# Program Narrative Report

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| **Name of Organization:** | The Tibet Fund |
| **Name of Project:** | Protection and Humanitarian Assistance for Tibetan Refugees in South Asia |
| **Cooperative Agreement #:** | S-PRMCO-18-CA-0173 |
| **Amount of Funding:** | $ 5,400,000 |
| **Time Period of Agreement:** | August 1, 2018 to July 31, 2020 |
| **Country:** | India and Nepal |
| **Site(s)/Location(s):** | 47 Tibetan refugee settlements in India and Nepal and Dharamsala, India |
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| **Date of Quarterly Report:** | October 30, 2019 |
| **Time Period Covered by Report:** | July 1 – September 30, 2019 |

1. **Overall Performance:**

The Tibet Fund (TTF) and its implementing partners in India and Nepal continued implementing activities in the areas of protection, health, WASH and education, as described below.

# Protection

* + Basic subsistence support was provided to 573 highly vulnerable refugees in India and Nepal, including physically disabled, disadvantaged elders, and patients with HIV.
  + Seven Tibetan refugees (all men) arrived at the Reception Center in Dharamsala. After they obtained legal status to remain in India, one was transferred to the Tibetan Transit School and the remaining six joined monasteries in India.
  + Catholic Relief Services (CRS) and CTA’s Women’s Empowerment Desk (WED) continued implementing SGBV/PSEA activities in India in two schools and one settlement - TCV Suja, CST CVP Bylakuppe, and Bylakuppe Dickyi Larsoe settlement. Barefoot counselors from Dickyi Larose settlement received follow up training in counseling and were introduced to new therapeutic techniques. Students from the two schools received Tree of Life training and subsequent facilitation sessions to build their confidence to report protection issues and seek support. In addition, 129 teaching and non-teaching staff participated in Journey of Life sessions, which use a mobilization and planning methodology to inform PSEA policy and procedures.
  + In Nepal, Nepal Fertility Care Center (NFCC) continued providing technical guidance to SLF to implement SGBV prevention activities in three schools and settlements in Pokhara and Kathmandu. Seven SGBV awareness programs were conducted in these

schools and settlements, led by gender focal persons. Recommendations from safety audits were implemented in three schools in Pokhara. SLF’s guidance counselor also conducted an awareness event for 89 parents from Boudha and Jawalakhel settlements in Kathmandu.

# Health

* + 1,891 highly vulnerable refugees in India and Nepal received medical care to meet their basic health needs, including economically destitute refugees, patients with mental health disabilities, disadvantaged elders, and substance abuse clients. Of these, 1,376 were new patients, and the remainder were continuing patients from previous reporting periods. This support will continue for these refugees through the end of the grant period. 1,350 new patients from India were enrolled in the Tibetan Medicare System (TMS) this quarter.
  + Hepatitis B screening was completed in Ladakh, Miao, Tezu, Odisha, Sirmour and Dehradun. Out of a total of 5,494 individuals screened, 483 (8.8%) tested positive. Confirmatory testing began to determine treatment needs and was completed for 210 positive cases; treatment will begin in the next reporting period. In addition, 45 high- risk individuals received Hep B vaccination doses; 48 children under 5 years of age received Hep B vaccination doses; 21 DOH health workers received Hep B titer tests, and 1,629 community members from 9 settlements attended Hepatitis B Day awareness events led by settlement doctors and nurses.

# WASH

* + Six WASH infrastructure improvement activities in India and five in Nepal were completed and implementation continued of other planned activities by the CTA’s Department of Health (DOH), Snow Lion Foundation (SLF), and Leh Nutrition Project (LNP). LNP completed construction of three new compost toilets, one hand washing station, 18 traditional household toilets and three solar bathing rooms in Tibetan schools and settlements of Ladakh. LNP also conducted training on handpump and submersible pump maintenance for 333 participants, continued to establish and strengthen WASH committees and child health and hygiene clubs, and conducted workshops on community-led total sanitation.

# Education

* + 6,112 students in India and Nepal received education support. In India this included Tibetan medium instruction and special classes for newly arrived refugees designed to integrate them into the formal educational system. In nine schools in Nepal, meals with increased nutritional value were provided to all students. In India, 433 students and 172 patients participated in school counseling sessions in three target schools and 66 students were assessed for learning disabilities and 51 teachers were trained in best practices of inclusive education.

# Indicator Targets Progress

Activities relating to the output indicator measuring beneficiaries receiving Hepatitis B treatment - *Number of targeted vulnerable and high-risk refugees, disaggregated by gender and vulnerability/risk group, receiving Hep B treatment* - will start in the next quarter. Treatment for Hepatitis B patients was delayed due to unexpected delays in completing initial screening and confirmatory tests of positive cases. There is currently no concern that cumulative targets for this indicator will not be achieved.

