

Annual Report -2024-25
Deshabandhu Club



Annual Report Deshabandhu Club

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President's Column

Dear Friends, Followers, and Patrons,

I am pleased to present the Annual Report for the year 2024–25, reflecting our continued commitment to inclusive, rights-based, and community-driven development.

During the year, Deshabandhu Club strengthened its interventions across key thematic areas including disability inclusion, HIV/AIDS, child rights, women empowerment, entrepreneurship development, and disaster risk reduction with a focus on climate change. We have also taken initiative towards creating a platform for Civil Society Organizations (CSOs) in Barak Valley, similar to an Inter-Agency Group, to enhance coordination, collaboration, and collective action.

Our initiatives have been rooted in participatory approaches, ensuring that marginalized and vulnerable communities remain at the centre of all planning and implementation processes. We continue to promote sustainable and equitable development by strengthening community resilience, improving access to services, and enabling livelihoods.

The continued support and collaboration of government agencies, development partners, and community stakeholders have been instrumental in achieving meaningful outcomes.

We sincerely thank all our partners and supporters for their continued trust and cooperation.

**Sincerely,
Dr. Sanjib Sikidar**

Deshabandhu Club, established in 1966, is a leading non-governmental organization in South Assam with a distinguished legacy of over five decades in advancing inclusive, sustainable, and community-led development. Headquartered in Silchar, the organization maintains a strong operational presence across the Barak Valley and adjoining regions, working closely with marginalized and vulnerable populations to enhance their access to rights, entitlements, and sustainable livelihood opportunities.

Grounded in the principles of equity, social justice, and participatory governance, Deshabandhu Club adopts a rights-based and community-centric approach in all its interventions. The organization operates across a wide range of thematic areas, including public health, child protection, education, women's empowerment, disability inclusion, entrepreneurship development, and disaster risk reduction (DRR), with a strong emphasis on climate resilience.

In the health sector, Deshabandhu Club has played a catalytic role as a Mother NGO under the Reproductive and Child Health (RCH) Programme, significantly contributing to improved maternal and child health outcomes in underserved communities. It has also been at the forefront of HIV/AIDS prevention and care initiatives in partnership with the Assam State AIDS Control Society (ASACS), implementing targeted interventions for high-risk and vulnerable groups.

Child rights and protection remain central to the organization's mission. Through sustained engagement with communities and collaboration with key stakeholders, Deshabandhu Club has strengthened systems for the protection, rehabilitation, and reintegration of children in distress. The organization also promotes access to quality education and actively works towards the prevention of child labour and trafficking.

The organization has made notable contributions to women's empowerment by facilitating the formation and strengthening of Self-Help Groups (SHGs), promoting financial inclusion, and enabling sustainable livelihoods. Its impactful work has been recognized with the

Deshabandhu Club's

Headquartered in Behara Bazar, Deshabandhu Club is one of South Assam's most trusted NGOs — rooted in the principles of equity, social justice, and participatory governance.

Deshabandhu adopts a rights-based, community-centric approach across all our interventions, ensuring that the most marginalized voices shape development agenda.

Deshabandhu's Thematic Areas

Deshabandhu Club works across a wide spectrum of interconnected development domains — addressing root causes, not just symptoms.

Public Health

Maternal & child health, HIV/AIDS prevention,

Child Protection

Rescue & rehabilitation, anti-trafficking, education access

Women Empowerment

financial inclusion, skills development & entrepreneurship

Disaster Risk Reduction

Community preparedness, early warning, WASH, climate resilience in flood-prone Barak Valley

NABARD Best NGO Award for two consecutive years. Furthermore, through partnerships with institutions such as USHA International, Deshabandhu Club has implemented skill development and entrepreneurship programmes aimed at enhancing economic resilience among women and youth.

Deshabandhu Club has also emerged as a key actor in disaster risk reduction and humanitarian response, particularly in the flood-prone Barak Valley region. Its interventions focus on community preparedness, early warning dissemination, relief and rehabilitation, and strengthening access to safe water, sanitation, hygiene (WASH), and social protection services. In collaboration with UNICEF and other partners, the organization has established Community Facilitation and Resource Centres (CFRCs) to ensure last-mile delivery of essential services, especially for persons with disabilities and other at-risk populations.

Recognizing the importance of convergence and collective action, Deshabandhu Club actively facilitates and participates in multi-stakeholder platforms, promoting coordination mechanisms among Civil Society Organizations (CSOs) in the Barak Valley. These efforts aim to enhance information sharing, joint planning, and coordinated responses during both development and emergency contexts.

With a strong institutional foundation, experienced human resources, and deep-rooted community engagement, Deshabandhu Club continues to position itself as a credible development partner for government agencies, national and international NGOs, UN bodies, and the private sector. As it advances its mission, the organization remains committed to fostering resilient communities, promoting inclusive growth, and ensuring that no one is left behind.

Partnerships & Collective Action

Multi-Stakeholder Platforms

Deshabandhu Club actively facilitates coordination mechanisms — including efforts to strengthen an Inter-Agency Group (IAG) for Civil Society Organisations in Barak Valley — enabling joint planning, information sharing, and coordinated response.

These platforms bring together government, NGOs, UN bodies, and community actors to ensure no gap goes unaddressed





OUR PURPOSE

Vision & Mission

Vision

A society where every citizen can access basic needs and services to lead a **dignified life**.

Mission

Delivering **cost-effective, sustainable, and people-friendly solutions** in health, education, economic empowerment, and rural development — with a focus on women and children.

Legal Standing & Compliance

Deshabandhu Club is a fully registered and compliant organization, recognized under multiple national legislative frameworks — ensuring transparency, accountability, and eligibility for grants and partnerships.



Society Registration

Society Registration Act XXI of 1860



Foreign Contribution

Foreign Contribution Regulation Act, 1976



Persons with Disabilities

Equal Opportunities, Protection of Rights & Full Participation Act, 1995



Income Tax Exemption

Sections 12(A) and 80(G) of the Income Tax Act, 1961



National Trust Act

Welfare of persons with Autism, Cerebral Palsy, Mental Retardation & Multiple Disabilities

Deshabandhu Club

Serving Rural Communities with Purpose, Unity, and Compassion

Our Core Mission

Deshabandhu Club is driven by a commitment to build stronger, healthier, and more harmonious rural communities across all dimensions of life.

