



*Annual  
Report*

*2019-20*

*ANUGRAHA ORGANIZATION*

*SOGI ONI, BYADAGI, DISTT.-  
HAVERI (KARNATAKA).-581106*



**OF**  
**ANUGRAHA ORGANIZATION**

*Your Executive Committee/Board of Trustee has pleasure in presenting the Annual Report of the Society along with Audited Statement of Accounts and Auditors' Report thereon for the year ended 2020.*

- ☀ To receive, Consider and adopt the Balance Sheet as on 31st March 2020, the Receipt & Payment Account and Income & Expenditure Account, for the Year ended on that Date and the Reports of the Executive Committee and Auditors Thereon.*
- ☀ To approve the constitution of the Executive Committee.*
- ☀ To transact such further or other business may properly come before the meeting or any adjournment thereof.*



## **ANUGRAHA ORGANIZATION**

*” is humanitarian focal Non-Government organization dedicated to develop the lowest rung of society on Socio-Economic Ladder, and having the ambition to improve quality of life of people by Rational Application of Oriental Yogic techniques, healthy life Styles and naturopathy and helping hand to the widows and children who are deprived of love & care, Books, and Teachers, food, shelter.*

*Create positive change in the lives of the economically under privileged and under served. Execute programs with high efficiency and minimized costs through partnerships with NGOs, like-minded organizations and government programmes. Provide multi-dimensional support for the entire family and not just for the woman . Research and develop innovative solutions to the problems of the urban poor. Programmes must meet our benchmark of Quality & Beneficiary Satisfaction. This goal will be measured according to the participation and reported benefits of practitioners’ involvement in mutual learning, exchange, training and capacity building activities.*

# Objectives

- *A. Improve NGOs accessibility and presence at all levels of the United Nations*
- *B. Enhance the effective engagement of NGOs with the United Nations*
- *C. Strengthen the dialogue between the United Nations and Non-governmental organizations*
- *D. Engage NGOs to work together on issues of common interest*
- *E. Education / Capacity Development*
- *F. Work in partnership with UN civil society focal points*
- *G. Advocate on the Principles and Goals that NGOs and United Nations share*

## ACTIVITIES & PROGRAMMES

### **KADARAMANDALAGI AANGANAVADI**

*In a major initiative, the work of Anganwadis is being digitized, starting with the 27 most economically disadvantaged districts in Uttar Pradesh: Bihar, Madhya Pradesh, Rajasthan, Odisha and Andhra Pradesh. In March 2020, Anganwadis' workers were provided with a smartphone app to record data that will be integrated with the health ministry, which is involved in carrying out immunization, health check-ups, and nutrition education under Integrated Child*



*Development Services. They were informed that failure to upload digitally-entered records could result in salary and food suspension. Difficulties emerged with this smartphone app's reportedly being hard to use, being written in only English, and demanding more memory than cheap smartphones have. Anganwadi employees.*

## **MENSTRUAL HEALTH AWARENESS ESPECIALLY ADOLESCENT GIRLS**

*Menstrual hygiene management' is the way in which women and adolescent girls deal with their menstruation. (Good) MHM requires a minimum level of knowledge and awareness in women and adolescent girls to manage their menstruation effectively and hygienically by*



*using a clean material to absorb or collect menstrual blood, by practicing good hygiene and personal care during their period, and by having access to facilities to wash or dispose of used menstrual management materials with dignity and in an environmentally responsible manner. MHM is not just about the management of the menstrual period but also the need to address societal beliefs and taboos surrounding the issue. Sufficient knowledge, guidance and support for girls and women in preparation for and during menstruation is also part of the definition.*

## **WOMEN'S HEALTH AND HYGIENCE , MANAGEMENT PROGRAMME FREE , DISTRIBUTION OF SANITARY PADS FOR , WOMEN AND GIRLS**

However, period poverty remains a prevalent issue in the United States. In the United States, federal aid programs including food stamps, SNAP benefits, and WIC benefits do not cover purchases of feminine hygiene products. With the lack of government support and high taxes on menstrual products, many women choose forgo purchase of sanitary products for other needs. For instance, two-thirds of 16.9 million low-income women cannot afford sanitary products and have to choose between sanitary products and food. Currently, there are 14 states that ensure students have access to menstrual products in school bathrooms. But school closures during the early onset of the COVID-19 pandemic challenges low-income students' access to pads and tampons. In developing countries, women experience a lack of access to affordable menstrual hygiene products in addition to a lack of access to other services such as sanitation and waste disposal systems needed to manage their menstrual cycles. Lack of access to waste disposal leads women to throw used products in toilet systems, pit latrines, or discarded into open areas such as bodies of water. These practices pose dangers to workers who handle these wastes as it increases possible exposure to bloodborne infections in soaked menstrual products and