The output indicator relating to essential health provision - *Number of vulnerable refugees disaggregated by gender and vulnerability, receiving medicine, medical care, and/or substance abuse rehabilitation* **–** achieved 98% and 88% progress in India and Nepal respectively. All other output indicators have reached annual targets of 100% progress.

Annual data for several outcome indicators was collected during the reporting period, at the end of Year 1. This information is useful to assess progress after Year 1 and identify areas where improvements in quality of implementation are required to improve Year 2 results. New WASH activities in India and Nepal will be identified in Year 2 to measure outcome indicators relating to beneficiaries’ access to facilities.

It is also worth noting that education support to date has reached a larger number of male beneficiaries than female in India. The high number of monks (2,881) receiving educational stipends in monasteries accounts for the higher proportion of male beneficiaries. In Nepal, following the recent trend of increased numbers of males migrating, settlement populations generally have higher female populations, which accounts for the higher proportion of female beneficiaries.

# Changes and Amendments:

During the cost extension process, the Objective and Indicator table was significantly modified to improve and simplify it. This has implications for this report since some indicators were changed mid-year. There are no baseline values yet for the new indicators, for which baseline data will be collected during the next reporting period.

# Health

In Ladakh settlement, the service provider SRL Diagnostics was slower than expected completing Hepatitis B confirmatory tests, and in Miao settlement SRL belatedly withdrew from its service agreement, causing DOH to engage Thyrocare, another high-quality pathology lab located near Miao settlement. As a result of these and other unforeseen administrative and logistical challenges, treatment for the first Hep B positive patients only began in India in October.

The response rate of the population targeted (10,306) for Hepatitis B screening in four areas – Ladakh, Odisha, Miao, and Sirmour – was unexpectedly low, 53%, and only 43% in the largest area, Ladakh. As a result the DOH has proposed adding the following additional settlements to its Hep B prevalence study: Tezu, Dehradun, Bir, Kollegal, Mainpat, Delhi, Dharamsala, Clementown, Bylakuppe, Mundgod, Hunsur, Kullu-Manali, and Mandi-Rewalsar. Screening

was completed in Tezu and Dehradun settlements in the past quarter, and TTF is working with DOH to finalize a revised plan for the remaining settlements.

# WASH

In India, new activities were undertaken with use of unexpected cost savings from other activity budgets in the first year of implementation, as follows: Public toilets were constructed at Drukpa Kagyu monastery in Bylakuppe, costing INR 700,000/$9,873; construction of an overhead water tank at Camp 2 in Ladakh was completed (INR 585,000/$8,250); renovation of a storage room for WASH equipment in Gangkyi (INR 95,000/$1,340); procurement of water storage tanks for STS Dolanji school (INR 7,000/$100). Additional monitoring visit of WASH projects was also conducted in Ladakh, Kamrao settlement, Paonta settlement, Manduwala and Tsering Dhondenling settlements (INR 199,250/$2,810).

In Nepal, cost savings from WASH activities planned in SLF schools were used to repair the drainage system at Boudha settlement office (NPR 61,910/$543) and renovate Samdupling clinic’s toilet (NPR 7,550/$66).

# Progress on objectives and indicators

**OVERALL PROGRAM GOAL: To protect and meet humanitarian needs of vulnerable Tibetan refugees in South Asia, empowering them to lead dignified lives in exile and progress toward greater self-sufficiency.**

**OBJECTIVE 1: PROTECT TIBETAN REFUGEES AGAINST PHYSICAL AND LEGAL INSECURITY, INCLUDING GENDER- BASED VIOLENCE**

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| **Objective 1.1: Protect newly arrived Tibetan refugees who enter South Asia during the program period from physical and legal risk**  **(Vulnerable = physically disabled refugees, disadvantaged elders, refugees with leprosy, refugees with HIV and newly arrived refugees without secure housing) (India only)** | | | | |
| **Indicator** | **Baseline (# and/or**  **%) at beginning of Q1** | **Target**  **(# and/or %)** | **Value (# or %) this Reporting Period** | **Cumulative # and % Progress Towards Target** |
| **Percentage of newly arrived refugees,**  **disaggregated by gender, who perceive they are physically and legally secure** | 42 (34/8F) / 100% | 100% | 100% | 31 (27M/4F), 100% |
| *Notes*:  42 (34M/8F) new arrivals were surveyed in September, 2018 as a baseline. 31 (27M/4F) new arrivals were surveyed in September 2019. All respondents perceived that they are physically and legally secure, reporting that their basic needs were met and their post reception planning was adequate. | | | | |
| **Percentage of newly arrived refugees who receive the full package of CTA Reception**  **Center services and obtain legal identity documents from the Government of India** | 0 | 100%; 180 new arrivals | 7 (7M)  New: 7 (7M)  Continuing: 0 | 31 (27M/4F), 100% |
| *Notes:* The full package of services includes food, shelter, clothing, medical care, legal identity documents, counseling, language study, and transportation.  7 (7M) refugees arrived from Tibet during the reporting period. The newly arrived refugees received legal identity documentation and obtained legal status to reside in India. During their stay at the Reception Center they also received food, shelter, clothing, medical care, counseling, language study and transportation. Post reception, the 7 refugees who obtained legal documents were securely transferred to Gaden and Drepung Monastery in south India, Menrig Monastery in north India and Tibetan Transit School in Dharamsala. | | | | |