National Integration

Promoting communal harmony and unity through every available means

Scientific Temperament

Building rational thinking through seminars, folk media, and audio-visual outreach

Community Uplift

Improving socio-economic status through skills, savings, and grassroots programs

Health & Welfare at the Grassroots

Basic Medical Relief

Delivering essential healthcare to elderly women and children in remote, inaccessible areas where services rarely reach

Preventive Healthcare Awareness

Educating rural populations on hygiene, nutrition, and early intervention to reduce preventable illness

Population & Family Norms

Raising awareness on population challenges and encouraging adoption of small family practices

Empowering Every Individual

Disability Rehabilitation

We extend support and rehabilitation services to persons with disabilities across all categories — ensuring no one is left behind in the journey toward inclusion and dignity.

Skill Development & Training

Directly or in collaboration with partner agencies, we equip rural men and women with practical skills that open doors to sustainable livelihoods.

Partnering for Socio-Economic Change

Deshabandhu Club works hand-in-hand with Government bodies and NGOs to amplify impact at the grassroots level.

Program Implementation

Supporting execution of socio-economic schemes at the village level with accountability and reach

Small Savings Culture

Promoting the habit of saving among rural households to build financial resilience over time

Sports & Culture

Encouraging participation in sports and cultural activities to foster identity, well-being, and community pride

Our Commitments at a Glance

Harmony & Integration

Foster social unity and inclusive community programs

Disability Support

Ensure assistive services and equal opportunities



Health & Welfare

Provide accessible healthcare and preventive services

Economic Empowerment

Promote livelihoods, savings, and micro-enterprise

Programs

DISHA- SAMARTH

(A rehabilitation center for mentally challenged children)

Samarth (Respite Centre) for Persons with Disabilities

The *National Trust*, established under the *National Trust Act, 1999*, is a statutory body mandated to work for the welfare and protection of persons with Autism, Cerebral Palsy, Intellectual Disability, and Multiple Disabilities. In alignment with this mandate, Deshabandhu Club has been implementing the *Samarth Scheme*, a flagship initiative aimed at providing *respite care and long-term residential support* to Persons with Disabilities (PwDs) belonging to highly vulnerable and marginalized sections of society.



The *Samarth Centre*, operational since *1st November 2022*, is located at the permanent campus of the DISHA Centre at Banglaghat, Srikona, Cachar. The centre has been conceptualized as a *safe, inclusive, and enabling residential space* for PwDs who are *orphans, abandoned, or from families in crisis*, as well as those belonging to *Below Poverty Line (BPL)* and *Low-Income Group (LIG)* households. The initiative addresses a critical gap in institutional care and family support systems for PwDs in the Barak Valley region.

During the reporting period 2024–25, the Samarth Centre extended *residential care, protection, and developmental support* to *15 beneficiaries*, including *14 from BPL families and 1 from APL category*. The centre ensures a *structured and supportive living environment*, where each beneficiary receives individualized attention based on their specific needs and abilities.

A key dimension of the Samarth Centre is its focus on *family respite care*. Recognizing the physical, emotional, and economic challenges faced by caregivers, the centre provides temporary and long-term care support, allowing family members to attend to livelihood activities and other responsibilities. This intervention significantly contributes to *reducing caregiver stress and strengthening family resilience*.



Programmatic Approach

The Samarth Centre adopts a *holistic, rights-based, and person-centered approach* to rehabilitation and care. The focus is not only on meeting basic needs but also on enhancing *functional independence, social participation, and overall well-being* of the beneficiaries.

Key Interventions and Activities

- **Activities of Daily Living (ADL) - Training in eating, toileting, grooming, dressing, and personal hygiene to promote independence**
- **Physical Development - Regular exercises, physiotherapy support, and activities to strengthen gross and fine motor skills**
- **Communication Skills Development- Enhancing receptive and expressive communication abilities through structured sessions**
- **Social and Emotional Learning- Building understanding of emotions, improving social behaviour, and promoting peer interaction**
- **Cognitive Development- Activities focused on memory, attention, problem-solving, and language development**
- **Sensory Integration- Awareness sessions on good touch and bad touch and sensory stimulation activities**
- **Vocational Training and Pre-Skill Development- Engagement in simple, need-based vocational activities to build future livelihood potential**

Support Systems and Care Services

The Samarth Centre ensures *round-the-clock care and supervision*, including nutrition, hygiene, and safety of the residents. Efforts are made to create a *home-like environment* that fosters emotional security and belongingness. Regular interaction with caregivers, therapists, and trained staff helps in monitoring progress and adapting individualized care plans.

The centre also promotes *community integration* by encouraging participation in local events, awareness programmes, and social interactions, thereby reducing stigma and enhancing acceptance of Persons with Disabilities.

Key Outcomes and Impact

- Residential care and protection and ensured for 15 PwDs, primarily from economically vulnerable backgrounds
- Improved functional independence in daily living activities among beneficiaries
- Significant enhancement in motor, cognitive, and communication skills
- Increased social interaction and emotional well-being
- Engagement in structured vocational activities, building pathways for future inclusion
- Reduction in caregiver burden through respite support services
- Inclusion under Niramaya Health Insurance Scheme for improved health security

Niramaya Health Insurance Scheme

As a registered organization under the National Trust, Deshabandhu Club actively facilitates enrollment under the *Niramaya Health Insurance Scheme*, which provides *affordable and comprehensive health coverage* for PwDs under the four disability categories recognized by the Act.

During the reporting year, around 65 Persons with Disabilities from across Barak Valley were enrolled through an online enrollment system. This initiative has significantly improved *access to healthcare services and financial risk protection*, particularly for families with limited economic resources.

Local Level Committee (LLC) and Guardianship Support

In accordance with *Section 13(1) of the National Trust Act, 1999*, the *Local Level Committee (LLC)* is constituted to assess and approve guardianship for Persons with Disabilities who require legal and social protection.

Deshabandhu Club plays a facilitative role in strengthening the functioning of the LLC by supporting *identification, documentation, and assessment processes*. The organization also raises awareness among

families regarding *legal guardianship provisions*, ensuring that eligible PwDs receive the necessary protection and care support for long-term well-being.

Way Forward

The Samarth Centre represents a *critical model of inclusive care and social protection* for Persons with Disabilities in the region. Moving forward, Deshabandhu Club aims to *expand the scope and capacity of the centre*, enhance therapeutic interventions, strengthen family and community linkages, and promote *greater inclusion of PwDs in mainstream society*.

