

**ANNUAL REPORT
2017-2018**



BITAN

Institute For Training Awareness And Networking

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BITAN is a non-governmental organization working for 14 years to provide quality integrated services to the underprivileged sections of the community with particular focus on young people between the age group 10-24 years.

BITAN choose adolescent youth as one the prime target group as this is the section covering larger percentage of the entire population. This is the section which has immense power to bring change and carry bigger responsibilities, yet they are neglected and have not been given much importance. Making them empowered is empowering the nation.

ORGANISATION DETAILS

Name of the Applicant	BITAN Institute of Training, Awareness and Networking
Head Office Address	342/A/1/C, "JOY GURU VILLA" M.G. Road (Bina Cinema More). Budge Budge Kolkata 700137, West Bengal bitanorg@gmail.com 08017638070
Other address (Project Office)	1. Tribeni PSPD Unit (ITC Colony area), Tharmal Battala, Chandrahati, Hooghly District 2. H/O of Subrashis Debnath Newtown, P.O & D.T Alipurduar, Pin:736121 (North Bengal Office)

LEGAL STATUS | Major Registrations

12 AA	DIT (E)/ 8E/07/2013-14/S-94/ 1703-05
80 G	DIT (E)/8E /07/2013-14/G-183/1706-08
Registration in Society Registration Act	S/1L/31020 Date: 5th August, 2005
FCRA Registration	147120907, dated 11.07.2011
PAN	AABTB1380R
TAN	CALB16250D
Name of the Legal Holder	Asit Kumar Sasmal, Secretary, BITAN

ORGANISATION STATUS

VISION

Vibrant community where the most vulnerable and marginalized youth (boys and girls) lead fulfilled lives as they are valued, included and empowered

MISSION

Overall empowerment of youth following an integrated approach

TARGET POPULATION

Youth, women of reproductive age group (15-49) and children (0-5 years)

SECRETARY'S MESSAGE

In FY 2017-18, BITAN has completed a decade in development sector. Our journey would not have been possible without the support of our team members, Governing Body members, Advisory Committee, different Government Departments of West Bengal, all funding organizations and the people of the community. This year we have worked with ITC Ltd, GlaxoSmithKline Pharmaceuticals Ltd and MEMISA-DGD, BELGIUM. It was a wonderful year for the organization with lots of experience, challenges and learnings which have enhanced the capacity and skills of BITAN.