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| **Objective 1.2: Protect vulnerable refugees from physical risk due to inadequate food, shelter and clothing**  (Vulnerable = physically and mentally disabled refugees, disadvantaged elders, refugees with HIV) | | | | |
| **Indicator** | **Baseline (# and/or**  **%) at beginning of Q1** | **Target**  **(# and/or %)** | **Value (# or %) this Reporting Period** | **Cumulative # and % Progress Towards Target** |
| **Percentage of vulnerable refugees, disaggregated by gender and vulnerability, who report their basic**  **subsistence needs are met** | India: 64% (56% M, 70% F)  Nepal: 90% (89% M, 91%  F) | 100% | India: 53% (75% M, 33% F)  Nepal: 85% (81% M, 88%F) | India: 53% (75% M, 33% F)  Nepal: 85% (81% M, 88% F) |
| *Notes:* Basic subsistence needs = food, shelter, and clothing. The baseline survey was conducted in September, 2018.  India: Midline survey data was collected in September, 2019.from 17 (8M, 9F) beneficiaries of basic subsistence needs support in one institute and four settlements. The total percentage reporting their needs are met was 53%, 7% below the baseline. Disaggregated by vulnerability, 55% of surveyed beneficiaries with physical disabilities, 33% with mental health disabilities, and 67% with leprosy reported their basic needs are met. 67% of those with mental health needs reported their basic needs were not met due to the increasing cost of medicine. The program supports reimbursement of 50% of medicine costs. Beneficiaries recommended providing increased amounts based on the needs of each patient.  Nepal: Midline survey data was collected in September, 2019.from 46 (22 M, 26 F) beneficiaries of basic subsistence needs support in five settlements and two elders homes. The total percentage reporting their needs are met was 85%, 5% below the baseline. Disaggregated by vulnerability, 100% of surveyed beneficiaries with physical disabilities, 80% of elders, and 100% of people living with HIV reported their basic needs are met.  All elders reporting basic subsistence needs are not met were elders living alone outside settlements, who must pay rent. The support amount has remained the same in recent years despite increased inflation, suggesting the program should increase support for this category of elders.  TTF will work with partners to improve results of this activity in Year 2. | | | | |
| **Number of vulnerable refugees, disaggregated by gender and vulnerability, receiving financial support for basic subsistence needs** | 0 | 571  Year 1: 566  (106 India, 460 Nepal) | Total: 547 (254M/293F)  India: 108 (64M/44F)  New: 3 (3M)  Continuing.: 105 (61M/44F) | Total: 573 (269M/304F),  100%  India: 111 (67M/44F) / 100% |
|  |  | Year 2: 571  (111 India, 460 Nepal) | Nepal: 439 (190M/249F)  New: 18 (7M / 11 F)  Continuing: 421(183M/238F) | Nepal: 462 (202M/260F) / 100% |
| *Notes*: Basic subsistence needs = food, shelter, and clothing.  India Disaggregation by vulnerability: 108 = 70 (39M, 31F) physically disabled refugees; 33 (22M, 11F) mentally disabled refugees; and 5 (3M, 2F) leprosy patients receiving stipends for their basic subsistence needs. | | | | |