exposure to chemicals found in menstrual hygiene products. Inappropriate disposal also creates pressures on sanitation systems as menstrual hygiene products create sewage blockages. The effects of these inadequate facilities have been shown to have social effects on girls in developing countries leading to school absenteeism. Menstrual hygiene management (MHM) or menstrual health and hygiene (MHH) refers to access to menstrual hygiene products to absorb or collect the flow of blood during menstruation, privacy to change the materials, and access to facilities to dispose of used menstrual management materials. It can also include the "broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights". Menstrual hygiene management can be particularly challenging for girls and women in developing countries, where clean water and toilet facilities are often inadequate. Menstrual waste is largely ignored in schools in developing countries, despite it being a significant problem. Menstruation can be a barrier to education for many girls, as a lack of effective sanitary products restricts girls' involvement in educational and social activities.

### **TADASA AANGANAVADI KENDRA**

A typical Anganwadi center provides basic health care in a village. It is a part of the Indian public health care system. Basic health care activities



include contraceptive counseling and supply, nutrition education and supplementation, as well as pre-school activities. The centres may be used as depots for oral rehydration salts, basic medicines and contraceptives. As of 31 January 2020, as many as 13.3 lakh (a

lakh is 100,000) Anganwadi and mini-Anganwadi centres (AWCs/mini-AWCs) are operational out of 13.7 lakh sanctioned AWCs/mini-AWCs. These centres provide supplementary nutrition, non-formal pre-school education, nutrition, and health education, immunization, health check-up and referral services of which the last three are provided in convergence with public health systems.

## **HEALTH CAMP**

### **ANUGRAHA**

#### **ORGANIZATION**

organising a Medical Check-up and Consultation camp in many places of Haveri District under the supervision of reputed doctors of their own area. Your society organise this programme for making "Happy Family" for make happy nation. The special attraction of this programme:-

- ❖ General Health Check-up and counselling
- ❖ Blood Pressure Check-up
- ❖ Blood Group Identification
- ❖ Eye Check-up
- ❖ No-Scalpel Vasectomy
- ❖ Copper-T Facility
- ❖ Information on Contraceptive Methods
- ❖ Distribution of Contraceptive Pills and Condoms



- ❖ **Check-up and Counselling by Ayurveda, Unani and Homeopathy doctors**
- ❖ **Counselling on HIV/AIDS**
- ❖ **Counselling on Hepatitis & Hepatitis Vaccination Facility,**
- ❖ **Vaccination of Polio**
- ❖ **Typhoid Vaccination**

*This programme organised your society every year in different month for 15 days in different area. Other main feature of this programme would be “Digestive Health Week” programme for creating awareness about gastrointestinal and liver diseases, the public awareness initiative seeks to educate people about various diseases, their prevention and optimal treatment. As part of the initiative, the programme will create awareness through posters, slide shows and audiovisual presentations. In this programme your society organised a free digestive health check-up camp and two public interest lectures on “Prevention of Gastrointestinal Cancers” and “Facts and Myths About Jaundice”.*

*A list of vaccinations and its beneficiaries, which is arranged by society: -*

<b>Age</b>	<b>Vaccine</b>	<b>No. Of Beneficiaries</b>
<b>At birth or within 48hrs.</b>	<b>Hepatitis-B, Polio</b>	<b>45</b>
<b>0-1 month</b>	<b>BCG</b>	<b>62</b>
<b>1½ month</b>	<b>DPT, Polio, Hepatitis-B</b>	<b>55</b>
<b>2½ month</b>	<b>DPT, Polio, Hepatitis-B</b>	<b>69</b>
<b>3½ month</b>	<b>DPT, Polio, Hepatitis-B</b>	<b>85</b>
<b>9-12 months</b>	<b>Measles</b>	<b>92</b>
<b>15-18 months</b>	<b>MMR</b>	<b>122</b>

16-24 months	DPT, Polio (Booster Dose)	156
2 yrs- 5 yrs	Typhoid Vaccine	187
At 5 yrs	DT (Booster Dose)	207

All these vaccination are available free of cost at Health Camp Centres organised by your society.