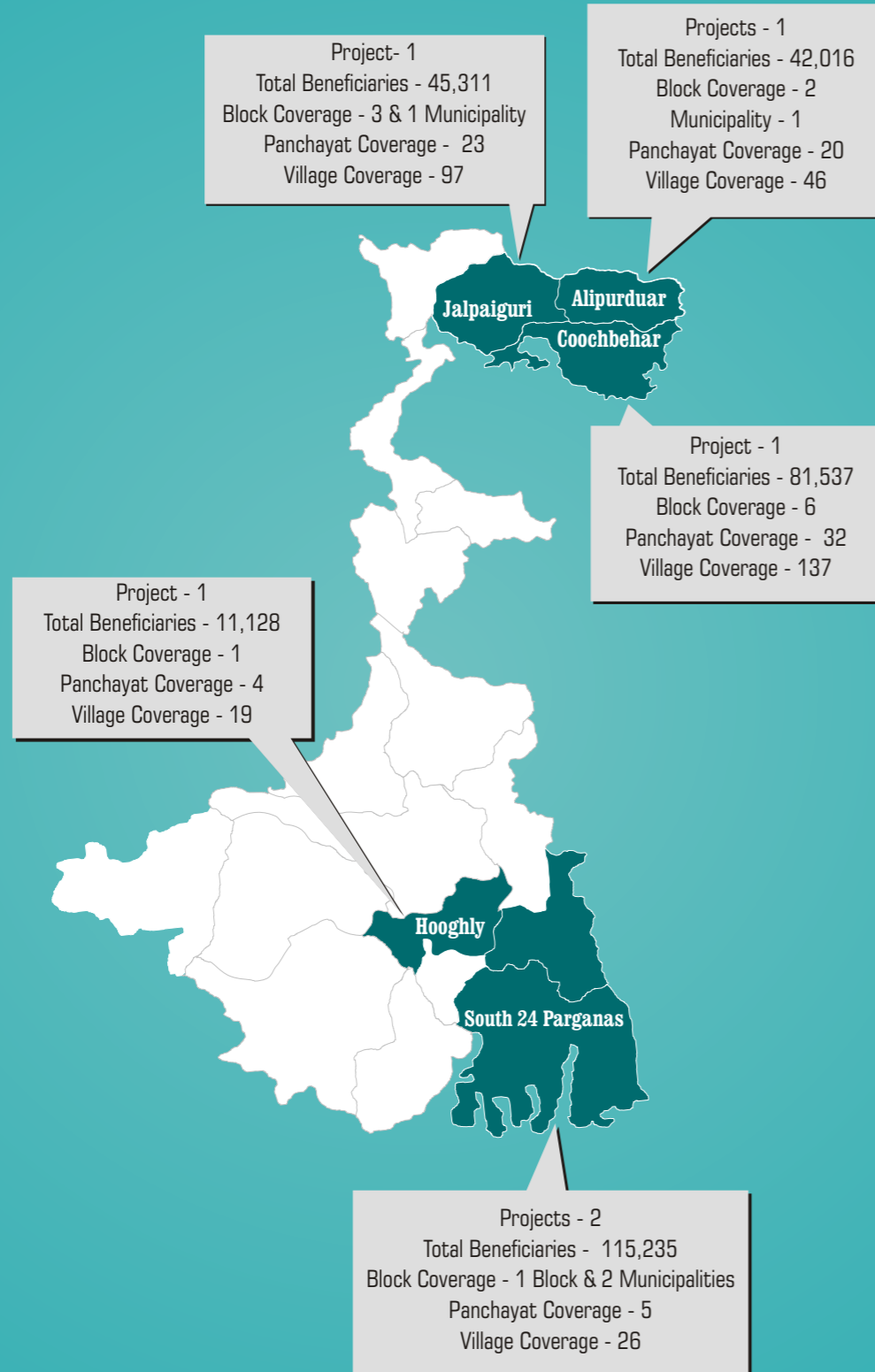
In Solid Waste Management, we were extremely successful in community mobilization. People have started to feel the need of the program and take their ownership. Mahalla Committee members have great role in the success of Solid Waste Management Program in 4 Gram Pachayets of Chinsurah Mogra Block. The learnings of the program and the necessary assistance of ITC-CSR team has helped us to strengthen our expertise on Solid Waste Management Program which encouraged us to replicate this community-led, self-sustained low cost model to other Gram Pachayets and Municipalities across West Bengal.

From the percentage of Antenatal Check Up to Institutional Delivery, the project GSK - Save Lives have shown remarkable changes. Adolescent girls and mothers have become more aware about health issues and rights. Under Basic Health Care and Support Programme, BITAN has brought about life-changing improvements under several aspects. The people of the marginalized section of the community of rural and urban Bengal has become more sensitised about their rights and Government Schemes and Policies.

I take this opportunity to thank and express my heartfelt gratitude to all donor who have supported us in our endeavours and motivated us to perform better and better every day. I also thank the entire staff team of BITAN for their relentless hard work and effort. Last but not the least, I would sincerely like to thank the people for whom and with whom we work. Their favourable response and participation has taken the projects to a new heights and contributed in making this society a better place. I wish and hope that BITAN will continue to strive and reach out to the neediest in the coming days.

Asit Kimar Sasmal
Secretary
BITAN

PROJECT AREAS



GSK | SAVE LIVES



The Project 'Save Lives' is being implemented by BITAN since October 2015 among the urban slum community of Nayabasti brick field area, under Maheshtala Municipality. The aim of this project is to assist in improving overall health, nutrition and sanitation situation among the community members. The thrust of the project is on maternal and child health. 624 households are covered under the project spreading across a population of 2,906.

This is one of the most challenging projects implemented by BITAN. Initially the project faced several roadblocks, beginning from lack of community feeling among the people, to lack of awareness about maternal and child health, resistance and refusal to learn. These coupled with other social deprivation posed a severe challenge to the project.