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| Nepal Disaggregation by vulnerability: 439 = 327 (137M, 190F) vulnerable elders living alone in 13 settlements and 4 remote locations in Nepal; 10 (1M, 9F)  elders living in Jawalakhel elders home and 36 (20M, 16F) elders in Tsering Elders Home in Kathmandu; 62 (29M/33F) refugees with physical disabilities; 4 (3M/1F) patients with HIV/AIDS receiving financial support. | | | | |
| **Objective 1.3: Prevent gender-based violence (GBV) and sexual exploitation and abuse (SEA) in Tibetan settlements and schools** | | | | |
| **Indicator** | **Baseline (# and/or**  **%) at beginning of Q1** | **Target**  **(# and/or %)** | **Value (# or %) this Reporting Period** | **Cumulative # and % Progress Towards Target** |
| **Percentage of parents who can identify key steps to protect their children from SEA, disaggregated by age and gender** | India: 0% (0% M, 0% F)  Nepal: 5% (0% M, 6% F)  Disaggregated by age: 18 - 35 years: 2%  36 - 55 years: 0% | 20% | Activity in progress1 (0%) | Activity in progress (0%) |
| *Notes*:  *Baseline Survey:* The baseline survey in India was conducted in September 2019 with 106 parents (53M, 53F) from Dickyi Larsoe settlement, Bylakuppe. 0% of parents were able to identify key steps to protect their children from SEA. Although parents shared advice they give their children about behavior, they were unable to identify proactive steps that they may take to safeguard their children from SEA. The baseline survey in Nepal was conducted in January 2019 with parents from four settlements in Pokhara. The sample size included 44 parents (14M, 30F), which was the total number (100%) of parents that attended a parents GBV awareness session. 5% of surveyed parents were able to identify key steps to protect their children from SEA. Results found that female parents and those aged between 18 – 35 years have greater knowledge, and that 68% of parents had heard of GBV and/or SEA and 61% were comfortable to report a case.  *Barefoot Counsellor Training:* 18 barefoot counselors received follow up training in counseling and were introduced to new therapeutic techniques including Gestalt therapy, visual kinaesthetic dissociation and new behavior generator therapies. The training evaluation found a 308% increase in knowledge among the participants, with 1.8 as the average pre-test score and 7.5 as the average post test score. Project staff supported 12 barefoot counselors with a two-day review meeting. Participants shared progress in building relationships with camp residents. As a result of this meeting they made a plan to meet with the camp leaders and to discuss their roles and overcome challenges. They also suggested organizing another street corner meeting to reiterate the value of counselling and address community members’ concerns over confidentiality.  *Street Corner Meetings/Performances*: The project team partnered with the Dalai Lama Institute of Higher Education (DLIHE) theater group to perform street corner plays in all sixteen camps. The performances revolved around different forms of conflict and ways of respond to conflicts and protect women and children from abusive situations in communities. 359 adults and 57 children attended the performances. Informal feedback indicated that participants acknowledged how  family conflict can negatively impact children’s growth. 9 participants subsequently approached barefoot counselors with follow up questions related to children, partner violence and drug addiction. | | | | |

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| *Parents Counseling*: SLF’s guidance counselor conducted SGBV awareness sessions attended by 89 (38M, 51F) parents from Jawalakhel and Boudha  settlements. She introduced parents to core issues of SGBV and explained the work SLF is doing in schools and settlements in Nepal. She also introduced them to their gender focal persons and explained their role and the reporting mechanism. | | | | |
| **Percentage of students who can identify key steps to protect themselves from SEA, disaggregated by age and gender** | India: 0% (0%M, 0%F)  Disaggregated by age: 14 – 16 years: 0%  17 – 19 years: 0% Nepal: 0% (0%M, 0%F)  Disaggregated by age: 9 – 12 years: 0%  13 – 16 years: 0% | 30% | Activity in progress2 (0%) | Activity in progress (0%) |
| *Notes*:  *Baseline Survey:* The baseline survey in India was conducted in February-March, 2018, with 298 (140M, 158F) students from 2 pilot schools (TCV Suja and CST Bylakuppe) in grades 8 – 12. Students were asked to recall at least four of eight steps they could use to protect themselves from abuse. Surveyed students were able to recall two or three steps but none was able to identify four or more steps to protect themselves. A midline survey was conducted in September, 2019, and data is currently being analyzed. Findings will be reported in the next report. The baseline survey in Nepal was conducted in May, 2019, with 93 (48M/45F) students from 3 primary schools in Pokhara, Nepal (Mt Kailash School, Lekshedh Tsal School and Manjushree School) in grades 3 – 7. 8% of students was able to recall three steps but none was able to identify four or more steps to protect themselves.  *Student Feedback:* GFPs collected, registered and responded to 12 cases of feedback received through suggestions boxes. Feedback was related to teasing the opposite sex, bullying, corporal punishment, emotional distress, and requests to modify school rules and regulations. Self-identifying individuals were requested to contact their school counselor for additional support, and additional staff were placed in identified vulnerable locations in efforts to counter teasing and bullying.  *Strengthening School Advisory Committees and POCSO Committees.* The project team made efforts to reconstitute POSCO committees, including increasing student participation and ensuring both male and female representation. CTA’s Department of Education offered to support joint follow up visits with school management teams to obtain their commitment on reforming the committees. This will be conducted in the next quarter, following which a road map for the committees will be developed.  *Tree of Life and Awareness Events*: In India, 407 students (356 from TCV Suja and 51 from CVP Bylakuppe) received Tree of Life training and subsequent facilitation sessions (Forest of Life, Storms of Life, and Animals in the Forest) to encourage students to report incidents of harassment and understand they are supported. In Nepal, seven awareness activities were conducted in three schools and three settlements. 90 (36M, 54F) students and community members attended  awareness events led by Gender Focal Persons, which focused on 6 SGBV modules in which they had received prior training. For younger children, different age appropriate material was used. | | | | |