### **COVID-19 AWARENESS PROGRAMME**

COVID-19 transmits when people breathe in air contaminated by droplets and small airborne particles. The risk of breathing these in is highest when people are in close proximity, but they can be inhaled over longer distances, particularly indoors. Transmission can also occur if splashed or sprayed with contaminated fluids, in the eyes, nose or mouth, and, rarely, via contaminated surfaces. People remain contagious for up to 20 days, and can spread the virus even if they do not develop any symptoms

### **SKILL DEVELOPMENT TRAINING PROGRAMME**

The organisation conducted the programme in HAVERI District of KARNATAKA State. A major problem faced by educated Youth in rural areas, is the lack of locally available employment opportunities. It results in frustration and consequent migration. If rural youth get adequate opportunities for taking up gainful ventures at the local level, they would not only be able to improve their well being but also contribute to the economy. Self-employment is a possible solution to this problem. A small step in a remote village in the country, proved to be a significant milestone in this direction. OUR society



*aims to transform rural youth to acquire a productive identity through short duration interventions, which include motivation and training.*

### **OLD AGE HOME**

*To empower and improve the quality of life of older person, keeping in view diverse necessities such concern of the family, health inter-generation relationship, equipping to face old age, productive aging, shelter and health needs this old age home programme, was under taken by your society. 55 Persons aged 60 years and above, particularly the widows, infirm and destitute are kept under constant care. Your organization is much hopeful with the result of this programme and enthusiastic to take wide programme in this regard.*

### **WOMEN AND CHILD EDUCATION PROGRAMME.**

*Your society is organised women and children rights programme. According to the society without the awareness of legal rights, duties and responsibility, the principle of social justice, equity and overall development, could not be achieved.*



*Laws, it is said, are made for the people by the legislature which is supposed to represent the people and which acts throughout its scheduled term on their behalf. Laws, in fact, are in most cases, the embodiment of the morale sentiments of the people and seek*

*to defend and promote their causes. Parliament makes, a law, the judiciary interprets them and the executive implements them. These three branches of Government are expected to present on integrated whole each wing working in co-operation with the other two. If these do not work harmoniously, there is confrontation and conflict.*

*The sufferer in the process is the public on whose behalf the Government governs and whose rights, the judiciary is supposed to safeguard in accordance with the provisions of the country's constitution. It was concluded the vision of this proposed project that, without the awareness of legal rights, duties and responsibility, the principle of social justice equity and overall development could be achieved.*

### **VOCATIONAL TRAINING PROGRAMME**

*Our society started vocational training programme to promote self-reliance and self-employment for women and youths who were unemployed and searching job. In this programme society started all educated and uneducated women in view of their requirements. Under vocational training programme our society-started computer training, typing, handcrafting, tailoring-sewing, weaving and painting programmes.*

### **GIRLD EDUCATION PROGRAMME**

*Education especially for women is an important agent of socialization, and instrument of social transformation, and a channel of social mobility and equity. Education of girls and women has to be a*



*universal movement for their empowerment, for changing current stereo-typed and replacing the existing structures.*

*Within an overall orientation toward girls' education, your organisation is running "SAHAJ SIKSHA" Programme being one of the parts of overall strategy of universalisation of Elementary Education (UEE). SAHAJ SIKSHA programme is an alternative path to children who for different reasons cannot attend primary school e.g. girls who have to look after their younger siblings and attend to other domestic chores, working children etc.*

*Your, organisation is organizing regular centre in Bikram, Bihta, Maner and 34 Panchayats in Paliganj sub-division of Patna district.*

### **ROAD SAFETY AWARENESS PROGRAMME**

*Day by day increasing accidental cases on the road it is big problems of the Govt., Society & People at a glance we can give answers in simple word reason is increasing rush of the traffic on the road. But according to society it is not facts of the cases of accidents. Many people don't know the rules of traffic. Some people are only maintainin g rules of traffic some are who they know rules of traffic but not maintain on the road. We have organized seminar and awareness camps on the above topic for the aware and teach the traffic rules.*

## **SWACHH BHARAT PROGRAMME**

*The core objectives of the first phase of the mission were to reduce open defecation and improve management of municipal solid waste in both urban and rural areas.[citation needed] Elimination of open defecation was to be achieved through construction of individual household level toilets (often twin pit pour flush pit latrines), toilets and public toilets.[43] For improving solid waste management, cities were encouraged to prepare detailed project reports that are bankable and have a financial model.[43]*

*The second phase on the other hand focuses on sustaining gains of the first phase and improving management of the solid and liquid wastes*

## **SC/ST WELFARE PROGRAMME**

*The organisation conducted the programme in HAVERI District of KARNATAKA State. The project management committee of ORGANISATION has been reported various cases related to SC/ST in the districts. The matter was discussed in the managing committee meeting. The matter was resolved positively to open and run to provide facilities to SC/ST. In several schemes including health, education was taken up among the SC/ST classes of people and we helped and we helped them avail of government aids etc. in this direction.*

## **RURAL DEVELOPMENT PROGRAMME**

*In the present situation, we have been able to create every body in rural areas but so far as their services delivery is concerned, majority of them are not upto the mark. There is a need to revitalize and strengthen the already existing bodies in rural areas rather than putting a thrust on creating more and more institutions. Creating better manpower and utilizing the local programme can do it. The real success of a rural development programme lies in achieving targets in both institutional as well as behavioural aspects. Against this conditions, the society*

worked in rural development as social worker and tried to bring forth some suggestions that, if considered, could possibly improve the output of a rural development programme.