However through relentless effort and constant handholding support, the project has been able to make remarkable achievement in the last financial year. Striking improvements were noticeable in parameters like, ANC checkup within 12 weeks of pregnancy which clocked 40.6% from a meagre baseline of 14.82%. Similarly, 4 ANC checkups of mothers shot up to 43% from a baseline measure of 25%.

Regular community mobilization and sensitization programme helped in gradually changing the mindset of the people of the community. Some of the key activities undertaken during the project period are as follows:

KEY ACTIVITIES

- Capacity building training were conducted for project staff on aspects of maternal and child health care covering issues like RCH, Home Based Newborn Care and Integrated Management of Childhood Illness
- Regular home visit, interpersonal communication with the community and counselling mothers, couple and in-laws were conducted to bring them home regarding institutional delivery, antenatal and postnatal service facilities in government hospitals. Besides, BITAN made arrangements for referral transport to promote institutional delivery and also conducted regular health check-ups camps for women and infants. 16 such health camps were organized serving 256 patients.
- Community Health Volunteers and Cluster Supervisors conducted regular home visits to provide home based care for newborn and counsel mothers on breast feeding and solve related problems.
- BITAN also provided counseling on family planning measures to eligible couples in the community.
- Sensitization and awareness meetings were held in the community for adolescent girls, pregnant and lactating women, eligible couple, and mothers of young children. Issues included family planning measures and use of contraceptives, exclusive breast feeding, entitlements related to institutional delivery, social and health issues. 190 pregnant mothers, their parents participated in 18 awareness and sensitization events on institutional delivery and family planning.



- Nutrition demonstration camps were organized at Nayabasti area with pregnant & lactating mothers.
- As per provisions of National Urban Health Mission implementation framework a committee Mahila Argoya Samiti (MAS) was formed. Besides strengthening the SHGs, the MAS members have started to take initiatives to motivate community members regarding institutional delivery and have taken initiatives to resolve the community level bottlenecks. 10 such committee meetings were conducted during the period April 2017 to March 2018 where a total of 280 SHG MAS members participated.
- Several formal and informal meetings with Health Administrative Unit (HAU) unit-06 of Maheshtala Municipality, Vidyasagar Hospital, Metiaburz Hospital, Chittaranjan Medical College and Calcutta Medical College Hospitals were held. Issues like admission denial with Aadhar Card etc. were discussed. Noticeable change in hospital attitude is seen.



ACHIEVEMENTS

Overall the project has seen considerable improvement. Some noticeable improvements have been in the following areas:

- Mothers who had antenatal check-up in the first trimester and early registered. The number of such mothers at baseline was as dismal 14.82%. This has increased to 52.2% at the end of the reporting period. This though is marginally less than NFHS 4 status which stands at 58.9%. However at the present rate of improvement, BITAN is confident, project figures will further improve.
- Children born at home who were taken to a health facility for check-up within 24 hours of birth. 37.65% of such children were taken to health facilities for check up. This is a whopping 33.35% more than NFHS 4 status which is 4.3%. This is an improvement of more than 10% from the last financial year.
- Children under age 6 months exclusively breastfed. The achievement rate is 85.25% which is more than 30% than the previous year.



Children under age 6 months exclusively breastfed



OCT 2015-MAR 2017



APR 2017-MAR 2018

61, children were born between the period April 17 to March 18 and completed 6 months



OCT 2015-MAR 2017 APR 2017-MAR 2018

Comparison in Institutional Delivery

- Institutional Birth. This has increased to 52.46%, which is more than 10% better than the previous year and way ahead than the baseline. However it was seen that in several cases, pregnant women whose husbands worked outstation had no one to look after the kids at home. In such a scenario the women could not go to hospital for delivery, even though they were convinced of the benefit of institutional delivery.

In certain areas the rate of improvement has been affected due to several factors.

- Mothers who had at least 4 antenatal care visits/check up. 33.81% has been achieved in the project period. This, though is better than the baseline, is lower than the previous year. This apparent drop has been due to several reasons. Firstly the percentage includes those mothers whose due dates did not fall between the reporting period. Also in some cases the mothers after completing the third ANC visit revisited the hospital several times during the third trimester. Due to distance to the hospital they were unable to visit for the 4th ANC after 36th week of pregnancy. In some other cases not-having Aadhar card posed a problem for hospital visits.
- Mothers who received financial assistance under Janani Suraksha Yojana (JSY) for births delivered in an institution. This may appear to be a depressing project performance considering that only 5.76% of the mothers received the assistance however one crucial factor was not-having Aadhar card or any photo identity proof for opening bank accounts. Also the banks maintaining a minimum balance of Rs. 3,000 to keep the account active was not what most of them could afford.