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| **Number and percentage of school staff trained in recognizing and responding to protection incidents and concerns, disaggregated by gender**  **(PRM standard indicator)** | 0 | 87  India: 75  Nepal: 12 | 74 (31M/43F)  India: 107 (36M/71F)  New: 16 (4M/12F)  Cont.: 91 (32M/59F)  Nepal: 5 (2M/3F)  Cont.: 5 (2M/3F) | 142 (54 M/88F), 100%  India: 129 (49 M/80F),  100%  Nepal: 13 (5M/8F), 100% |
| *Notes:*  India: *Journey of Life sessions*: 107 teaching and non-teaching staff in TCV and CVP schools participated in *Journey of Life* sessions. Participants in both schools shared their frustration over their inability to handle cases of abuse, concern over being falsely accused as perpetrators for SEA by students, and the lack of proper operating procedures to raise and handle complaints. This further highlighted the longstanding need to develop a clear and more specific PSEA policy with detailed, implementable Standard Operating Procedures. The project team plans to present a model PSEA Policy with detailed guidelines and procedures to school management teams in the coming months.  Two camp leaders from Dickyi Larsoe settlement also participated in a Journey of Life session, but the project team was unable to engage other targeted camp leaders to attend, but did meet 14 individually to encourage their participation and support for project objectives.  A recent case of alleged mistreatment in a student residential home this quarter has also helped generate an appreciation for the urgency to roll out the PSEA policy. TTF is working with CRS, WED and partners to learn more about the case and to guide appropriate action.  Nepal: *Safety audits* were conducted in three schools in Pokhara by NFCC and SLF using an observation checklist, key informant interviews, and focus group discussions. Improvements based on audit recommendations were implemented including replacement of toilet door locks and window latches, repair of wiring and lighting, and installation of dustbins and wash basins.  *GBV education and gender focal persons:* SLF and NFCC developed an audio package about SGBV stories set in familiar contexts. Four scripts were developed, two focusing on safe and unsafe touch, one on gender equality, and one on violence. They are currently being translated into Tibetan and will be shared through social media from the next quarter.  A total of 10 awareness activities were conducted by gender focal persons (GFP) in Nepal, and 66 teachers from two schools in Kathmandu enrolled in SGBV e- learning modules. 5 GFPs from 3 schools in Pokhara continued receiving training and mentoring support from NFCC and SLF, key components of which are incorporating a robust reporting mechanism in their schools, developing counselling skills and maintaining confidentiality. Posters with photo and contact details  of GFPs were printed and posted in accessible locations in schools and settlements. | | | | |

**OBJECTIVE 2: ASSIST TIBETAN REFUGEES TO MEET THEIR BASIC HEALTH NEEDS**

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| **Objective 2.1: Provide refugees in Tibetan settlements with access to affordable primary health care, contributing to increased productivity and self- Sufficiency** | | | | |
| **Indicator** | **Baseline (# and/or**  **%) at beginning of Q1** | **Target**  **(# and/or %)** | **Value (# or %) this**  **Reporting Period** | **Cumulative # and %**  **Progress Towards Target** |
| **Percentage of beneficiary patients receiving primary and emergency care who express satisfaction with services received**  **(PRM Standard Indicator)** | Baseline to be collected next quarter. | 100% | Activity in progress3 (0%) | Activity in progress (0%) |
| *Notes:* This is a new indicator, added to the O&I table in the past quarter as part of the agreement cost extension. A baseline survey will be conducted in the next quarter. | | | | |
| **Number of beneficiary patients, disaggregated by sex and age, receiving primary health care assistance** | 0 | 18,000  India: 15,000  Nepal: 3,000 | 11,604 (6,365M/5,239F)  India: 9,894  (5,712 M/4,182 F)  Nepal: 1,710 (653 M/1,057) | 11,604 (6,365M/5,239F),  64%  India: 9,894  (5,712M/4,182F), 55%  Nepal: 1,710 (653 M,  1,057), 57% |
| *Notes:* This is a new indicator, added to the O&I table in the past quarter as part of the agreement cost extension. Cumulative and reporting period values are therefore the same. | | | | |

