

ANNUAL REPORT

2021 - 2022



Society for Promoting Rural Education and Development
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Letter from the Secretary

This Annual Report would not be complete without the wholehearted acceptance of the community we serve. We are immensely grateful to our dedicated team members who have overcome immense pressure, hardships, threats, and hazardous working environments to facilitate processes among these communities. We extend our heartfelt thanks to the Animators and Activists, the brave soldiers on the frontline who have tirelessly worked towards facilitating development among marginalized communities. Our sincere appreciation goes to our resource partners.

Their invaluable support, critical opinions, feedback, timely follow-up, and evaluations have fueled our determination to deliver the highest quality work and bring smiles to the faces of thousands of marginalized tribes, empowering them to lead more dignified lives. Lastly, we express our gratitude to all our well-wishers and friends who have lent their support, directly or indirectly, to our work, processes, and organization as a whole.



BIDYUT MOHANTY
Secretary

About SPREAD

The Society for Promoting Rural Education and Development (SPREAD) started working in Koraput District of Odisha from the year 1997. This is dedicated to empowering the marginalized communities of Koraput district so that they may access their Rights to Land, Food & Work. Ultimately this will lead to their ability to maintain a dignified way of life.

Approach

SPREAD is working with a Right Based Approach operates in 4 Blocks of Koraput to facilitate excluded communities' non-discriminatory access to Land, Food & Work. To achieve this goal the Organization undertakes various activities with People's Organization like awareness campaign, meeting & training to community leaders.

Vision

A region and society without any exploitation and discrimination with access to the basic necessities of life and ability for people to assert their Rights for a dignified living.

Mission

To work as a catalyst with the underprivileged class so as to build up their capacity and to facilitate the process of participatory development.

Goal

To make the most marginalized section of the society aware of their rights & duties and enable them to have access and control over the socio-economic-political process for a dignified life.

Core Areas of Programme

- Right to Food
- Right to Health
- Right to Work
- Right to Education
- Livelihood
- Right to Land
- Social Security
- People's Organization
- Child Right

Legal Status

SPREAD is registered under both Society Registration Act 1860 vide Regd. No. 2445-200 of 1989-90 and Foreign Contribution Regulation Act bearing Regd. No. 105020098. Also, it is registered under Income Tax 12(A) AACTS1340ME20164, Provident Fund having Code No. OR/6143, Group gratuity of LIC having Master Policy No. GG (CA) 31502, 80G having No.: AACTS1340MF19933 and CSR registration having No.: CSR00015914

The Team

SPREAD believes in the importance of hiring people from the communities where they work 93 % of the organizations, 96 team members are tribals and Dalits community from the rural villages in SPREAD's operational area.

Operational Areas

SPREAD's operational area covers 2321 villages of 60 Gram Panchayats in 8 blocks of Koraput district and 3 blocks of Nabarangpur district.

Partners in Action

We would like to extend our gratitude to our funding partners who have supported our vision. Their immense faith and on the team have encouraged us to achieve the goal of the organization. The name of Partners who have contributed in the growth of SPREAD and its programme expansion is given below:

Sl. No.	Name of Partners	Key areas of Support
1	Child Rights and You (CRY)	<ul style="list-style-type: none">• Reduce Malnutrition by regularizing the ICDS centres• Ensure quality education in schools• Ensure Livelihood through land rights• Promoting kitchen garden for reducing malnutrition and anemia• Awareness community for vaccine hesitancy• Facilitation of vaccine programme
2	The Live Love Laugh Foundation (TLLLF)	<ul style="list-style-type: none">• Raising awareness and identifying people with mental illness and their carers

3	Carers worldwide (UK)	<ul style="list-style-type: none"> Raising awareness and identifying people with mental illness and their carers
4	Azim Premji Philanthropic Initiatives (APPI)	<ul style="list-style-type: none"> Accessing Welfare Schemes and livelihoods support to vulnerable communities Distribution of Dry Ration and Hygiene Kits Covid vaccination
5	DASARA	<ul style="list-style-type: none"> Training to team (Weaver Producer Company, Training and Loom, Natural Dyeing and Yard, Ragi Processing Unit

Health & Nutrition

Koraput is one among the KBK districts & infamous for high IMR & MMR. The government spends a huge amount under various schemes to bring down IMR. Children born in critical conditions are being treated at the special newborn care unit (SNUC) situated at the Koraput district hospital & which helps in arresting IMR.



SPREAD main focus is to activate the health system at village to GP to PHC level & at the same time building health awareness among the populations particularly on Women & child health. For malnutrition & women health SPREAD concentrated in Lamtaput block in 50 villages.

