0	0	0	0	26	21	1	1	27	22
7.	Mental retardation	1	0	6	5	3	3	11	13	0	0	21	21
8.	Autism	0	0	0	0	0	0	0	0	0	0	0	0
9.	Cerebral Palsy	1	0	5	7	1	1	4	2	0	0	11	10
10.	Multiple Disabilities	0	0	2	2	1	1	3	2	0	0	6	5

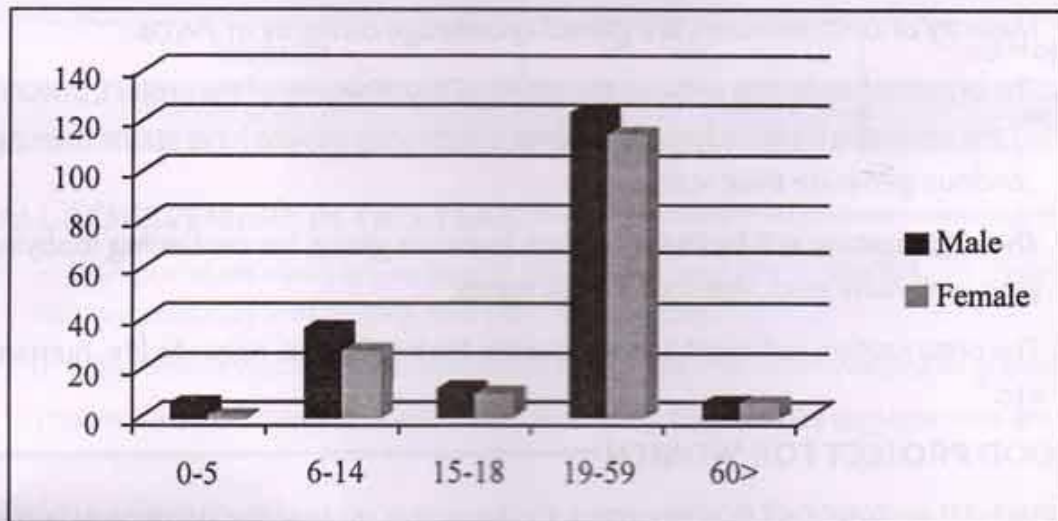


Details age group of Persons with disability in 4 G.Ps under Kalain Dev. Block of Cachar District

Age group	Male	Female	Total
0-5	06	01	7
6-14	36	22	58
15-18	12	10	22
19-59	123	114	237
60>	06	06	12
Total	183	153	336

The above data depict that out of total person with disability under the project 183 members are male and 153 members are female. The majority of person with disability under the project is between age group of 19 to 59 years followed by 6-14 years.

Graphical representation of reveals the data



BRIEF DESCRIPTION ON THE OVERALL ACHIEVEMENT

1. Knowledge level of PWDs is growing gradually on rights of PWDs
2. 21 VDPO and 4 PWDs formed to strengthen for availing the rights of PWDs.
3. PDPO leaders actively taking up their issues at block level.
4. Rapport building with PRIs and line depts. is developing.
5. DPO members have started lending in their groups and started livelihood activities.



CHALLENGED FACED

- > Delay in issuing of disability certificate
- > Poor support from school authority for providing assistance
- > Poor barrier free environment at school level
- > Public places and transportation are not accessible

STEP TAKEN TO ADDRESS THE PROBLEMS

1. Meeting with district administration, Health departments, Social welfare department regarding action for issuing disability certificate and other related issues of PWDs.
2. Net working school authority.

RECOMMENDATION

1. Involvement of more and more PWDs / parents of CWDs in village level DPOs so that they can act together in achieving change in the community mind and involvement of active participation.
2. Formation of panchayet level group among the DPO members.
3. Majority of DPO members are gained knowledge on rights of PWDs.
4. The organization is optimistic on the issues of sustainability of the project, Sustainability of the project is based on when community people have learnt their rights to continue generate their voice.
5. The organization will facilitate to form pressure group for continuing lobbying with govt. and none govt. agency for their rights.
6. The organization will emphasis to educate their rights viz. rights to life, human rights etc.

LIVELIHOOD PROJECT FOR WOMEN

"USHA SILAI SCHOOL" is a program for boosting up income general activities and strengthens the rural economy through exploring capacities. With the aegis of Usha International, the organization starts the project in this year. Initially, the organization gives importance in Barak Valley and starts a numbers of training schools on tailoring and it expands later in other areas of north east like Manipur, Tripura, Mizoram. At present, In Barak Valley there are 40 Nos of School & 40 Nos in others states of North east.