CASE STORY

THE STORY OF SABINA

Sabina Bibi stayed with her husband at Canning, some 4 hours journey from Santoshpur, the project area. She had a three and a half year old son and became pregnant for the second time. Her husband married another woman and deserted her. So Sabina came back to her parents' house at Nayabasti. She was extremely distressed with the situation and worried burdening her parents. Her father is a fisherman and all the eight family members depend on his earning.

When BITAN team persuaded Sabina regarding institutional delivery, her mother didn't agree initially but after prolonged counseling she agreed to get her daughter's delivery at hospital. She was taken to Garden Reach State General Hospital on 22nd March, 2017. It usually takes three consecutive days to get all formalities completed at the hospital for registration. Sabina was so exhausted on the first day that she did not visit the second day in spite of all persuasion by the project team members.

So the registration was not possible at Garden Reach Hospital. However, after continued counselling she was taken to Vidyasagar State General Hospital to get pregnancy registered and on 20th April her USG was done. Meanwhile she had health check-up in health camp at Nayabasti. Her expected date of delivery was on 20th May, 2017. The team



along with Sabina's family members took her to hospital when labour pain started. She delivered a boy baby through normal delivery.

Unfortunately the newborn had cleft lip and this disheartened Sabina. She felt extremely disappointed and blamed her for the condition of the baby. She was even reluctant to breastfeed and take care of the baby. The team members tried their best to counsel Sabina and encouraged her that the baby will be recovered with proper treatment if she follows doctors' advice and there is nothing to blame her misfortune. They collected breast milk from other mothers also to spoon feed the baby as advised by the doctor. Considering the seriousness of the baby and feeding problem doctors at Vidyasagar hospital advised for a surgery and for that they referred the baby immediately to any better hospital equipped with NICU facility. Sabina remained in the Vidyasagar hospital. The relatives accompanied by the team took the baby to Chittaranjan hospital, but there the baby was refused admission due to lack of required facilities. The baby was then taken to SSKM

hospital immediately. The hospital authority admitted the baby in their NICU department and called her mother urgently. Sabina was taken into the SSKM hospital. Doctors showed her how to feed the baby. The baby was in the NICU department and Sabina was in the mother's room. Sabina felt that she was not attended adequately because other mothers present there were called by announcement to feed their babies, except Sabina. When asked the hospital authorities informed that since Sabina delivered the baby at Vidyasagar hospital, her next referral should be the MR Bangur hospital. But unaware of the fact, the baby was brought to SSKM hospital which is the highest level Govt. Hospital in West Bengal with a high patient footfall. But with the project team's proper advocacy and support, the baby was taken care of properly in the hospital and was suggested to go for surgery after completion of six months.



INTEGRATED SOLID WASTE MANAGEMENT PROJECT SUPPORTED BY ITC-CSR, KOLKATA

Solid Waste Management Project is implemented by BITAN with financial and technical support of ITC Ltd.

The project is implemented in four Gram Panchayats of Chinsura-Mogra block, district Hooghly since 2014 through the support of cluster SHGs and panchayats.

SWMP was initially launched aiming at enriching environment through reducing solid wastes causing environmental degradation, contributing to restoration of soil fertility and retrieving of natural soil ingredients by improved use of organic compost and environmental awareness generation among the community residing in the operational areas. However, the end goal of the project is to establish women led, cost effective and sustainable solid waste management model to be owned, managed and run by

the community.

The year 2017-2018 primarily focused on sustainability and consolidation through quality assurance, responsibility and sharing of ownership by the panchayats. This essentially meant that the panchayats were to realise, understand and take up the responsibility of the project. ITC and BITAN had decided to it would financial withdraw support in form of honorarium of paribeshbandhus and monitors from this financial year.