VHND

Village health and nutrition day (VHND) introduced by the NRHM as a platform for providing essential reproductive and child health services at village level. Main objectives of VHND

1. To provide essential and comprehensive health and nutritional services to pregnant, lactating, 0-5 year and adolescent girls.
2. To strengthen linkages between health and ICDS in promoting comprehensive maternal and child survival programmes.
3. To ensure early registration, Identification and referral of high-risk children and pregnant women.
4. To provide an effective platform for interaction among beneficiaries, service providers and community members including GKS, mother group, PRI and SHG.
5. To sensitize beneficiaries, their families and community members on health, nutrition care and services at village level through discussion of various health topics as envisaged in the health calendar.

6. To render quality health and nutrition services to beneficiaries at door step through visits referral service and follow ups.

Role in strengthening VHND

The role of spread team is to participate in monthly VHND and assuring that ASHA, ANM and the target groups attending the meetings regularly and providing all the necessities to the target holders especially supporting in counselling of growth from 0–5-year children AWW weights and measures together with ANM. ASHAs usually accompany referral children to hospitals. Number of ASHA worker working in Lamtaput region is 18 with 17 helpers. We focus on registration of pregnant women and quality ANC for pregnant mothers regarding

1. Weighing on spot
2. BP check-up
3. HB test
4. Urine examination
5. Abdominal check-up
6. IFA distribution

Proposed measure:

Height should be measured at the time of registration of pregnant women.

Ensuring early and 100 per registration by ASHA and AWW enabling pregnant women to get first ANC in the first trimester.

Life skill training for adolescent girls and meetings

Objective: -

- To build life skills and girls effectiveness to have confidence, ability to make decisions and plan for their future.
- To be effective for girls so that they can go through physical, mental and social changes during Adolescence those have a significant impact on outcomes in adulthood.
- Number of participants who joined the life skill program were 366 out of 433

Progress So far: -

- Adolescent girls identified their potential as they understood education is the only barrier to break the false social norms that are made by patriarchal society.
- They are also taking active Part in their villages by helping pregnant and lactating mothers to participate in VHND meetings.

- Through skit that we played during life skill training early marriage is a social sin which could bring mental pressure to the specific individual and they understood to be the boss in own life have to take decisions by their own. In order to stop child marriage meeting were also conducted with the family of adolescent girls as a result the number of child marriage during this year is zero.
- Out Of 433 adolescent girls 433 have received IFA tablets.

Awareness campaign on local food and kitchen garden

Our call- The right of every woman to get a balanced and nutritional diet during pregnancy. As we all know that at present time the rate of malnourishment among mother and new born child is increasing in an alarming stage being deprived of necessary food. So our SPREAD team laid importance on nutritional garden consisting of papaya, banana, lemon, Morninga, few green vegetables and some green leaves as it contain all kind of vitamins and rich in minerals. At present there are 978 families who have their own kitchen garden in their backyard. Through home visits on regular intervals, we are promoting the benefits of kitchen garden through banners and by educating them to have green vegetables for healthy lifestyle. We have given a clear message a child's health depends upon the food that the lactating and pregnant mother consuming that directly affects the child with low birth weight. The continuous effort of spread team members at ground level is noteworthy.

Immunization

The main aim of the programme is to prevent pregnant women and protect children from the six killer diseases i.e. Poliomyelitis, Diphtheria, Pertussis, Tetanus, Tuberculosis and Measles. These are the major preventable causes of child mortality, disability, morbidity and related malnutrition. All the children in the age group of 0-6 years are given immunization at the AW centers. The pregnant women are also given TT immunization at the AW centres with the help of Health worker female i.e. ANM. Children in the age group of 0-1 year are given DPT/Polio, BCG; Measles is given at the age of 0-1 year as per the immunization schedule. Eligible children and pregnant women are immunized at the fixed day of Immunization at AW Centers. During this project period BCG at birth 100 has recorded (BCG at birth) 100% TT for pregnant has recorded during 1st trim star of pregnancy.

Vaccination

The fact that rural health care infrastructure is weak is well evident. While the availability of health practitioners such as doctors, nurses, and trained ancillary staff in a government health care set up is low across India, issue is exacerbated in rural communities. Issues of accessibility are much severe here compared to urban areas. However, in the last three months of last quarter has increased regarding vaccinating of 1st and 2nd doses. Almost 80 percent of Lamtaput block has been vaccinated during this year.