3 Achievement against target will be reported after end line data is collected.

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| **Objective 2.2: Provide vulnerable refugees with essential health and rehabilitation services, contributing to increased well-being and self-sufficiency**  **(Vulnerable = elderly refugees, refugees with chronic debilitating illnesses, physically disabled refugees, refugees with mental disabilities including epilepsy, torture survivors, recovering substance abuse clients and children with learning disabilities such as ADHD, dyslexia, and autism)** | | | | |
| **Indicator** | **Baseline (# and/or**  **%) at beginning of Q1** | **Target**  **(# and/or %)** | **Value (# or %) this Reporting Period** | **Cumulative # and % Progress Towards Target** |
| **Number of vulnerable refugees disaggregated by gender and vulnerability, receiving medicine, medical care, and/or substance abuse rehabilitation** | 0 | 2,041  India: 1,741  Nepal: 300 | 1,691 (783M/908F)  India: 1,579 (723M/856F)  New: 1,376 (614M/762F)  Cont.: 203 (109M/94F)  Nepal: 112 (60 M/52 F)  New: 35 (16 M/19 F)  Cont.: 77 (44 M/33 F) | 1,891 (910M/981F), 93%  India: 1,681 (793M/888F),  98%  Nepal: 210 (117 M/93 F),  88% |
| *Notes:*  India: Disaggregated by gender and vulnerability the value this reporting period includes 100 (52M, 48F) people living with mental disabilities; 29 (18M, 11F) epileptic patients; 1,350 (598M, 752F) destitute refugees enrolled into the Tibetan Medicare System (TMS) for medical insurance; 55 (23M, 32F) elders receiving medical examinations and essential medicine; 12 (10M, 2F) substance users receiving rehabilitation support; and 34 (22M, 12F) HIV patients receiving support for their medical treatment. 1,350 refugees were enrolled onto the TMS this reporting period. A premium amount of INR 4,000 per person was provided.  Nepal: Disaggregated by gender and vulnerability the value this reporting period includes 12 (5M, 7F) economically destitute refugees receiving health exams and essential medicine at SLF facilities; 40 (21M, 19F) economically destitute refugees receiving emergency medical care during hospitalization; 46 (21M, 25F) elders living in two elders homes receiving essential medicines; and 17 (14M, 3F) clients receiving substance addiction rehabilitation support. 14 substance addiction clients (10M, 2F) were positively discharged during the past quarter. | | | | |

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| **Objective 2.3: Prevent Hepatitis B among vulnerable and high-risk refugees** | | | | |
| **Indicator** | **Baseline (# and/or**  **%) at beginning of Q1** | **Target**  **(# and/or %)** | **Value (# or %) this Reporting Period** | **Cumulative # and % Progress Towards Target** |
| Number of targeted vulnerable and high-risk refugees, disaggregated by gender and vulnerability/risk group, receiving Hep B treatment | 0 | 370  India: 330  Nepal: 40 | 7 (3M/4F)  India: 0  Nepal: 7 (3M/4F) | 7 (3M/4F), 2%  India: 0, 0%  Nepal: 7 (3M/4F), 18% |
| *Notes:*  India: Hepatitis B treatment has not begun yet in India as planned, due to CTA Department of Health administrative delays and unforeseen logistical challenges conducting the first step of screening and confirmatory testing. Due to a very low response rate (43%) in Ladakh, where only 2,453 out of 5,670 targeted individuals were successfully screened, and an overall response rate of 53% to date, the DOH proposed adding several more settlements were added to the survey plan: Tezu, Dehradun, Bir, Kollegal, Mainpat, Delhi, Dharamsala, Clementown, Bylakuppe, Mundgod, Hunsur, Kullu-Manali, and Mandi-Rewalsar. In the past reporting period, screening was completed in Ladakh, Miao, Odisha, and Sirmour, the settlements originally planned, as well as in Tezu and Dehradun. Out of a total of 5,494 screened, 483 individuals (8.8%) tested positive. Confirmatory testing began to determine treatment needs and was completed for 210 positive cases; treatment will begin in the next reporting period. In addition, 45 high-risk individuals received Hep B vaccination doses; 48 children under 5 years of age received Hep B vaccination doses; 21 DOH health workers received Hep B titer tests, and 1,629 community members from 9 settlements attended Hepatitis B Day awareness events led by settlement doctors and nurses.  Nepal: Based on the results of screening and confirmatory testing completed in the two previous quarters, 7 patients (3M/4F) began treatment. Out of 1,620 individuals screened, 122 (7.5%) tested positive. | | | | |

**OBJECTIVE 3: IMPROVE ACCESS AND USE OF SAFE WATER AND SANITATION INFRASTRUCTURE IN TIBETAN REFUGEE SETTLEMENTS AND SCHOOLS**