Prevention of New STI & HIV Infections among FSW, MSM, and IDUs: Targeted Intervention Programme – Cachar District

Since 2007, Deshabandhu Club has been implementing a Targeted Intervention (TI) programme in Cachar District under the guidance of the Assam State AIDS Control Society (ASACS) and the National AIDS Control Organization (NACO). The programme focuses on preventing new HIV and STI infections among high-risk groups—Female Sex Workers (FSWs), Men who have Sex with Men (MSMs), and Injecting Drug Users (IDUs).

The intervention adopts a *community-centered, peer-led, and rights-based approach*, promoting behaviour change, community ownership, and improved access to essential health services. Key strategies include *consistent condom promotion, regular health check-ups, STI screening and treatment, counseling services*, and *harm reduction interventions* such as needle and syringe distribution for IDUs.

In Cachar District, the programme currently reaches approximately *780 FSW and MSM beneficiaries* through a strong network of peer educators and outreach workers. The project also emphasizes *capacity building of community members*, enabling them to act as change agents and promote safer practices within their networks.

In addition to prevention services, the programme ensures *linkages to HIV testing, ART services, and social protection schemes*, while also addressing stigma and discrimination through advocacy and community awareness initiatives.

Overall, the TI programme in Cachar District continues to contribute significantly towards *reducing HIV and STI vulnerability*, strengthening community resilience, and promoting inclusive access to health services.

The Targeted Intervention program demonstrated **strong outreach, sustained engagement, and effective HIV/STI prevention outcomes** across all three key population groups during 2024–25. Active populations remained consistently above targets, driven by peer-led outreach and robust re-engagement mechanisms.

Female Sex Workers (FSW)

Active population of **756** vs. target of 660 — 2,693 health services

Men who have Sex with Men (MSM) -

Active population of 274 vs target of 240-953 services delivered

Injecting Drug Users

Active population of **226** vs. target of 200 — 792 services

Program Analysis (2024–25): Targeted Intervention

FSW, MSM & IDU 4 Cachar District | Deshabandhu Club

Strong Outreach

Active populations consistently above targets across all three key groups

95–97% Contact Coverage

Peer-led model ensuring continuous engagement and safer behaviour promotion

Comprehensive Services

4,438 total services delivered: STI screening, medical check-ups, and counseling

HIV Testing & Linkage

2,132 tested; all positives linked to ART services with index testing reinforcing partner services

Key Programme Indicators (2024–25)

Performance across Female Sex Workers (FSW), Men who have Sex with Men (MSM), and Injecting Drug Users (IDU) — all active populations exceeded targets, reflecting effective identification and retention.

Indicator	FSW	MSM	IDU
Target Population	660	240	200
Active Population (Endline)	756	274	226
New Registrations	107	46	6
Dropouts	56	38	3
Regular Contact (%)	Up to 95%	Up to 97%	Up to 95%
STI / Health Services	2,693	953	792
STI Cases (Symptomatic)	44	19	0
HIV Tests Conducted	1,300	425	407
HIV Positive Cases	0	2	3
ART Linkage	0	2	2
Condom Demand	3,01,360	98,904	12,732
Condom Distribution	2,11,463	73,437	6,005
Needle/Syringe Distribution	—	—	92,061

□ Gaps between condom demand and distribution highlight a critical area for supply chain strengthening. For IDUs, over 92,000 needles and syringes distributed underscore the programme's robust harm reduction approach.

Summary

The TI programme in Cachar District continues to serve as a **robust, community-driven model for HIV/STI prevention**. High outreach coverage, integrated service delivery, and positive prevention outcomes have meaningfully reduced vulnerability among key populations.



Programme Strengths

- ▲ Active populations exceeding all targets
- 95–97% regular contact coverage
- ▲ All HIV-positive cases linked to ART
- 92,000+ needles/syringes distributed for IDUs
- ◆

Priority Areas for Strengthening

- Closing the condom demand-distribution gap
- ▲ Addressing mobility-driven dropouts
- Expanding partner and index testing services
- Reinforcing supply chain management systems

Project SSHAKTI (Strategizing & Strengthening HIV/AIDS and TB Initiative) – Care and Support Centre 2.0 (CSC 2.0)

Project SSHAKTI (Strategizing & Strengthening HIV/AIDS and TB Initiative) – Care and Support Centre 2.0 (CSC 2.0), represents a significant step forward in strengthening the continuum of care for People Living with HIV (PLHIV) across the districts of **Cachar, Sribhumi, Hailakandi, and Dima Hasao**.



As the second phase of the Care and Support Centre model, CSC 2.0 goes beyond traditional service delivery by embedding a more community-centric and integrated approach. The project focuses on ensuring that PLHIV not only have access to life-saving treatment but are also supported socially, emotionally, and economically to lead dignified lives.

At its core, the initiative emphasizes holistic care—addressing not just medical needs but also psychosocial challenges and barriers to accessing essential services. Through sustained counselling, treatment adherence support, and active follow-up, the project helps individuals remain connected to Antiretroviral Therapy (ART) services while navigating issues such as stigma, discrimination, and mental health stress. By linking beneficiaries to various government social protection schemes, CSC 2.0 ensures that vulnerable households receive the support they need to cope with the long-term implications of HIV.

A key strength of Project SSHAKTI lies in its focused intervention for HIV-positive pregnant women and exposed infants under the EVTHS (Eliminate Vertical Transmission of HIV and Syphilis) programme. By promoting early detection, timely initiation of treatment, and continuous monitoring, the project plays a crucial role in preventing mother-to-child transmission. This targeted approach not only safeguards the health of mothers but also ensures a healthier start to life for newborns, contributing to broader public health goals.

The project also prioritizes community engagement and multi-stakeholder coordination. By working closely



with government health systems, civil society organizations, and grassroots networks, CSC 2.0 strengthens service delivery mechanisms and fosters a supportive environment for PLHIV. Community participation is encouraged through awareness campaigns and peer support systems, helping to reduce stigma and build resilience at the local level.

Aligned with the global vision of UNAIDS, Project SSHAKTI contributes to achieving the 95-95-95 targets by ensuring that more people know their status, receive sustained treatment, and achieve viral suppression. Ultimately, the initiative reflects a commitment to leaving no one behind by improving survival rates and enhancing the overall quality of life for PLHIV through a comprehensive, inclusive, and rights-based approach.