New Bridge course initiative

During October 2020-2021 bridge course was introduced to lag the gap that the student was facing in pandemic. The bridge course is designed to give out- of school children the opportunity to take informal classes for one year as a bridge into the formal school system. Spread with collaboration with cry hired three local teachers who are trained through meetings to reach out to the inaccessible pockets to give education. Bridge Teachers main focus was to discuss with the family members of the children to take class from 1 to 8 standards in various centres. The family members were very much supportive and gave thumbs up to this new initiative. There were 18 centres and 6 centres for each teacher were assigned. Our teachers visited one centre twice in every week to teach various subjects. Each teacher has covered 180 students in 6 centres by dividing it into 30 for each centre. Before one month the school s were reopened due to that from 6th to 8th class students could not able to attend bridge class. But right now due to omicron the new variant hit odisha state. The state has declared that school will be closed for 1 month. Now from 6th to 8th class student are coming slowly.

Community sensitization

Objective: The main aim of the program was to improve the nutritional status form 0-14 year, pregnant and lactating mother and the family as a whole.Total numbers of attendants were 410 comprising ofpregnant, lactating mother, adolescent girls, 0-5 year's child ASHA, ANM, and AWW. The main objective of this meeting was to aware the benefits of regional food to the villagers which they are selling in the market instead of that we told them to grow nutrition gardenwith in their land so that the mother can receive nutritional food and the child growth willbe normal and can be prevented from low birth weight, Malnourishment. We went onfurther to grow green vegetables like drumstick, Leafy green vegetables, beans, raw banana, and Spinach and papaya in kitchen garden. Our team members also emphasized on capacityBuilding regarding protein based food and rich in iron food for lactating, pregnant andadolescent girls. We aware the parents of 6 to 11 based on food of childlike bananas, Papaya, Maringa leaves juice once in a week for the proper growth of mind and proper Growth of child and the most important one is breastfeeding every day. Food recommended for 12 to 24 months child are green vegetables with rice thrice in a day for 12To 24-month child and adding breakfast twice in a day and breast feeding is compulsory.

Barlipada is a small hamlet, belongs to Guneipada panchayat dominated by the Gadhaba tribes in Lamtaput block of Koraput district in Odisha. The story is about Ruilama Kirsani 28 years of age having three children studying in 10th, 7th and 4th standard respectively. As Ruilama was expecting her 4th child but she was in high-risk zone to deliver a baby due to less weight and suffering from anemia. Ruilama was informed by our spread team members specially to participate in VHND program and she attended three VHND meetings. Mother's weight during last three months was 33, 34, 35 and the blood pressure level was 88/60, 108/60, 105/60 & hemoglobin 9, 9, 9. Ruilama has taken Folic acid tablets and iron tablets as per the guidance of ANM and ASHA. The improvement remains static as there was no further development after taking TT1 and TT2. Ruilama was declared as red card holder and referred to Lamtaput hospital for check-up. The doctor insisted to have huge amount of green vegetables in everyday diet plan and not to do heavy work and have proper rest. After staying at Maa Gruha for 10 days with proper treatment guided by spread team members and ASHA finally on 7/3/2021 Ruilama was blessed with a baby boy holding the weight of 2 kg 850 g in AshaKiran hospital. The successful story of Ruilama is an example of the hard work and dedication of SPREAD team members in Lamtaput area.

The story is all about Bhagban Badnaya and Mukta Badanaya's little son from Godihanjar Village, who was born with low weight on 26/05/2021 in community health center holding the weight of 1 kg and 220 gram. The child Dhanesh is usually considered as not normal & low birth weight. Mother's weight during two last months of delivery was 45, 46, 47, 48 and the blood pressure level was 100/70, 102/76, 100/76, 100/70, 100/70 & hemoglobin 8.4, 8.6, 8, 8.8, 9 and 2, 1, 2, 1.

Bhagban Badanaya has 3 acre of land and belongs to poor category of families. Mukta got all the facilities from JSY and MAMTA scheme. Mukta also has an elder girl who is studying in 3rd standard. As Dhanesh was low birth weight, SPREAD team members persuaded the family to send the child to CHC but there was no improvement of his health. After that every month through VHND health check-up was done for Dhanesh and immunized on time and mom assures exclusive breast-feeding for the child. But there was no improvement so finally SPREAD team members told the parents to send the child to NRC, Koraput & Dhanesh admitted to NRC on 24/10/2021. Mother & child remain one week at Koraput. Now Dhanesh's health is better & gained weight to 4.5 KG. Now Bhagban & Mukta are very happy that their son is healthy & doing well.