Goal of the program: To empower the rural women to established their Social skill & Economic status.

The Objective of the program: To mobilize the village women and girl come to the Silai School for learning and to establish the village location/area with the help of Silai school program.



ACTIVITIES ATTAINS SO FAR IN THIS YEAR

Activities	Outcomes
Ensure the proper maintenance of USHA Silai Schools Monitoring and mentoring Silai Schools in monthly basis.	There are 40 nos school in Barak valley and 40 nos in Tripura, Manipur & Mizoram. 91% (73/80) of USHA Silai schools are proper maintaining by Teachers. 50% (40/80) of Silai schools are increasing their monthly income and financial support to their family. 640 nos of beneficiaries are trained by Silai Teachers.

DETAILS STATUS SO FAR OF THE SCHOOLS

Sl.No	Location/Working area	No. of Silai School	No. of Learner
1.	Cachar	20	254 Nos
2.	Karimganj	10	118 Nos
3.	Hailakandi	10	166 Nos
4.	Tripura	20	310 Nos
5.	Mizoram	10	116 Nos
6.	Manipur	10	245 Nos

OVER ALL ACHIEVEMENT IN THIS YEAR

1. In Manipur State there are 10 Nos of Silai school, and all the Silai School is performing very successfully and getting more & more income.
2. In Tripura state among 20 schools there are 18 nos of schools walking in grant success.
3. The entire Silai School of Barak Valley is running successfully and teachers are getting more income
4. All the Silai School is walking smoothly but main thing is that so many rural Girl/women can empower themselves & establishing their social & Economic Status.
5. Organized Photo Shoot & Video Program in Mizoram & Manipur State, and it was published in Air Channel & in Famous News Paper.
6. Some grant Success story of Manipur & Mizoram Silai School Teachers has exposed in You-tube & other media.

CHALLENGED FACED

1. Due to Communication Problem sometime Silai School Teachers haven't got proper guidance regarding Silai.
2. Due to tea garden area/remote area, in some places teachers are not getting proper stitching work or Learner/student.



STEP TAKEN TO ADDRESS THE PROBLEMS

1. Under Shifting Process, USHA Silai School Project has employed new teachers in the non performing Silai School in Barak Valley & other State to Continuing the Silai School smoothly.
2. Recently USHA has organized Master Training Program in Guwahati & Mizoram, for doing many kind of problem solve regarding Stitching of Silai School.
3. Conducted village level month meeting to update the women regarding innovative idea of Silai School.

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 Vidyalaya at Behara Bazar.

The performance of the institution is mentioned below...

			App.	Pass.			
			App.	Pass.	App.	Pass.	
Total Candidate appeared	57	Prathama	25	23	Visharad Part -I	9	9
Total Passed	51	Madhyama	40	23	Visharad Part -II	8	8



EDUCATION

DESHABANDHU VIDYANIKETAN

In 1994, the organization launched 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 & teaching and non teaching staff are 15. Deshabandhu Vidyaniketan students are coming with flying colors in board examination each year. The result of 2015 board examination is given below –

Year	Total Appeared	1st Division	2nd Division	3rd Division	Letters Marks
2014	9	1	3	4	2



IMPORTANT EVENTS IN THIS YEAR

IN SOLIDARITY - INTERNATIONAL AIDS CANDLELIGHT MEMORIAL - 18 MAY

The organization celebrates the 31st International AIDS Candlelight Memorial with full of admiration. The theme of this day is "In solidarity". On Sunday 18 May 2014, 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 (2014), 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 an associate organization participate the same in every year.

WORLD AIDS DAY ON 1ST DEC

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.



Deshabandhu Club
BEHARA BAZAR, CACHAR

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, 2015 and the Income & Expenditure Account and Receipt & Payment Account for the year then ended, and a summary of significant accounting policies.

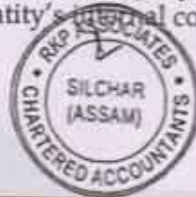
1. **Managements Responsibility for the Financial Statements:**

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.

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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, 2015 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, 2015.
- ii) In case of Income & Expenditure Account, the total of Income over Expenditure of Deshabandhu Club for period ended on 31st March, 2015.
- iii) In the case of the Receipt & Payment Account, the total transaction taking place in Deshabandhu Club for the period ended on 31st March, 2015.