Key Objectives and Interventions

1. Strengthened Treatment Adherence

The project supported PLHIV in maintaining *regular adherence to Antiretroviral Therapy (ART)* through structured counseling, home visits, follow-ups, and peer support mechanisms. These efforts helped reduce treatment interruptions and improve overall health outcomes.

2. Multi-Stakeholder Coordination

Strong collaboration was established with *government health departments, ART centres, TB units, and community-based organizations* to ensure seamless referral systems, reduce service gaps, and enhance access to comprehensive care services.

3. Psychosocial Support

Regular *individual and group counseling sessions* were conducted to address stigma, discrimination, and mental health concerns. Support groups provided safe spaces for PLHIV and their families, fostering resilience, emotional well-being, and social inclusion.

4. Social Protection Linkages

The project facilitated access to *government welfare schemes, nutritional support programmes, and livelihood opportunities*, particularly for vulnerable households. This contributed to improving the socio-economic conditions of beneficiaries and reducing vulnerability.

5. Monitoring and Evaluation

Efforts were made to strengthen *data collection, documentation, and reporting systems*, ensuring effective monitoring of programme progress and alignment with national HIV response targets.

Strategic Objectives



Treatment Adherence

Counseling, home visits, and peer support to help PLHIV maintain regular ART adherence.



Multi-Stakeholder Coordination

Collaboration with government health departments and CBOs to streamline referrals and close service gaps.



Psychosocial Support

Counseling and support groups to reduce stigma, improve mental health, and build resilience for PLHIV and families.



Social Protection Linkages

Facilitating access to welfare schemes, nutritional support, and livelihood opportunities for vulnerable households.



Monitoring & Evaluation

Strengthened data collection and reporting systems to track progress toward national HIV response goals.

Programme Performance at a Glance

Key indicator achievements for the reporting period April 2024 – March 2025.

5,011

Clients Registered

Total PLHIV registered at CSC

4,249

Active Clients

Currently active and engaged in the CSC

4,198

Peer Counselling

PLHIV receiving peer counselling sessions on thematic areas

4,589

LFU with Outcomes

PLHIV lost to follow-up & MIS with definite outcomes recorded

289

Social Scheme Linkages

PLHIV linked with at least one social protection scheme

48

Positive Pregnant Women

PPW provided required services & under care (EVTHS programme)

Key Outcomes & Community Impact



What We've Achieved

- **Treatment re-engagement:** Increasing numbers of clients who dropped out have been brought back into care, improving overall ART adherence.
- **Welfare linkages:** Eligible clients linked to government schemes including the **Widow Pension Scheme** (₹1 lakh benefit) under Govt. of Assam.
- **Support Group Meetings (SGM):** Regular meetings empowering members to share experiences, build HIV knowledge, and develop coping strategies.
- **Expanded advocacy:** SSHAKTI's advocacy scope now covers nutrition and psychosocial dimensions, beyond treatment alone.

Advocacy, Awareness & Stakeholder Mobilisation



World AIDS Day

Community events organised to raise awareness, fight prejudice, and improve public education on HIV/AIDS.



Stakeholder Advocacy Meetings

Meetings held with district, state, and national-level stakeholders to mobilise involvement in HIV programmes and reduce systemic gaps.

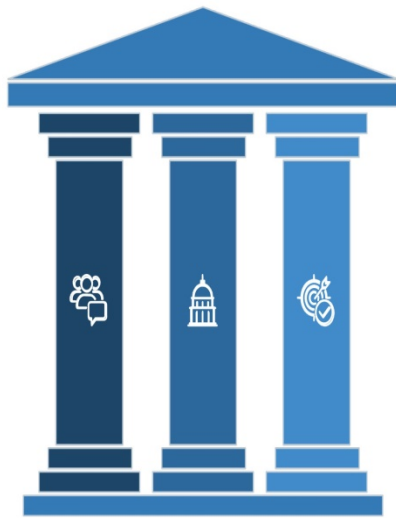


HIV/AIDS Awareness Programmes

Community-level awareness drives addressing stigma, prevention, and the importance of regular ART adherence.

Looking Forward: Leaving No One Behind

SSHAKTI CSC 2.0 remains firmly committed to the **UNAIDS 95-95-95 framework** — ensuring every person living with HIV in the four districts of Assam is diagnosed, treated, and virally suppressed.



Community Engagement

Mobilize peers and outreach to increase testing

Government Coordination

Align district health systems and policies

95-95-95 Targets

Ensure diagnosis, treatment, viral suppression

By integrating health services with psychosocial support, social protection, and evidence-based advocacy, the project will continue to empower communities, foster resilience, and drive meaningful progress toward an AIDS-free generation in Assam.

❑ **Implemented by Deshabandhu Club** — with support from programme managers, government health partners, and donors committed to ending HIV as a public health threat in India.

Empowering Women through Sustainability: Deshabandhu Club and USHA International

The collaboration between **Deshabandhu Club** and **USHA International** stands as a powerful example of how strategic partnerships can transform lives at the grassroots level. Through the **USHA Silai Schools initiative**, this partnership has been instrumental in empowering rural and marginalized women by equipping them with practical skills, fostering entrepreneurship, and promoting sustainable livelihoods across the North Eastern region of India.

Since its inception, the initiative has focused on creating opportunities for women in underserved regions such as



Barak Valley, Manipur, Mizoram, and Tripura.

In these areas, where access to formal employment and skill development opportunities is often limited, the program has emerged as a catalyst for change—enabling women to build self-reliance and improve their socio-economic status.

At the heart of the initiative is the belief that **skill development leads to empowerment.**

Through structured training in sewing, cutting, and design, women gain the ability to earn a sustainable income. What begins as a learning process gradually evolves into entrepreneurship, with many women establishing home-based tailoring units or engaging in income-generating activities within their communities. This not only enhances household income but also elevates women’s decision-making power and social standing.

Beyond economic benefits, the program also plays a crucial role in **reviving and sustaining traditional skills.** Sewing and embroidery, deeply rooted in Indian culture, are reintroduced as both a livelihood and an

art form. Women are encouraged to take pride in their craftsmanship, transforming traditional practices into modern economic opportunities while preserving cultural heritage for future generations.

The **USHA Silai Schools (2024–25)** have further strengthened this impact through targeted activities in specific regions. Training programs on **Classical Silai (Cutting & Design)** were



conducted in **West Tripura district and Hailakandi district**, while **Satellite Silai School training** extended outreach to **Cachar district**. These localized interventions ensured that even women in remote and hard-to-reach areas could access quality training and support.