The role of spread team was to ensure birth registration within 3 months and to take TT1 and TT2 on time and to open a bank account, to get delivered in community health center. Team members helped Mukta in getting ambulance service as the government provided it for free and to get the money from JSY and MAMTA scheme with

Voice for Disable & their Carers / Identity & Entitlement of Care Givers.
Operational area:

SN	Name of Block	Gram Panchayat	Village
1	Lamataput	15	114
2	Nandpur	23	135
3	Baipariguda	7	67
	Total	45	316

Target groups and their care givers from 3 concern Blocks:-

Through this project organization is dealing with 198 Mental Illness, 395 Epilepsy a sum of 593 patient from 3 blocks. total person with mental illness 593 out of them 259 are male and 334 are female. Carers are 593 out of them 290 male and 303 female carers.

Baseline Survey Data Collection

A Baseline survey of PWMIE and Their Carers was conducted in 316 Village of 45 Grama Panchayats of Nandapur, Lamataput and Boipariguda Blocks. Total of 593 PWMIE (MI-198, Epilepsy-395) patients were surveyed in these three blocks. PWMIE and their carers were surveyed on age group, sex, marital status, Health condition, family group, family members, education qualification, type of work health, skill, income etc.

Community Level Awareness Meeting

1647 village level meeting conducted in 45 GPs of Lamataput, Nandapur and Boipariguda block. ASHAs, AWWs, PRIs, PWMIE patient and carers were present in this meeting.

Cluster Level Carers Group Formation and Meeting

15 in 15 Gram Panchayats of Lamataput Block and 21 in 23 Panchayats of Nandapur Block and 7 Grama Panchayat of Boipariguda Block Cluster Carers Group Formation was done. Two person of the 43 cluster carers groups were elected president and secretary. These two were tasked with representing the group at the Block Carers Federation meeting. Cluster carers group meeting is held regularly once in three months. PRI Member, ASHA, ANM, Carers and Village Leaders of Panchayat participate in this meeting. If the problem is not solved at the Panchayat level, Carers Leaders are presenting in the Block Carer Federation.10 Meeting (Lamataput-5, Nandapur-4 and Boipariguda-1) time Conduct Cluster Level Meeting.

Block level carers federation Formation and Meeting

Block carers federation was formed in lamataput block on 27th December 2021. 30 carers from 15 cluster carers groups are involved in this association. According to the group decision, the block carers federation was renamed the “Duduma block Jatnakari Mahasangh”.Block carers federation was formed in Nandapur Block on 05 April 2022. 42 carers from 21 cluster carers groups are involved in this association. According to the group decision, the block carers federation was renamed the “Nageswari block Jatnakari Mahasangh”.The president, vice-president, Secretary and treasurer have been elected. regular meeting is held once every three months. 14 Carers from 7 GPs are Involved in “Birakhamba block Jatnakari Mahasangh” Boipariguda.5 in Lamataput, 4 in Nandapur and One time in Boipariguda Block Carers Federation Meetings have Been organized. 5 carers from each Block Mahasangha are selected to represent the District Mahasangha.

World Mental Health Week and Day Celebration

World Mental Health Week Celebration- DMHP team and SPREAD jointly organized World Mental Health Week at Chikenput GP of Lamataput Block, Kulabir GP of Nandapur Block and Ramagiri gp Of Boipariguda Block . SHG Members, Carers, PRI Members participated. 10th Oct 2022 World Mental Health Day Celebration was organized in various panchayats and DHH Jeypore. Carers, ASHA AWW, ANM, PRI Member and PWMIE participated.

Mental Health Camp

SPREAD in collaboration with DMHP Team organized 9 health camps and covered 433 PWMI (Mental Illness-187 and Epilepsy-245) & from that period the visit of the mobile team is regular at household level. All 433 PWMI are improving & stable now.

Fix day Monthly OPD Mental Health camp

Every month OPD Fix day mental health camp is organized at CHC Nandapur, PHC Padwa, CHC Lamataput and CHC Boipariguda in association with DMHP, CHC Nandapur, CHC Lamataput and CHC Boipariguda and SPREAD Organization. All 433 (MI-187, Epilepsy-245) patients receive medicine on this day after health checkup. If the patient is unable to come, on behalf of the patient Ashadidi (ASHA worker) receives the medicine and does door delivery. All the 433 persons are showing a sign of improvement as the frequency of getting attacks for epilepsy has reduced substantially. On this day, if they have health problems, they get medical treatment from the doctor.