Dated at Silchar
the 28th of September 2015



FOR RKP ASSOCIATES
CHARTERED ACCOUNTANTS


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

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Deshabandhu Club
BEHARA BAZAR, CACHAR

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

BALANCE SHEET AS AT 31ST MARCH, 2015

LIABILITIES	SCH	AMOUNT	ASSETS	SCH	AMOUNT
FUND ACCOUNT	'1'	8,089,674.86	FIXED ASSETS	'2'	3,655,123.00
<u>Provisions</u>					
<u>EPF</u>			<u>INVESTMENTS</u>		
Employers Contribution		8,752.00	Bank Fixed Deposits	'3'	475,000.00
Employees Contribution		7,860.00			
SUSPENSE ACCOUNT		2,649.00	CURRENT ASSETS, LOANS & ADVANCES		
Thrift Money From SHG's		185,400.00	<u>Current Assets</u>		
Employers Contribution		10,371.00	Grant - in - Aid Receivable	'4'	3,648,526.00
Employees Contribution		9,144.00	Security For Tender		10,000.00
			<u>Income Tax Suspenses</u>		
			A.Y. 2014-15		15,315.00
			A.Y. 2015-16		68,501.00
			Cash at Bank	'5'	155,429.12
			Cheque in Hand		69,400.00
			Cash in Hand	'5'	11,641.74
		<u>8,108,935.86</u>			<u>8,108,935.86</u>

IN TERMS OF OUR REPORT ON EVEN DATE

**FOR RKP ASSOCIATES
CHARTERED ACCOUNTANTS**

Dated at Silchar
the 28th of September'2015



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



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

INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED ON 31ST MARCH, 2015

EXPENDITURE	SCH	AMOUNT	INCOME	SCH	AMOUNT
Expenditure incurred for various Programmes			By Grant - in - Aid	'4'	10,605,734.00
" Salary	'6'	11,012,082.00	" Membership Subscriptions		5,850.00
Executive Members		122,400.00	" Donations	'8'	609,240.00
General Staff		<u>181,200.00</u>			
		303,600.00	" Fees/ Charges/ Receipts from Various Programmes	'9'	264,800.00
" Telephone Charges		12,994.00			
" Electricity Charges		34,047.00	" Fees Received from Deshabandu		
" Audit Fees		32,023.00	Vidya Niketan		
" Professional Fees		5,056.00	Tution Fees		689,400.00
" Expenses Incurred for Deshabandhu			Admission Fees		<u>210,000.00</u>
Vidya Niketan					899,400.00
Staff Salary		589,200.00	" Land Rent		360,000.00
Printing & Stationery		<u>106,570.00</u>	" House Rent		1,063,075.00
		695,770.00	" Recovery of Electricity Charges		4,500.00
" Amount Expended For Rastiriya			" Bank Interest	'10'	64,066.00
Mahila Kosh (RMK) Project			" Interest On I.T. Refund		3,260.00
Interest on Loan		766.00	" CBR Advocacy Programme		5,000.00
" Staff Insurance		14,775.00			
" EPF Contribution (Employer)		86,228.00			
" Bank Charges	'7'	7,413.00			
" Office Expenses		7,320.00			
" Advertisement Exp.		11,000.00			
" Donation		500.00			
" Membership Fees					
Creditability Alliance		1,000.00			
Confederation of India -					
Membership Fees		<u>2,400.00</u>			
		3,400.00			
" Refundable Assistance (Written off)		100.00			
" Printing Expenses on Annual Report		18,000.00			
" Depreciation	'2'	357,682.00			
" Excess of Income over Expenditure		<u>1,282,169.00</u>			
		<u>13,884,925.00</u>			
					<u>13,884,925.00</u>

IN TERMS OF OUR REPORT ON EVEN DATE

FOR RKP ASSOCIATES
CHARTERED ACCOUNTANTS



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

Dated at Silchar
the 28th of September 2015

DESHABANDHU CLUB
BEHARA BAZAR, CACHAR (ASSAM)

RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED ON 31ST MARCH 2015

RECEIPTS	SCH	AMOUNT	PAYMENTS	SCH	AMOUNT
<u>To Opening Balances</u>			<u>By Expenditure incurred for</u>		
Cash in Hand		6,175.62	Various Programmes	'6'	11,012,082.00
Cheque in Hand		35,183.00			
Cash at Bank		<u>109,158.24</u>	" <u>Salary</u>		
		150,516.86	Executive Members		122,400.00
" Grants - in - Aid received	'4'	9,263,621.00	General Staff		<u>181,200.00</u>
" Membership Subscription		5,850.00	" Telephone Charges		12,994.00
" Donation	'8'	609,240.00	" Electricity Charges		34,047.00
" Fees/ Charges/ Receipts from Various Programmes	'9'	264,800.00	" Audit Fees		32,023.00
			" Professional Fees		5,056.00
" <u>Fees received from Deshabandhu Vidya Niketan</u>			" Expenditure Incurred for Deshabandhu		
Tuition Fees		689,400.00	<u>Vidya Niketan</u>		
Admission Fees		<u>210,000.00</u>	Staff Salary		589,200.00
		899,400.00	Printing & Stationery Exp.		<u>106,570.00</u>
" Land Rent		360,000.00			695,770.00
" House Rent		1,063,075.00	" Amount Expended For Rashtriya		
" Recovery of Electricity & Water Charges		4,500.00	<u>Mahila Kosh (RMK) Project</u>		
" Bank Interest	'10'	64,066.00	Interest on Loan		766.00
" IT Refund (A.Y. 2013-14)		9,840.00	" Staff Insurance		14,775.00
" Interest on IT Refund		3,260.00	" Fixed Assets Purchased	'2'	205,000.00
" CBR Advocacy Programme		5,000.00	" Advertisement Expenses		11,000.00
			" <u>TDS Deducted by</u>		
			Assam Gramin Vikash Bank		773.00
			SBI, Silchar Br.		<u>3,048.00</u>
					3,821.00
Balance c/d		<u><u>12,703,168.86</u></u>	Balance c/d		<u><u>12,330,934.00</u></u>



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

RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED ON 31ST MARCH' 2015

RECEIPTS	SCH	AMOUNT	PAYMENTS	SCH	AMOUNT
Balance b/d		12,703,168.86	Balance b/d		12,330,934.00
" EPF Contribution Received from Staff		132,060.00	" EPF Paid		
			Employers Contribution		89,131.00
			Employee Contribution		<u>132,060.00</u>
			" Bank Charges	'7'	7,413.00
			" Office Expenses		7,320.00
			" Membership Fees		25,837.00
			Creditability Alliance		1,000.00
			Coinfederation of India		<u>2,400.00</u>
			" Donation		500.00
			" Security for Tender		10,000.00
			" Printing of Annual Report		18,000.00
			" Closing Balances		
			Cash in Hand		11,641.74 '5'
			Cheque in Hand		69,400.00
			Cash at Bank		<u>155,429.12 '5'</u>
					236,470.86
		<u>12,835,228.86</u>			<u>12,835,228.86</u>