The outcomes of the program clearly reflect its transformative potential:

- **50 women successfully completed training**, gaining valuable technical and entrepreneurial skills
- **30 beneficiaries received sewing machines** through support from partners including **NEEPCO** and **USHA International**
- **30 women established their own tailoring units**, generating regular income and contributing to household stability
- Additional support from a donor enabled the distribution of **5 more sewing machines**, further expanding livelihood opportunities



These achievements highlight not just numbers, but stories of resilience, confidence, and independence. Women who once had limited opportunities are now **earning members of their families, entrepreneurs in their communities, and role models for others**.

Importantly, the initiative adopts a **holistic approach to empowerment**—integrating skill-building with confidence development, peer support, and community engagement. Women trained under the program often form informal networks, supporting each other in business, sharing knowledge, and collectively strengthening local economies. This sense of solidarity and inclusion is central to the long-term sustainability of the initiative.

In conclusion, the partnership between Deshabandhu Club and USHA International through the USHA Silai Schools initiative is more than a skill development program—it is a movement toward **economic independence, gender equality, and social transformation**. By investing in women’s potential and

Key Activities

1. Community Engagement and Outreach

- Conducted awareness campaigns across communities to inform potential entrepreneurs about opportunities under MEPP
- Organized workshops, meetings, and seminars to promote entrepreneurship as a viable livelihood option
- Mobilized rural youth, women, and marginalized groups to participate in enterprise development activities

2. Entrepreneur Support and Development

- Provided mentorship and handholding support to entrepreneurs to help them navigate business challenges
- Conducted skill development and capacity-building training programs tailored to different sectors
- Facilitated business planning, market linkage, and enterprise management support
- Strengthened coordination with government departments, financial institutions, and NGOs to ensure access to schemes, credit, and technical support

3. Financial Linkages and Enterprise Strengthening

- Assisted entrepreneurs in accessing institutional credit and financial services
- Promoted self-financed and credit-linked enterprises
- Encouraged sustainable business models with long-term growth potential

Achievements of MEPP (2024–25)

The programme has demonstrated significant progress in promoting entrepreneurship and generating livelihoods in the district:

- Total Micro Enterprises Established (Units Grounded): 55
- Total Investment Mobilized: ₹4,39,98,000
- Total Credit Availed: ₹2,75,88,500
- Total Employment Generated: 248 persons
- Women Entrepreneurs Supported: 8
- Male Entrepreneurs Supported: 47
- Self-Financed Enterprises: 17 units

Impact and Outcomes

The MEPP initiative has contributed significantly to local economic development and poverty reduction in Hailakandi:

- Created sustainable livelihood opportunities through enterprise development

- Strengthened local entrepreneurship ecosystems
- Enabled access to credit and financial inclusion for underserved populations
- Generated employment opportunities, reducing migration and economic vulnerability
- Encouraged self-reliance and confidence among entrepreneurs

While the participation of women entrepreneurs is emerging, it highlights the need for greater focus on gender-inclusive enterprise promotion in the coming phases.

The Micro Enterprise Promotion Programme (MEPP) in Hailakandi is a transformative initiative that demonstrates how targeted entrepreneurship development can address deep-rooted poverty. Through the collaborative efforts of SIDBI and Deshabandhu Club, the programme is not only creating enterprises but also building a foundation for inclusive economic growth and community resilience.

As the programme progresses, continued emphasis on capacity building, financial access, and inclusive participation will further strengthen its impact, ensuring that micro enterprises become a sustainable pathway toward prosperity in one of Assam's most vulnerable districts

Disaster Risk Reduction (DRR) Activities by Deshabandhu Club in Cachar District

The Barak Valley region of Assam, comprising the districts of Cachar, Karimganj, and Hailakandi, continues to face significant socio-economic challenges, lagging behind many other parts of the state on key human development indicators. Despite gradual progress, deep-rooted structural issues such as low educational attainment, early marriage, and persistent poverty continue to affect large sections of the population. Data from NFHS-5 indicates that only about one-fourth of women in these districts have completed more than ten years of schooling. Early marriage remains prevalent, with nearly one-third of women marrying before the age of 18. The poverty headcount ratio, ranging between 0.24 and 0.39 as per the Assam Human Development Report (2014), further underscores the economic vulnerability of households in the region. These underlying vulnerabilities are further intensified by the region's high exposure to recurrent floods, which disrupt livelihoods, damage infrastructure, and limit access to basic services.

In the aftermath of the devastating floods of 2022, UNICEF initiated a comprehensive multi-sectoral response and recovery programme in Barak Valley. This intervention went beyond immediate relief and focused on strengthening systems for long-term recovery and resilience. Key components included social sector recovery planning and the piloting of a Humanitarian Cash Transfer programme. One of the most significant outcomes of this response was the formation of the Inter-Agency



Group (IAG) in Cachar, a network of civil society organizations that enabled coordinated action, knowledge sharing, and collective response. This model was subsequently expanded to Karimganj and Hailakandi, creating a robust platform for civil society engagement across the region.

Another major institutional innovation that emerged from this process was the establishment of Community Facilitation and Resource Centres (CFRCs) at the Gaon Panchayat level. These centres were conceptualized as decentralized community platforms to facilitate access to social protection schemes, disaster assistance, and essential services, particularly for the most vulnerable populations. The initiative was led by the District Disaster Management Authority (DDMA) Cachar in collaboration with the Zila Parishad, with technical guidance from UNICEF and implementation support from Deshabandhu Club and the IAG. Over time, CFRCs have demonstrated their effectiveness in bridging the gap between communities and government services.

With sustained support, the CFRC model was scaled up from four centres to twenty in 2023, alongside the expansion of IAGs across all three districts. The impact has been notable. Through these centres, a large number of vulnerable individuals were able to access entitlements under multiple government schemes. This included nearly 1,900 women and close to 800 men, among whom were persons with disabilities. Children too benefited significantly, with both boys and girls, including those with disabilities, accessing relevant schemes. These outcomes highlight the critical role of CFRCs in ensuring last-mile delivery of services in disaster-prone and underserved areas.

Building on these successes and lessons learned, UNICEF, in partnership with DDMA Cachar and Deshabandhu Club, has proposed to further scale up CFRCs to 50 flood-prone Gaon Panchayats, covering nearly one-third of the total GPs in the district. This expansion aims to institutionalize CFRCs as sustainable community-based mechanisms that can support both routine service delivery and emergency response, while strengthening disaster preparedness and resilience at the grassroots level.