DMHP (District Mental Health Program) Team Field Visit and Door Step Medicine Distribution

In Covid-19 pandemic the patient was unable to come to medical, so SPREAD took the responsibility for 433 PWMIE patients and distributed medicine at door steps. Though Mobile Van, the District Mental Health Programme (DMHP) unit team was visited to all the 433 numbers PWMIE patient at door steps. The main objective of the visit was how the patient increases his/her health to continue consumed medicine at regular interval. The DMHP team attended the panchayat-level carers meeting and held discussions with the patients and caregivers. How to provide medicine to patients on time How to take care of patients. Patients were instructed on how to do their own and home chores and were given medication. Before the end of the medication, contact the nearest staff and Health Worker from CHC and PHC.

Staff Capacity Building Program

1. The staff's capacity building on mental health and base line survey format Orientation program was held at Tusuba RGSK meeting hall under Lamataput block. A total of 28 staff was present. During the event, the staffs of the District Mental Health Program (DMHP) were present.
2. Staff Capacity building on mental health and base line survey format Orientation program was held at Balda RGSK meeting hall under Nandapur block. A total of 45 staff of the organization was present. During the event, the staff of the District Mental Health Program (DMHP) trained Lalatendu mishra on mental health program.
3. Two-day staff Exposure visit Program was held at Boipariguda on October 22, and 23 2021. The program was attended by 5 new staff of Nandapur and Lamataput block and 4 staff of Boipariguda block and DMHP team.
4. Two-day staff Capacity building on mental health Program was held at Semiliguda on June 06, and 07 2022. The program was attended by 5 staff of Nandapur and Lamataput block.

Carers meeting held regularly facilitated by community mobilizers and providing a forum to share issues, receive information and become empowered to advocate for services and rights.

Sl. No	Entitlements/Rights/Services	Number
1	New Disable Certificate (PWMIE)	116
2	UDID Certificate	73
3	New Pension (PWMIE)	98
4	BSKY Health Insurance card	593
5	Old age Pension (Carer)	48
6	Widow Pension(Carers)	69
7	PMAY House(1,30,000/-)	10
8	MGNREGA Job	270
9	IHHL(Toilet)	45
10	Kalia (State Govt Support for Livelihood Activities)	145

New Mental Illness and Epilepsy Patients (After Baseline Survey)

Sl. No	Block	Mental Illness	Epilepsy	Total
1	Lamataput	17	20	37
2	Nandapur	16	19	35
3	Boipariguda	2	7	9
	Total	35	46	81

Livelihood Security.

- Total of 50 carers were supported for poultry farming and 20 carers were supported for goat rearing. They got support of Rs. 3000 from project as revolving fund. Three poultry farmers can save Rs 2,500 / - to Rs 3,000 per month by raising chickens.
- Through OLM, 30 women carers were trained in goat rearing and Poultry Farming.
- 145 carers got 5000/- each from government under Kalia scheme are in doing livelihood Activities like, goat rearing, poultry, vegetable cultivation.
- 16436 job card holders (32935 workers) got an average 55 days of work, out of it 8675 card holders from Migrant workers families.

- 938 job card holders already completed 100 days.
- 4733 families have applied for a new job card & 1782 (all migrant workers) already registered & working.
- 4565 person have not gone for migration work due to work available in 183 villages.
- Facilitated opening of bank accounts & Adharlink for 1839 job cardholders
- 547 labour group formed.
- In collaboration with OLM, we implemented 2078 “Mo Upakari Bagicha”
- NRM planning (CLART based) for 150 villages completed & submitted for approval.
- Implemented 45 acres of “Mo adarsha Bagicha”-(Agroforestry- horticulture- nutrition) SPREAD model under MGNREGA.
- Productive asset like dug well, firm pond, field channel, Continuous counter trench, plantation etc created in 180 villages
- “Asa Kama Magi jiba” campaign from 16th of April. Job seekers are submitting C-1 form at mass scale.
- Team members are monitoring the distribution of PDS for 49300 card holders & all are getting PDS regularly.
- We identified 1077 eligible but leftout families for PDS & out of it 562 families already got the PDS card and are getting PDS regularly.
- 880 left out members (due to lack of adhar) are added to the existing PDS card.
- Team members facilitated the Adhar seeding of 1282 members with existing cards.
- SPREAD team facilitated distribution of relief (free rice, financial support) to 49300 card holders.
- 1077 eligible (old age, widows, PWDS) applied for monthly pension & out of it 653 people already got pension.
- 1680 pension holders linked with Adhar for smooth distribution of pension.
- Total census of eligible card holders already done & tabulation is going on.
- Team facilitated distribution of Rs.1000 as ex gratia to all pension holders.
- 100 trained tribal youths as Digital youth Volunteers on social media & they are raising people’s grievances through twitter & getting success in addressing the grievances.
- 789 construction workers got Rs.1500 as declared for Pandemic.
- 829 Quarantine migrant workers reclaimed Rs.2000 as declared by state Government.
- Total 1255 grievances raised & out of it 973 already solved.
- PRI members are taking active role in accessing the entitlements by right holders.