As a result as expected there were turbulence, dissatisfaction and confusion among paribeshbandhus, SHG clusters and panchayats. However BITAN with under the guidance of ITC adopted certain strategies to tide over the situation.

SOME OF THE MAJOR STRATEGIES WERE:

- Ensuring that community groups take up the major responsibility of the project. This resulted in collectivisation of community members in form of strengthening the extended VHSNC/Mahalla committee in each sansad.
- Utmost care was taken to make the project staff, especially the paribeshbandhus and monitors understand their specific role based on the situation.
- A revised system of household coverage was agreed upon, which included houses actually giving wastes instead of all in the operational area. Master list was prepared based on this.
- More stress was given in persuading the Panchayat to understand and carry out their responsibilities, bear expenses or road and drain cleaning etc.
- To address the cost recovery aspect, manpower ratio was reduced to 175 households: 1 Paribeshbandhu.

These well thought strategies and its sound implementation went a long way to bring the project back to its present level.



KEY ACTIVITIES AND PROCESSES UNDERTAKEN DURING THE PROJECT

- Strengthening community engagement and capacity building. This included GP and sansad level meetings and sensitisation programmes, street play, announcement through PA system and leaflet distribution for generating awareness, door-to-door visit with community leaders, PRI members & VHSNC members especially to reluctant households.

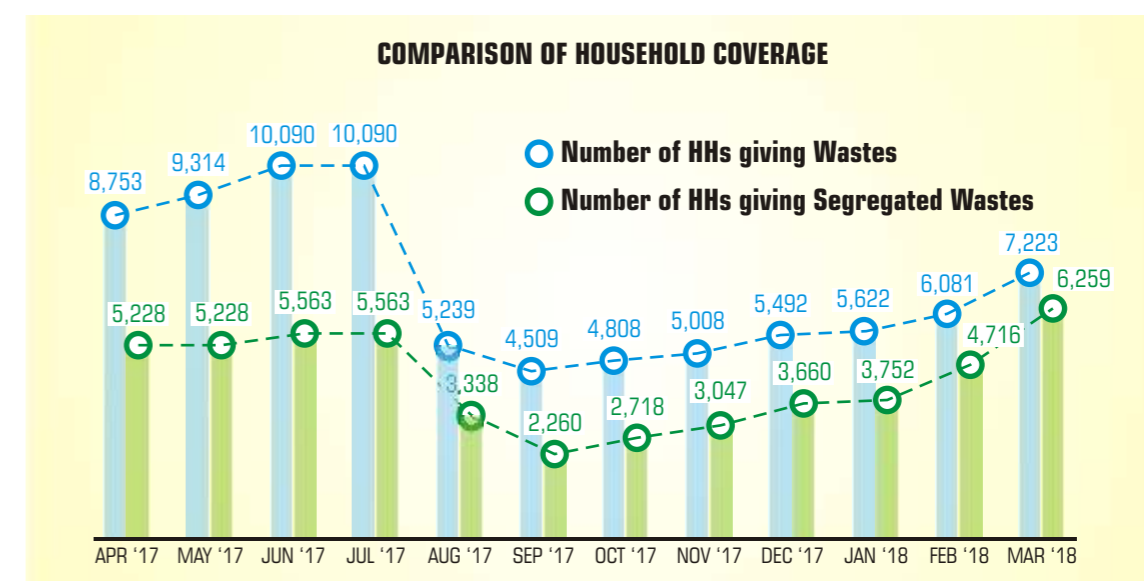
- Involving community members in Participatory Gram Panchayat Development Planning (GPDP) process. The member suggested that SWM issue be included in GPDP. This was learning experience for BITAN as well as the MSK members.
- Advocacy with Block and District Administration. A number of advocacy meetings by the senior management of BITAN and project manager were conducted with block, Zilla Parishad, district administration and state level. The high level official visited the processing unit and appreciated the project as low cost sustainable model. They also requested the concerned Panchayat Pradhan to provide support in meeting the gap in funding.
- Capacity building programmes on different aspects were organised for Bitan ISWMP staff members. Training on communication and community mobilisation were organised for all MSK partners.