However, the urgency of such interventions was once again underscored by the severe floods that hit Assam in 2024. The state experienced two major waves of flooding, with the second wave beginning on 26 June and continuing through July. The scale of impact was immense, affecting over 3.34 million people and damaging tens of thousands of houses. At the peak of the crisis, millions were affected across thousands of villages, with a significant proportion being women and children. Relief efforts included the establishment of camps and distribution centres, yet the needs remained overwhelming, particularly in heavily affected districts like Cachar and Karimganj.



Assessments conducted during this period revealed critical gaps in water, sanitation, and hygiene (WASH) conditions. A large proportion of affected populations resorted to open defecation due to inadequate sanitation facilities, many of which were temporary, unsafe, and lacking privacy. Menstrual

hygiene emerged as a major concern, with the majority of women lacking access to safe and adequate materials and resorting to unsafe practices. Safe drinking water was also limited, with less than half of the affected population having access to it. Conditions in relief camps further highlighted shortages of toilets, poor water quality, and insufficient menstrual hygiene management systems.

In response to these challenges, the programme has incorporated an amendment to strengthen its focus on WASH and social protection. Under this expanded scope, the partnership aims to complement government-led response efforts by ensuring access to safe water, sanitation facilities, hygiene supplies, and essential services. At the same time, efforts will be made to facilitate access to government disaster assistance and social protection schemes, particularly for the most vulnerable households.

The overall implementation strategy is guided by the collaborative framework established under the ASDMA–UNICEF work plan. It emphasizes strong coordination between state and district authorities, line departments, civil society organizations, and community institutions. Key focus areas include the identification of vulnerable Gaon Panchayats for CFRC expansion, capacity development of nodal officers through training and exposure visits, strengthening of information dissemination and social behaviour change strategies, and building local capacities for disaster mitigation and resilience. The programme also seeks to enhance the role of Inter-Agency Groups in preparedness and response, ensuring that civil society remains an active partner in building resilient communities.

Capacity development remains central to this effort. UNICEF will continue to provide technical guidance, knowledge resources, and platforms for engagement, while also facilitating coordination at the state level. Deshabandhu Club, as the key implementing partner, will focus on on-ground facilitation, capacity building, and strengthening knowledge management systems to support evidence-based programming and learning.

In essence, the evolving intervention in Barak Valley represents a shift from reactive disaster response to a more integrated and forward-looking approach that combines social protection, WASH services, institutional strengthening, and community engagement. By building on existing structures like CFRCs and IAGs, the programme aims to create a resilient ecosystem capable of addressing both immediate humanitarian needs and long-term development challenges in one of Assam’s most vulnerable regions

ECHO-Supported WASH Intervention: Access to Dignified, Safe, Clean and Functional Sanitation Facilities

Under the ECHO-supported intervention, implemented by Deshabandhu Club in partnership with UNICEF and funded by ECHO, a comprehensive effort has been undertaken to ensure that children and their communities in flood-affected areas of Cachar and Karimganj have equitable access to dignified, safe, clean, and functional excreta disposal facilities.



This intervention focuses on the **restoration and establishment of 50 household/community/camp toilets** at strategically identified locations across flood-affected areas, ensuring that sanitation services are accessible, culturally appropriate, and aligned with humanitarian standards.

The design and implementation of these sanitation facilities adhere to key principles of **accessibility, safety, dignity, cleanliness, and functionality**. Access has been ensured by maintaining a user-to-facility ratio of **one toilet for a maximum of 20 people**, or as locally agreed upon in consultation with communities. In addition, all facilities have been located within **50 metres of dwellings**, minimizing risks and ensuring convenience, particularly for women, children, elderly persons, and persons with disabilities.

Dignity and inclusiveness have been central to the intervention. Toilets have been designed and arranged in a manner that respects **cultural preferences**, with provisions for **segregation by sex** wherever required. Special attention has been given to the safety and privacy of women and girls, ensuring that facilities are not poorly located or exposed to risks such as harassment or violence, especially during night-time use.

From a safety perspective, the intervention strictly avoids unsafe sanitation structures. All toilets are constructed with **lined pits or appropriate containment systems**, preventing risks of collapse, vector breeding, and contamination of groundwater. Site selection has been carried out carefully to avoid flood-prone depressions and areas that could compromise structural integrity or user safety.

Cleanliness and maintenance are ensured through **regular cleaning protocols and community-led management systems**, particularly for shared and public facilities. Local committees and user groups have been engaged to oversee upkeep, reinforcing ownership and sustainability.

Each facility is fully **functional**, meaning it is completely constructed, operational, and equipped with essential components such as:

- Handwashing stations with soap
- Access to water for flushing and cleaning
- Availability of anal cleansing materials
- Proper drainage and waste containment systems

Alongside infrastructure support, the programme emphasizes **behaviour change and hygiene promotion** to ensure sustained use and improved public health outcomes. A total of **20 targeted hygiene promotion sessions** have been conducted across flood-affected communities, focusing on critical behavioural practices.

These sessions covered:

- Safe handling and storage of drinking water, along with **water quality testing awareness**
- Proper and hygienic use of toilets
- Safe disposal of solid waste, including **menstrual hygiene management**
- Effective **liquid waste management practices**
- Promotion of **regular handwashing with soap** at critical times
- Awareness on the use and importance of **hygiene and dignity kits**

- Prevention of **water-borne and vector-borne diseases**, which are common during flood situations

(Safe Water Access During Emergencies

Portable Water Treatment Units

Seven portable water treatment units were deployed in the most vulnerable locations — ensuring communities could access safe drinking water even when conventional sources were compromised by flooding.

- Uninterrupted safe water supply during emergencies
- Built local capacity to treat contaminated water independently
- Reduced dependency on slow-arriving external relief supplies



Household-Level Water Purification



150,000 Chlorine Tablets Distributed

Delivered across both districts, chlorine tablets provided immediate, affordable water purification at the household level — the last line of defense against waterborne disease during floods.