Relief Support for Covid affected people.

Compassion possesses the power to heal. Amidst the Covid-19 Pandemic crisis, we take immense joy in extending our helping hands to the underprivileged individuals residing in remote tribal areas. However, food insecurity has emerged as another pressing emergency, ready to jeopardize the lives of vulnerable communities. To combat this threat, a collaborative effort with the Government is essential to restore the livelihoods of these groups. The team at **SPREAD** expresses profound gratitude towards the dedicated youth volunteers who have generously dedicated their time to assist the needy during this unprecedented time.

Number of Days during which assistance is given (In case of Relief): 21 days

Area Covered: Koraput, Nabarangpur & Malkanagiri

- Awareness of Covid-19
- Awareness on social Distancing.
- Campaign on Hand Washing.
- Hand holding support to vulnerable groups in accessing various Govt. Entitlements.
- Hand holding support to PRI members in distribution of PDS, social security entitlements,
- Home delivery of cooked food to old age, PWDs in accessible tribal pockets.
- Home delivery of medicines from local PHC to 350 mentally ill and epilepsy patients.
- Dry Ration (RAGI, Rice, Dal, Soya, Chunks, Mustard Oil, Salt) and Hygiene kits (cotton reusable masks, soap, bleaching powders) to 3826 vulnerable families.
- Livelihood support to tribals forest dwellers in marketing of Sal seeds in MSP price @ Rs.20.
- Total 2015 quintals worth of Rs. 40,300/- (Local price was @ Rs.10/-) people got an additional of Rs. 20,1500.
- Mobilising people for MGNERGA work.
- Volunteer support to PRI members in management of quarantine / TMC home.
- Helping migrant families in online Registration.
- Identifying vulnerable left out families / Individuals and linking them with Government PDS & social security entitlements.

Covid Vaccination: -

Over the years, Society for Promoting Rural Education and Development (SPREAD) has often been a first responder in times of local crisis. Working in tandem with partners, donors, and volunteers the organisation is committed to providing aid to vulnerable communities in times of need. The COVID-19 Pandemic and subsequent lockdown had given to an acute sense of uncertainty and vulnerability, especially amongst informal sector workers. Informal sector workers in both urban and rural communities lack job security and social security and this had worsened due to lock down with many workers losing their jobs. In such a scenario the support of community and community leaders was essential to be able to preserve through adversity. SPREAD has a model of grassroots leadership which consists of a network of village level volunteers or Community Resource Person (CRP) who supports their community members locally. During the pandemic, CRPs have helped their communities in a wide variety of ways; from ensuring the relief and aid was delivered to those who needed it the

most to carrying out awareness campaigns about health and sanitation, amongst other things. CRPs have also often worked with the district to reach those who are the most marginalized. This reinforces the importance of strengthening community leaders to make them better advocates not just in times of crisis but also in their day-to-day life.

Introduction

SPREAD has joined hands with the District as well as Block Administration to do an awareness campaign on COVID-19 focused prevention measures and the importance of vaccination, with the support of Azim Premji Foundation (APF) on 1st October 2021. SPREAD has launched a social behaviour change and communication campaign through miking, distribution of leaflet at grassroots level and on ground activities at the community level in Nandapur & Dasamantpur block of Koraput district. Before starting of the project the vaccination percentage is very less i.e. 24.97 % in Nandapur block and 14.93 % in Dasamantpur block.

Under the Initiative, SPREAD is supporting the government as well as own efforts through communication materials such as posters, banners, wall paintings, community mobilization interventions, Additionally SPREAD has appointed all total of 163 staffs of the vaccination drive (Project Director-1, Project Manager-1, Accountant-1, Block Coordinators-2, Cluster Coordinators-11 & Tika Sathis-147) for Nandapur & Dasamantpur blocks. The Tika Sathis has surveyed each household at every villages and prepared the eligible beneficiary list for vaccination and is following up with the beneficiaries after vaccination.

The eight-month-long campaign started in two blocks in October 2021 with an aim of reaching 174364 people- adults, youth and children – in two blocks i.e. Nandapur & Dasamantpur blocks and 842 villages with the support of local ministries and departments.