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| **Objective 3.1: Number of beneficiaries receiving new and/or repaired WASH infrastructure and/or services** | | | | |
| **Indicator** | **Baseline (# and/or**  **%) at beginning of Q1** | **Target**  **(# and/or %)** | **Value (# or %) this Reporting Period** | **Cumulative # and % Progress Towards Target** |
| **Percentage of target beneficiaries located**  **within 200m of a water point in targeted school/settlement** | India: Baseline not available | 90% | 100%  India: 100% | 100%  India: 100% |

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|  | Nepal: 100% |  | Nepal: 100% | Nepal: 100% |
| *Notes:*  India: A survey conducted in Kollegal settlement where submersible pumps were installed found that all 32 target households and 172 residents surveyed (100%) were within 200m of a water point.  In the past quarter, construction was completed of a submersible pump in Kollegal S-village, a new pipeline at Miao settlement office staff quarters, and a sump tank in Choglamsar camp 2. A storeroom in Gangkyi used for WASH equipment and supplies including pipes, plungers, augers and other maintenance tools was renovated, and work continued to construct a check dam and recharge pit at Hunsur settlement. 333 participants from Ladakh settlement camps and schools received pump maintenance training, including pump repair demonstrations and practice opportunities, from a senior technician of the Leh Public Health Department. Troubleshooting checklists were created to encourage proper maintenance of pumps in the future. Leh Nutrition Project (LNP) conducted a survey to assess access and quality of WASH infrastructure in three settlements and three schools, which identified the following continuing needs: additional handpumps, construction and renovation of appropriate technology toilets, activities to improve cleanliness of camps, school WASH facility improvements to meet UNICEF guidelines on demarcating separate male and female toilet areas, and WASH facilities for children with special needs.  Nepal: A survey conducted at Namgyal High School in Kathmandu found that all 338 students and 50 staff members (100%) were within 200m of a water point, and water test results were compliant with regulation standards, following installation of a new high-quality 3M water filter.  In the past quarter, renovation and repair was completed of the Samdupling clinic toilet and Boudha settlement office drainage system. Corroded pipes were replaced and a new filtration system with storage tank was installed to repair an existing water filter and ensure clean water supply to elders living in Tsering  Elders Home. Two water storage tanks were purchased to create a basic rainwater harvesting system at Atisha school in Jawalakhel and a water purifier was installed at Lopheling school in Manang to provide clean drinking water for students during monsoon months when their primary water source is contaminated. | | | | |
| **Percentage of target beneficiaries with access to a toilet or latrine < 50m from dwelling in targeted school/settlement.** | India: 26%  Nepal: 40% | 90% | 100%  India: 100%  Nepal: 100% | 100%  India: 100%  Nepal: 100% |
| *Notes:*  India: A survey conducted in Kollegal settlement where household and community toilets were constructed found that all 9 target beneficiary households surveyed (100%) were located <50m from a toilet.  In the past quarter, construction was completed of 8 household toilets and 9 public toilets near community halls in Kollegal settlement, where community halls are frequently used by camp residents to hold prayers, meetings, gatherings and as a study hall for children. Construction of three community toilets was completed at Bylakuppe Drukpa Kagyu monastery, and in Ladakh, construction was completed of three compost toilets, three solar bathing rooms, 18 traditional  household toilets, one school handwashing station, and one community toilet. Construction of a hand washing station at a government school in Nyoma also began and is expected to be completed in the next quarter. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nepal: A survey conducted in Tserok settlement where a community toilet was constructed earlier found that all ten target beneficiary households surveyed (100%) were located <50m from a toilet. | | | | |
| **Objective 3.2: Improve WASH knowledge, attitudes and practices (KAP) in Tibetan communities and schools** | | | | |
| **Indicator** | **Baseline (# and/or**  **%) at beginning of Q1** | **Target**  **(# and/or %)** | **Value (# or %) this Reporting Period** | **Cumulative # and % Progress Towards Target** |
| **Percentage of community members and students in target communities and schools in Ladakh, disaggregated by gender, who show improved WASH knowledge, attitudes, and practices** | (See notes below) Appropriate water storage: 89%  Access to toilets: 71%  Separate bathing facilities: 51% | 90% | Activity in progress4 | Activity in progress |
| *Notes:*  A baseline survey was conducted by Leh Nutrition Project (LNP) to assess WASH knowledge, attitudes, and practices (KAP) of 80 households (29M/51F) in three locations of Ladakh: Agling, Choglamsar, and Changthang camps. The survey revealed large disparities in access to WASH facilities: only 29% of Changthang households surveyed had access to toilet facilities and 71% had no separate bathing space, while these percentages were 98% and 30% respectively for Agling households living in Leh. The survey found that overall 89% of surveyed households used covers for water storage, 71% had access to toilet facilities, 59% had access to toilet facilities within their household compound, and 49% had no separate bathing space within their own household.  In the past quarter, six WASH committees were established in Camps 3,11 and 12 in Leh and Nyoma, Dongti and Kadzung on the Changthang plateau. To date a total of 61 WASH committees were formed with LNP support. LNP oriented WASH committee members on maintaining a clean environment, particularly around water sources and distributed cleaning materials. WASH committees in Camps 3, 5, 8, 10, 11, 12 in Leh and TCV Hanlay led ‘Cleanliness Campaigns’ in these locations, supported by community members.  Community-led total sanitation (CLTS) trainings were conducted at Hanlay camp, Hanlay TCV and Nyoma nomad camp. 174 (88M/86F) participants attended the workshops, core objectives of which were to 1) enhance the knowledge, attitudes and skills of the participants regarding the practice of “community approaches to total sanitation” (CATS); 2) reach a consensus to stop traditional methods of human excreta disposal through the CLTS approach to sanitation; 3) identify and develop tools to mobilize communities to engage in collective local action; and 4) develop action plans for each camp for safe disposal of human excreta.  Eight child health and hygiene clubs (CHHC) were formed in Agling and Manlha TCV schools. Each CHHC consists of 15-20 students and one teaching staff to advise. The club meets once a month. In the past quarter, hand washing awareness was provided at both schools through CHHCs using games and interactive methods to convey best practices for hand washing and hygiene. | | | | |