→ Immediate Impact

Rapid access to safe drinking water at point of use

→ Disease Prevention

Measurable reduction in waterborne illness risk

→ Awareness Integrated

Awareness sessions on correct usage and hygiene practices accompanied distribution

Program Impact at a Glance

50

Community Toilets

Disaster-resilient facilities built across flood-affected areas

150K

Chlorine Tablets

Distributed for household-level water purification

7

Water Treatment Units

Portable units deployed in the most vulnerable locations

20K

People Reached

Direct beneficiaries across 20 villages in two districts

Sanitation Access

Reduce Disease

Community Resilience

Local Ownership

Five Pillars of the Village WASH Intervention



Safe Water Access

Promoting purification practices and distributing treatment solutions across households



Sanitation Improvement

Strengthening use and maintenance of community toilets and promoting hygienic behaviors



Hygiene Promotion

Community sessions on handwashing, safe water storage, menstrual hygiene, and disease prevention



Community Mobilization

Village-level WASH committees formed to ensure participation, ownership, and sustainability



Capacity Building

Local volunteers and leaders trained as WASH champions to drive lasting change

A Replicable Model for Integrated Humanitarian Response



Emergency Response Meets Long-Term Resilience

The ECHO–UNICEF–Deshabandhu Club initiative demonstrates that **infrastructure alone is not enough**. By pairing physical assets — toilets, water units, chlorine tablets — with behavior change, community ownership, and capacity building, the program created durable impact.

- ☐ Communities are not just recipients of aid. They are trained, organized, and empowered to maintain systems and respond to future disasters independently.

WASH Program Across 20 Villages

A holistic WASH intervention reached approximately **20,000 people** across Cachar and Karimganj — combining infrastructure, behavior change, and community mobilization.



Community Facilitation and Resource Centre (CFRC) Initiative

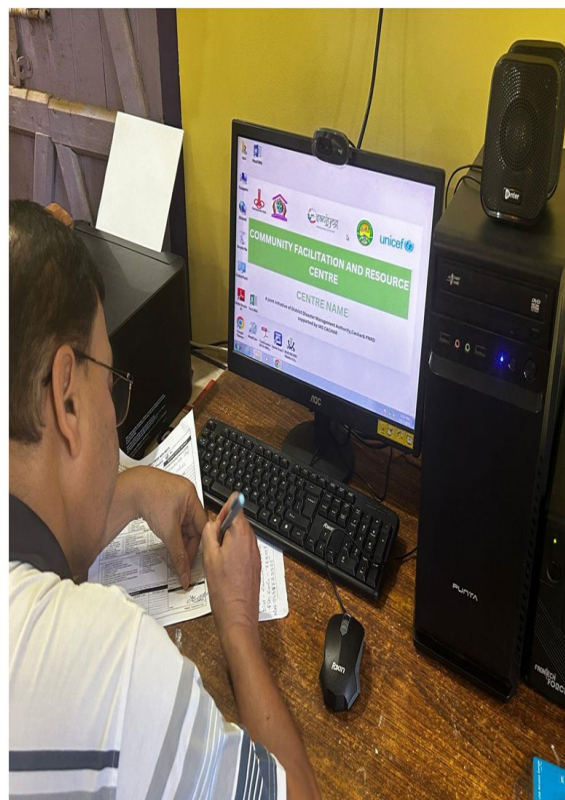
A joint venture strengthening disaster preparedness, social protection access, and community resilience at the grassroots level in Cachar District, Assam.

DDMA CACHAR

P&RD CACHAR

IAG CACHAR

UNICEF ASSAM



What Is the CFRC Initiative?



The CFRC initiative is a collaborative, ground-level effort to build resilience in disaster-prone communities across Cachar. It serves as a single access point for three critical functions:

→ Disaster Preparedness & Response

Strengthening local mechanisms before, during, and after disasters strike.

→ Social Protection Access

Facilitating enrollment in government schemes for vulnerable households.

→ Data Collection & Management

Ensuring accurate, real-time data during disaster response and recovery.

Current Status in Cachar District

Significant groundwork has been laid across six key operational areas since the initiative launched.

52 Gaon Panchayats

CFRCs operationalized across all 52 GPs, ensuring district-wide coverage for vulnerable communities.

52 Nodal Officers

Designated from existing P&RD staff to oversee CFRC functioning at the GP level.

15 CFRCs Digitized

Computers and accessories installed; further expansion to remaining CFRCs is actively planned.

SOP Finalized

A comprehensive Standard Operating Procedure defines roles, responsibilities, and operational protocols.

District-Level Committee

Constituted to provide strategic guidance, monitor progress, and drive inter-departmental coordination.

Management Committees

Formation underway at each GP to ensure governance, monitoring, and effectiveness of the CFRCs.

MEASURABLE OUTCOMES

Despite infrastructure and coordination challenges, the CFRC initiative has delivered measurable impact for vulnerable communities across Cachar.

10,000+

Households Enrolled

Successfully registered in social protection schemes from 2022–2024, providing financial security before and after disasters.

52

GPs Covered

Full district-wide operationalization ensuring no vulnerable community is left without access to CFRC services.

2

Years of Impact

Consistent delivery of disaster response coordination, relief camp management, and data collection since launch.

- CFRC personnel have played a frontline role in relief camp management, aid distribution coordination, and real-time data collection during active disaster response operations.

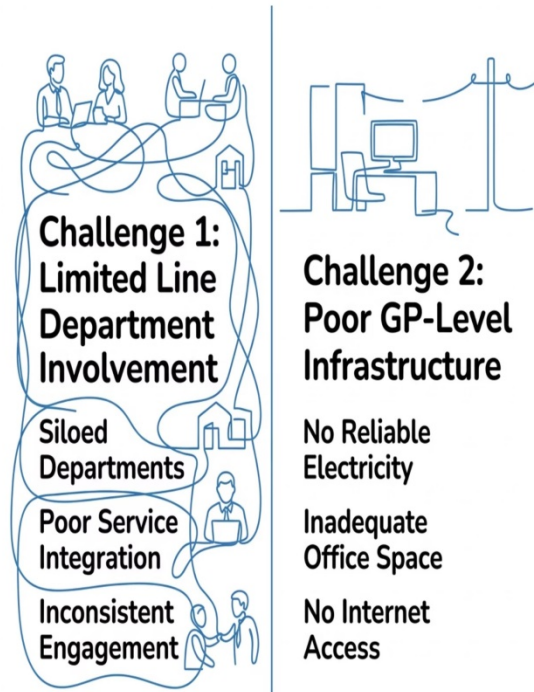
Challenges on the Ground

Limited Line Department Involvement

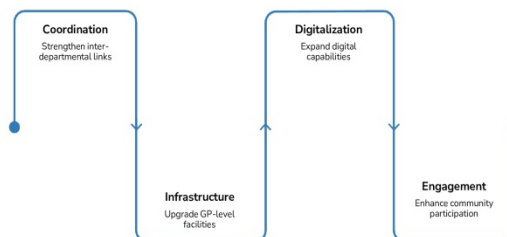
Many departments continue to operate in silos, making it difficult to integrate their services cohesively within the CFRC framework. Cross-departmental engagement remains inconsistent and needs deliberate coordination mechanisms.