Objective

- Spread awareness to educate community about preventive measures to avoid infection
- Stay vigilant to enable early identification and referral individuals suspected being infected
- To ensure 100% COVID-19 vaccination in Nandapur & Dasamantpur blocks

Demography details:

Block Name	No of CHC	No of PHC	No of AWC	No of SC	No of GPs	No of villages	Total Population	Target Population
Nandapur	1	4	240	26	24	494	93518	62613
Dasamantpur	2	4	264	23	16	348	80846	51186
Total	3	8	504	49	40	842	174364	113799

Process

a) Staff Engagement:

To smooth execution of the programme the organization was appointed 161 staffs in both the block, there are 11 clusters under Nandapur & Dasamantpur CHC and the staffs were engaged per the cluster assigned to them. For increasing vaccination entry in Cowin portal, 4 nos of Data Entry Operators (DEOs) and 2 vaccinators was engaged by the organization at CHC level.

b) Meeting with the Health staffs:

SPREAD team has conducted a meeting with District level Health Staffs like CDMO, DPM & BPM of the respective blocks. The discussion was made regarding support of the organization in vaccination programme of Nandapur & Dasamantpur block. The CDMO has communicated to the CHCs regarding support of

SPREAD in vaccination drive. After that the meeting was conducted at CHC level with MOIC, BPM, DDM & the supervisors and briefed them about the aim & objective of the programme and then preparing joint planning for vaccination drive.

c) Orientation:

To get clarity on Covid-19 vaccination, all team members were oriented by the CHC staffs on basic Covid-19 protocols, vaccination process of both the blocks and how to mobilize the people for vaccination camp.

d) Preparing line listing:

To identify the target population for vaccination, a survey was conducted by the team at 842 (Nandapur-494 & Dasamantpur- 348) villages in 40 (Nandapur-24 & Dasamantpur-16) GPs of Nandapur & Dasamantpur blocks. Each & every households were covered in this survey and all data were put in a specific format which is provided by APF and the survey has been uploaded in VaxIT app which is designed & developed by APF.

e) Mobilising PRI members:

The vaccination drive meeting was organized in all 40 GPs of Nandapur & Dasamantpur block to engaging PRI members. In both the blocks, there is a hesitancy regarding vaccination among the communities. So reduce the hesitancies, the PRI members were engaged at the time of village awareness campaign and a awareness plan was prepared with the PRI members.

f) Facilitating for Vaccination:

Initially, there is more hesitancy on vaccination among the people of both the blocks. To vaccinate the eligible people, the Tika Sathis was organized small meeting at village level and also individual level, because the Tika Sathis are belonging to local youths and they have a good relationship with the people and also clarify the people on doubts for vaccination. Then Tika Sathis were interacting with ASHA, AWW to jointly mobilize people to take vaccination in due time. With the effort of team and front-line workers the vaccination camp as well as vaccination number increases gradually.

g) Communication and Coordination:

In regular interval the vaccination status was communicated to CHC as well as district level. In fortnightly the team meets with MOIC and discussing on vaccination status and strategies adopted by the team for vaccination. As per the demand of CHC of both the blocks, the vaccines are supplied from CDMO office even in the situation of vaccine shortage.

Progress of Vaccination:

Block Name	Target Population	1st dose taken	% of 1st dose	2nd dose taken	% of 2nd dose	Remarks
Nandapur	62613	62335	99.55	54187	86.54	as on May'22
Dasamantpur	51186	50885	99.41	46458	90.76	as on April'22
Total	113799	113220	99.49	100645	88.44	

Photographs



Financial report

Consolidate Balance Sheet

SOCIETY FOR PROMOTING RURAL EDUCATION AND DEVELOPMENT (SPREAD)
L/3, KALPANA SQUARE, BHUBANESWAR - 751014
FIELD OFFICE : JANIGUDA, KORAPUT