KEY ACHIEVEMENTS OF THE PROJECT

Household Coverage: As discussed earlier the understanding of household coverage was modified in August 2017. It included only the houses that gave the waste and not the houses in the operational area. As a result of this change in parameter, there appear to be a sharp drop in HHs giving wastes, from August 2017. However in spite of that drop there has been a steady increase in the number of HHs since then. At the end of the reporting year the number of HHs giving wastes stood at 7,223, which is 66.5% of the total target of 10,855. This indicates that even after revising the parameter for HH coverage, the number of actual houses giving wastes has been increasing.

Besides the number of HHs giving segregated wastes has also been increasing steadily. This is almost 87% of the total HHs giving wastes. Incidentally this was a meagre 30% in the previous financial year.

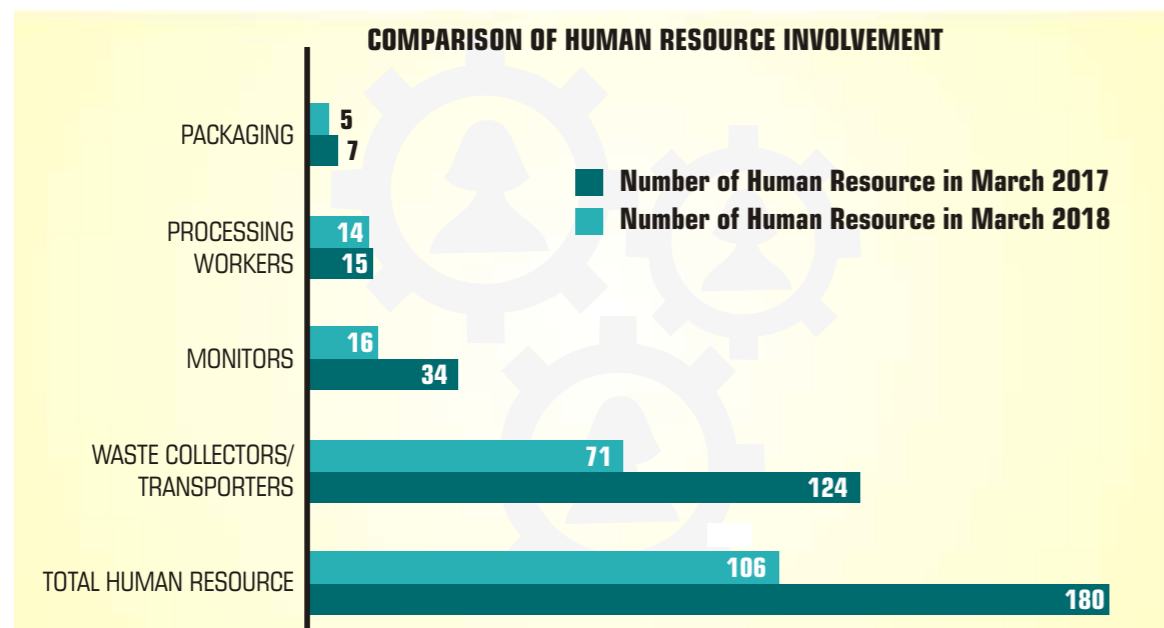


Revenue Generation: There has been decrease of around 13% in the amount of community contribution compared to the previous financial year. The reason as already discussed was due to the roadblocks and difficulties initially. However from August 2017, there has been a gradual increase in the revenue generation. One of the reasons for this also has been the increased involvement and initiative of the panchayat. The community contribution collected in the month of March 2018 reached an amount of Rs. 138,990. Noticeably there has been a surplus of Rs. 5,500 in Chandrahati 2, Rs. 9,970 in Magra 2, Rs. 50 in Magra 1 and Rs. 320 in Chandrahati 1. This is an encouraging improvement.

Similarly there has been increase of 41.8% in revenue from compost sales this year compared to the previous financial year.

Total revenue generated from recyclable waste sale in the reporting period was Rs. 20,522. The increase was almost fourfold in the second half of the year. It's expected that the next year the project will reach to the optimum level as Panchayat and Mahalla committee /VHSNCs are proactively sharing responsibilities.

Human Resource Involvement: In order to ensure cost recovery and work efficiency reduction was effected in human resource. In order to enhance work efficiency and maintain quality of work, series of trainings were conducted for the entire team. There has been significant reduction of 58.9% in manpower compared to the previous financial year. 40 sansads out of total 43 are sustained; two sansads in Magra 1 one in Chandrahati 1 is still lagging in terms of cost recovery.