IN TERMS OF OUR REPORT ON EVEN DATE

FOR RKP ASSOCIATES
CHARTERED ACCOUNTANTS

Dated at Silchar
the 28th of September' 2015



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



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

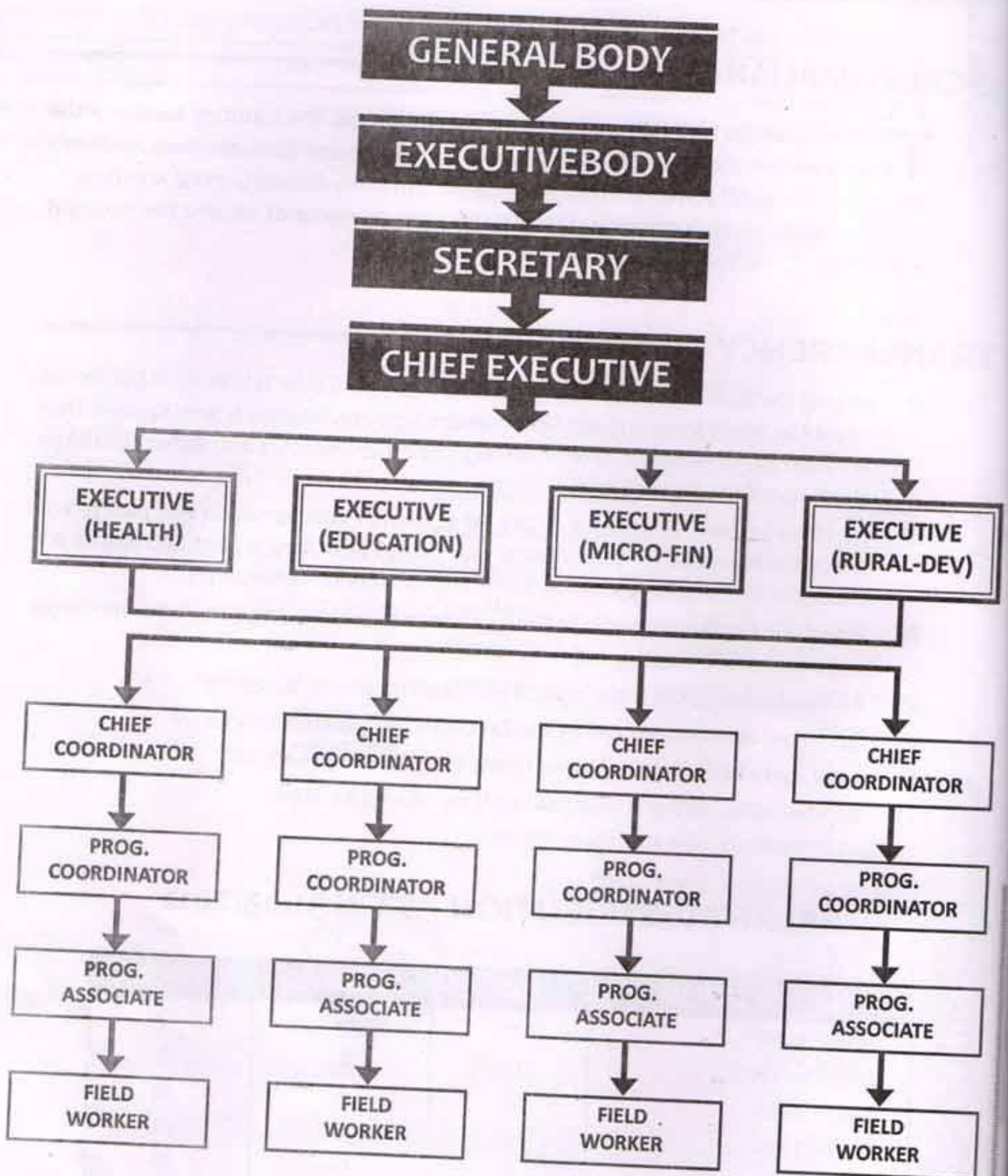
- ☑ Among the abovementioned EB members, Dr Sanjib Sikidar & Shri Jahar Sikidar are related by blood (brother) and Shri Rabindra Narayan Acharjee & Smt. Kamana Devi are also related by blood (brother-sister). The other members are neither related by blood nor related by marriage.
- ☑ No remuneration, 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. 39000/-, 49600/- and Rs. 48000/- respectively.
- ☑ Travel reimbursement made to Executive members attending Committee meetings and other office meeting: Nil
- ☑ Remuneration of the three highest paid staff members Rs. 15000/-
- ☑ Total cost of national travel by the Executive Body members: 25,837/-
- ☑ Total cost of international travel by the Executive Members: Nil
- ☑ Remuneration of the lowest paid staff member is Rs. 1500/-

SALARY DISTRIBUTION AS ON 31.03.2012

LEVEL OF SALARY (IN RS)	MEN	WOMEN	TOTAL
Up to 2000/-	1	26	27
2001/- to 3000	11	8	19
3001 – 4000	10	4	14
4001 – 7000	14	16	30
7000 – 9000	4	6	10
More than 9000	1	5	6
Total	41	65	106



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	Ex-Serviceman
3	Kali Kumar Saha	Secretary	Male	Social work
4	Kanailal Bhattacharjee	Jt. Secretary	Male	Service
5	Rabindra Narayan Acharjee	Jt. Secretary	Male	Social work
6	Jayanta Roy Choudhury	Jt. Secretary	Male	Service
7	Bimal Chandra Dey	Jt. Secretary	Male	Service
8	Abhijit Chakrabarty	Member	Male	Social service
9	Sri Subir Das	Member	Male	Service
10	Sambit Sikidar	Member	Male	Business
11	Ashok DebRoy	Member	Male	Retd. employee
12	Nibhas Das	Member	Male	Social work
13	Manik Malakar	Member	Male	Social work
14	Pradip Goswami	Member	Male	Service
15	Bijoy Bhushan Das	Member	Male	Service
16	Dr. Bijit Goswami	Member	Male	Service
17	Smt Kamana Devi	Member	Female	Service
18	Miss Lilaboti Das	Member	Female	Service
19	Biplab Kar Choudhury	Member	Male	Serviceman
20	Tarun malakar	Member	Male	Govt. Service
21	Utpal Kanti Nath	Member	Male	Businessman



List of Our Partners

Sl.No.	NAME OF AGENCY
1	Ministry of Health & 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, Cachar
12	National centre For Advocacy studies, Pune
13	Nehru Yuva Kendra Sangathan, Cachar
14	Assam Gramin Vikash Bank
15	Community Based Rehabilitation Forum, Bangalore
16	FXB India Suraksha, Positive Alliances, Delhi
17	Sishu Sarati, Guwahati
18	Childline India Foundation, Mumbar
19	Voluntary Health Association of Assam, Assam
20	Usha International Limited, Delhi



PHOTOGRAPHS OF DIFFERENT PROGRAMME