Poor GP-Level Infrastructure

A significant number of Gaon Panchayats lack adequate office space, reliable electricity, and internet connectivity — directly hampering service delivery quality, digital record-keeping, and real-time disaster coordination.



The Way Forward



These four priorities form a clear action agenda to scale the CFRC model from a functioning pilot into a fully integrated district-level system for disaster risk reduction and social protection.

Inter-Departmental Coordination

Establish structured mechanisms to bring all relevant line departments into active, regular participation within the CFRC framework.

Infrastructure Upgrades

Invest in reliable power supply, connectivity, and appropriate office facilities across all 52 GP-level CFRCs.

Digital Expansion

Extend computer installations beyond the current 15 CFRCs and enable real-time data reporting and scheme enrollment digitally.

Community Engagement

Launch awareness programs and capacity-building initiatives to ensure communities are active partners — not just beneficiaries.

A Model Worth Scaling

The CFRC initiative in Cachar demonstrates that integrating disaster risk reduction with social protection — at the grassroots level — is both achievable and impactful. With sustained inter-agency commitment and continued investment, this model holds the potential to transform community resilience across Assam and beyond.

Disaster Risk Reduction Preparedness, response, and coordination embedded at the Panchayat level.	Social Protection 10,000+ households connected to government schemes for long-term security.
Community Ownership Local nodal officers and management committees driving sustainable governance.	

D

eshabandhu Vidyaniketan: An Overview

Deshabandhu Vidyaniketan is a distinguished educational institution functioning under the aegis of **Deshabandhu Club**, a reputed socio-developmental organization in South Assam. Established in **1994**, the institution has been committed to providing quality education while fostering holistic development among students.

The Vidyaniketan blends academic excellence with character-building, social responsibility, and cultural values. Rooted in the aspirations of the local community, the school strives to create an inclusive and empowering learning environment, especially for children from marginalized and economically weaker sections. At present, the institution provides **free education to underprivileged students and children with disabilities (PwDs)**, ensuring that no child is deprived of learning opportunities.

To strengthen digital learning, a generous contribution of **£20,000** was made by **Dr. Bhir Tiroatdas Nebrajani from London**, in memory of his wife, **Dr. Jayanti Chandra Nebrajani**, specifically to promote computer education. This support has significantly enhanced the institution's capacity to equip students with essential digital skills.

The school is currently expanding its infrastructure, with the **construction of a library room** underway to further enrich the academic environment.

In terms of academic performance, the results of the latest **HSLC Final Examination** reflect steady progress. Out of **28 students**,

- **8 students secured First Division,**
- **12 students achieved Second Division,**
- **7 students obtained Third Division,** and
- **1 student did not pass.**

Currently, Deshabandhu Vidyaniketan has a total enrollment of **336 students** and is supported by a dedicated team of **16 teachers**, including **2 honorary teachers** who are contributing their services voluntarily.

Beyond academics, the school places strong emphasis on **moral education, extracurricular activities, and community engagement**, aligning closely with the broader mission of Deshabandhu Club to promote participatory and equitable development.

Over the years, Deshabandhu Vidyaniketan has emerged as a **beacon of learning in the region**, nurturing responsible, capable, and socially conscious citizens.

Sports Activities and Football Tournament

In the current year, the Sports Division of **Deshabandhu Club** successfully organized a football tournament to promote sportsmanship and community engagement among youth.

The tournament was generously supported by renowned local personality Samiran Bhattacharjee, who donated the championship trophy in memory of his late parents, **Satyendra Bhattacharjee** and **Bela Bhattacharjee**. In addition, he established a trust with a contribution of **₹1,00,000** and assured continued annual support for sports development initiatives.

The competition witnessed enthusiastic participation, with a total of **16 teams** competing. The event not only encouraged healthy competition but also strengthened community bonding.

- **Winner's Prize:** ₹50,000
- **Runner-up Prize:** ₹25,000

The tournament stands as a significant initiative in fostering local talent and promoting the spirit of sports within the community

Legal Aid Cell of Deshabandhu Club

The Legal Aid Cell of **Deshabandhu Club** plays a vital role in addressing social and family-related issues within the community. It primarily focuses on resolving **domestic problems**, particularly cases related to **domestic violence and marital disputes**.

The cell functions as a supportive platform to mediate conflicts between **husband and wife**, aiming to bring about amicable solutions through dialogue, counseling, and mutual understanding. By providing

guidance and informal dispute resolution mechanisms, the Legal Aid Cell helps reduce tensions and prevent escalation of conflicts.

In addition to mediation, the cell also creates awareness about legal rights and responsibilities, especially for women, and guides individuals toward appropriate legal remedies when necessary.

Through its consistent efforts, the Legal Aid Cell contributes significantly to promoting **family harmony, social justice, and community well-being**

List of Executive Body

Sl. No.	Name of the Member	Designation	Gender	Profession
1	Dr. Sanjib Sikidar	President	Male	Medical Practitioner
2	Ashok Deb Roy	Vice-President	Male	Retired Employee
3	Ajit Roy Choudhury	Secretary	Male	Ex-serviceman
4	Kanailal Bhattacharjee	Organizing Secretary	Male	Service
5	Rabindra Narayan Acharjee	Joint Secretary	Male	Social Work
6	Jayanta Roy Choudhury	Joint Secretary	Male	Service
7	Bimal Chandra Dey	Joint Secretary	Male	Service
8	Abhijit Chakraborty	Joint Secretary	Male	Social Service
9	Sri Subir Das	Member	Male	Service
10	Sambit Sikidar	Member	Male	Business
11	Nibhas Das	Member	Male	Social Work
12	Manik Malakar	Member	Male	Social Work
13	Pradip Goswami	Member	Male	Service

14	Bijoy Bhusan Das	Member	Male	Service
15	Dr. Bijit Goswami	Member	Male	Service
16	Smt. Kamana Devi	Member	Female	Service
17	Miss Lilaboti Das	Member	Female	Service
18	Biplab Kar Choudhury	Member	Male	Service
19	Utpal Kanti Nath	Member	Male	