CASE STORY

Mathpara 6 sansad at Magra 1 GP had inspired by the SWM service in Verikuthi 10 sansad. The community people wanted to have the service in Hansgara Mathapara area. Community leader Soni Sau contacted Sonali Mondol of Verikuthi 10. They had a meeting with Rabi, the community leader of Verikuthi 10; subsequently they wrote an application to Panchayat regarding this. Bitan GP coordinator, Cluster Monitors and Paribeshbandus visited the place and work started from 29th Jan, 2018. Mayna Das is the Paribeshbandhu there and is catering to 112 HHs in this area. The residents are now happy to have a clean environment.



BASIC HEALTH CARE AND SUPPORT PROGRAMME SUPPORTED BY MEMISA-DGD, BELGIUM

Basic Health Care and Support Programme (BHC&SP) is being implemented by BITAN supported by MEMISA-DGD, Belgium through WBVHA, Kolkata covering three Gram Panchayats of Mayapur, Chingripota, and Butia of Budge Budge I block. BITAN has been working on the project since 2012. Its experience helped the organisation to identify the existing gaps in health system and address them accordingly. BITAN continued to facilitate the existing health services people's platform with the active support of community women's group. Village Health Sanitation and Nutrition Committee (VHSNC) was formed to identify the problems from community level and find solution to those problems through advocacy with proper planning jointly with local authority (GP) and other stakeholders.



MAJOR ACTIVITIES UNDERTAKEN

- Capacity building of civil society and private sector for better advocacy to increase transparency and accountability. Sensitisation programmes were organised to generate awareness on different Government schemes like Janani Suraksha Yojana (JSY) & Janani Sishu Suraksha Karyakram (JSSK).
Promotion of health and wellbeing in community settings. This has resulted in an increase of 98% in institutional delivery.
- Promotion equity in health and healthcare by working in partnership and consensus building between individual/groups that face barriers to quality and equity of health
Strengthening of communities for taking action on health and the social determinants of health (Water, sanitation, education, housing etc) through regular meetings and planning
The project helped in repairing 13 ICDS centres, installing fans and lights and piping system for drinking water.
- Networking of Community Groups (adolescents/ geriatric/ women) leading to evolving a statement of charter of demands. Planning was done to identify girls who are not receiving the benefits of 'Kanyasree'. Anwesa counselors and BHCS jointly planned for arranging adolescent skill training, planning was also done for taking actions on preventing early marriage, and proper supply of weekly Iron Folic Acid supplement.



WAY FORWARD



Over the last year, BITAN has given its best to ensure that the project achieves its stated goals. It is true that sometimes due to factors out of control, there were roadblocks in the way of the project. These apparent drawbacks however has served as crucial learning platforms for the organisation. Based on these, BITAN will look forward to correcting, adjusting and finetuning certain aspects of its project to deliver the best output.

Here are some areas where BITAN will re-look in the coming year:

- BITAN plans to handover the SWM project to the GP. With this in view the organisation will give more effort to strengthen the capacity of the GPs so that they may be able to take over the responsibilities.
- In some areas like Chandrahati 1 and Magra 1 there is marginal difference in community contribution and expenses for waste collectors. This needs to be improved to sustain the project.
- The organisation will facilitate in the formation of SWM Core Committees in the GPs and render it functional.
- More effort need to be given on Mahalla Committees to make it fully formal and functional. For this these Committees will have to be sensitised and their capacities will have to be enhanced.
- GP level processing units as part of the decentralised model will have to be initiated at least on a pilot basis.
- With regards to Save Lives project BITAN will put in further stress on creating a positive perception among the community members that the new norm is institutional delivery.
- The practice of institutional delivery needs to be regularised through encouragement and advocacy.
- Advocacy and linkage with Municipality, councilor, bank and hospital will have to be sustained and increased so that women without photo identity proofs are not denied opening of bank account and subsequently deprived from receiving the benefits of JSY.
- BITAN will also step up advocacy for making minimum civic amenities available in the community in form of water, sanitation and hygiene facilities. These can go a long way to



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For More Information regarding partnership Please contact:

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