CONSOLIDATED BALANCE SHEET AS ON 31.03.2022

LIABILITIES	SCH.NO	Amount in ₹	Amount in ₹	ASSETS	SCH.NO	Amount in ₹	Amount in ₹
Capital Grant in Aid (Against Acquisition of Fixed Assets)				Fixed Assets (As per Schedule)	11		15,65,666.00
Opening Balance		2,40,518.00		Current Assets, Loans & Advances :			
Less : Depreciation		2,002.00	2,38,516.00	Current Assets	8		
General Fund				Cash in Hand		73.00	
Opening Balance	9	68,69,087.13		Cash at Bank :			
Less : Grant in Aid Over Spent	10	5,67,012.61	63,02,074.52	SBI, Koraput - A/c.No - 11190086034		20,21,472.18	
Current Liabilities & Provision				SBI, Koraput - A/c.No - 11190086045		4,74,489.19	
(As per Schedule -)	15		33,37,579.00	SBI, Bhubaneswar - A/c.No - 10977511997		30,336.71	
				SBI, New Delhi - A/c.No - 40161223209		145847.44	
				AXIS Bank, Koraput, A/c.No - 916010046471809		55,62,688.00	
				TDS Receivable		44,047.00	82,78,953.52
				Loans & Advances :			
				Programme Advance	12		33,550.00
			<u>98,78,169.52</u>				<u>98,78,169.52</u>

Date : 26th September, 2022
Place : Bhubaneswar
UDIN : 22301308AWXGFL3968



For D M Associates,
Chartered Accountants
ICAI Firm Registration Number : 320306E

CA. Tapan Kumar Mohapatra,
Partner
Membership No : 301308

Consolidate Receipt and Payment

SOCIETY FOR PROMOTING RURAL EDUCATION AND DEVELOPMENT (SPREAD)
L/3, KALPANA SQUARE, BHUBANESWAR -751014
FIELD OFFICE : JANIGUDA, KORAPUT

CONSOLIDATED RECEIPT AND PAYMENT ACCOUNT FOR THE YEAR ENDING ON 31.03.2022

R E C E I P T		SCH.NO	Amount in ₹	Amount in ₹	P A Y M E N T	SCH.NO	Amount in ₹	Amount in ₹
To	Opening Balance B/d :	1			By Programme Expenses	4	2,14,10,799.40	
	Cash in Hand		260.00		By Salary Expenses	5	9,20,000.00	
	SBI,Koraput - A/c.No - 11190086034		2,68,954.41		By Administration Expenses	6	9,68,378.21	2,32,99,177.61
	SBI,Koraput - A/c.No - 11190086045		57,35,681.01		By Payment of Liabilities - 2020-2021	15		8,32,510.00
	SBI,Bhubaneswar		29,530.71		By Prgramme Advance	12		33,550.00
	Axis Bank, KPT		45,116.00	60,79,542.13	By Closing Balance C/d :	8		
To	GRANT - IN - AID :				Cash in Hand		73.00	
	Revenue	2		2,56,97,231.00	Cash at Bank :			
To	Bank Interest	3		2,91,784.00	SBI,Koraput - A/c.No - 11190086034		20,21,472.18	
To	Misc. Income	7		3,31,587.00	SBI,Koraput - A/c.No - 11190086045		4,74,489.19	
					SBI,Newdelhi, A/c.No -		1,45,847.44	
					SBI, BBSR - A/c.No - 10977511997		30,336.71	
					AXIS Bank,Koraput		55,62,688.00	82,34,906.52
				<u>3,24,00,144.13</u>				<u>3,24,00,144.13</u>

Date : 26th September, 2022
Place : Bhubaneswar
UDIN : 22301308AWXGFL3968



For D M Associates,
Chartered Accountants
ICAI Firm Registration Number : 320306E

CA. Tapan Kumar Mohapatra,
Partner
Membership No : 301308

Consolidate Income and Expenditure

SOCIETY FOR PROMOTING RURAL EDUCATION AND DEVELOPMENT (SPREAD)
L/3, KALPANA SQUARE, BHUBANESWAR -751014
FIELD OFFICE : JANIGUDA, KORAPUT

CONSOLIDATED INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDING ON 31.03.2022

EXPENDITURE	Amount in ₹	Amount in ₹	INCOME	Amount in ₹	Amount in ₹
To Programme Expenses	2,44,97,701.40		By GRANT - IN - AID : Revenue		2,56,97,231.00
To Salary Expenses	9,20,000.00		By Bank Interest		2,91,784.00
To Administration Expenses	12,19,055.21	2,66,36,756.61	By Misc. Income		3,31,587.00
			Over spent of Grant during the Period		
To Depreciation		2,50,858.00	By transferred to Balance sheet		5,67,012.61
		<u>2,68,87,614.61</u>			<u>2,68,87,614.61</u>

Date : 26th September, 2022
Place : Bhubaneswar
UDIN : 22301308AWXGFL3968

2,66,36,757.00

For D M Associates,
Chartered Accountants
ICAI Firm Registration Number : 320306E



CA. Tapan Kumar Mohapatra,
Partner
Membership No : 301308