In the view of society the path of development, it is inevitably important that their worth and dignity is acknowledge and respected. Since development in the real sense means a social and personal change, which moves towards consciously chosen goals, the people should choose these goals. Every rural development programme should be carried out with the association and involvement of the community people.

Society found out the problems, which they are face like mass-illiteracy, hunger, poor-health, malnutrition unless these teeming millions are enabled to help themselves and worked for development of rural.

### **HEALTH & FAMILY WELFARE PROGRAMME**

The rural health programme has been conducted by the institution. The analysis of development was made based on the experiences in Bihta and Maner blocks argue that a relevant determinate of the development status of these areas are not within the reach and functioning of public services.

The people argued that resilient government inertia as far as public provisioning of services is concerned, be it health, education, or public distribution systems,



appears to be a relevant determinant for the striking differentials in Bihta and Maner as compared to the area. While the authors have identified a deeper failure to achieve social change as a cause of the specific failure of public services, this does not detract from the argument that the reach and functioning of the public sector per se is a relevant determinant of the development of villages in the state. One of the most significant and critical determinants of improved health in villages is the response of governments to the health needs of its people. Implicit to the response of governments is the reach and functioning of public health services.

### **CULTURAL PROGRAMME**

Under the supervision of the society cultural functions i.e. drama, dance competition, folk art festivals, Music etc. are organized. A Folk dance competition organized. Apart this a meeting organized of folk artists on the Gandhi Jayanti. The culture of a country is regarded as accumulated intellectual, emotional and spiritual wealth of that nation. The present day our culture seems to be falling down, so we have the responsibility to sustain our culture and tradition through anyway whether we can do, so we organized many programmes for it.

### **ENVIRONMENT AWARENESS CAMP**

The organisation conducted the programme in HAVERI District of KARNATAKA State.

Environmental education refers to the awareness of physical and cultural environment and perceives its relevance for real life situation. The problems and issues are to be identified. The imbalances of



environment are to be improved in view of sustainable development. It is practically impossible to list all the factors that

*pollute and degrade our environment and nature. One comes across pollution almost at every step in life.*

### **LITERACY PROGRAMME**

*Education is a prime determinant of human development. Progress of a community in education may be viewed from several angles and hence different indices of educational achievement may be used. The conventional indices include (i) effective literacy rate (ii) primary school enrolment rate (iii) drop-out rate at the primary level (iv) mean years of schooling at the primary level (v) pupil- teacher ratio and (vi) distance of schools from place of residence.*

*Renewed efforts and heavy resource inputs in the area of primary education and the voluntary-based total Literacy Campaigns of the National Literacy mission appears to have paid dividends. The 53rd round of the National Sample Survey 2020 indicates that India has achieved a breakthrough in literacy in the 2020.*

*Rural literacy has progressed faster than urban. The gap between rural and urban literacy levels has narrowed. The rural-urban gap was 32.4 percentage points in 2003, the rural literacy rate being 48.7 and urban 76.1. In 2003 the former has reached the 56 per cent mark, only 17 percentage points lower than the urban literacy rate of 80.*

*Considerable progress has been made in terms of provision of facilities and enrolment of children in the relevant age group. However, the goal of continues to be elusive. This is largely on account of the inability of the system to enrol and retain girls and children from the disadvantaged groups.*

## Other Activities

*Organization executed many other programmes and people got benefited in large scale. Some information has also been recorded from different localities for future use.*



### **ACKNOWLEDGEMENT**

*Organization acknowledge with gratitude to all those who have supported the organization through contribution, donation and by different means directly or indirectly. Management Committee of the organization places on record their appreciation of the encouragement and moral support from donors, members of the organization, honorary persons and staffs associated with organization along with community with whom organization is working.*



*M/s S. KUMAR & ASSOCIATES (ANKIT RAJ & COMPANY.,)  
Chartered Accountants, Patna have conducted the audit  
for the year and are re-eligible to be re-appointed for next  
year.*

*The managing committee places on paper and its sincere  
thanks to the workers, members and beneficiaries for  
extension of co-operation and efforts.  
For and on behalf of "ANUGRAHA ORGANIZATION"*

*(Authorization Signatory)*

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