4 Achievement against target will be reported after end line data is collected.

**OBJECTIVE 4: INCREASE ACCESS TO EDUCATIONAL OPPORTUNITIES FOR TIBETAN REFUGEE STUDENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Objective 4.1: Provide education support to vulnerable students at Tibetan schools and traditional learning centers**  (Vulnerable = newly arrived refugees and economically disadvantaged students) | | | | |
| **Indicator** | **Baseline (# and/or**  **%) at beginning of Q1** | **Target**  **(# and/or %)** | **Value (# or %) this Reporting Period** | **Cumulative # and % Progress Towards Target** |
| **Number of vulnerable students receiving education, disaggregated by gender, type of school/learning space, and nationality** | 0 | 6,206  India: 4,706  Nepal: 1,500 | 6,112 (4,343M/1,769F)  India: 4,502 (3,564M/938F)  (4,015 Tibetan/487 Indian)  New: 30 (13M/17F)  Cont.: 4,472 (3,551M/921F) | 6,540 (4,580M/1,960F),  100%  India: 4,930 (3,801M/1,129F)  (4,399 Tibetan, 531Indian) |
|  |  |  | Nepal: 1,610 (779M/831F)  (539 Tibetan/1,071 Nepali)  New: 0  Cont.: 1,610 (779M/831F) | Nepal: 1,610 (779 M /831F)  (539 Tibetan/1,071 Nepali) |
| *Notes:*  India: In the past quarter 4,502 vulnerable students in India received formal education, adult education, and non-formal education, as follows.  955 (443M, 512F) students at TCV Suja, with 50% Tibetan students and 50% Indian students from the Himalayan region, and 397 (203M, 194F) students at THF Rajpur, with 97% Tibetan students and 3% Indian students from the Himalayan region. These residential schools provide Tibetan medium instruction and special classes for newly arrived refugee students designed to integrate them into the formal educational system of India.  44 (37M, 7F) newly arrived adults received non-formal adult education at the Tibetan Transit School (TTS) near Dharamsala. TTS offers foundational courses in English and Tibetan language training, mathematics, and basic computer skills, after which students may choose to pursue general education or vocational training courses in cooking, painting, and tailoring.  3,106 (2,881 monks, 225 nuns) received non-formal education at 56 traditional learning centers (46 monasteries and 10 nunneries). Science and technology, mathematics, social sciences, economics and second language training are taught at these learning centers along with traditional subjects such as philosophy, ethics, and ritual practice. 246 monks from 17 traditional learning centers graduated in the past quarter after completing 15 years of education.  Nepal: Meals with improved nutrition were provided to 1,610 students at nine SLF schools. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Objective 4.2: Provide guidance counseling to students at Tibetan schools** (India only) | | | | |
| **Indicator** | **Baseline (# and/or**  **%) at beginning of Q1** | **Target**  **(# and/or %)** | **Value (# or %) this Reporting Period** | **Cumulative # and % Progress Towards Target** |
| **Percentage of surveyed students in target schools reporting improvement in career awareness and/or academic stream selection due to counseling and related**  **activities** | Pending | 80% | Activity in progress5 | Activity in progress |
| *Notes:*  India: Survey data collected by the CTA Department of Education (DOE) was inadequate for the purpose of baseline reporting and measuring self-perceived improvement. In the next quarter TTF will work with DOE to collect pre-post data from counseling beneficiaries, as well as ex-post data for cumulative end- project reporting.  In the past quarter, CTA’s DOE counseling section conducted guidance and counseling for 433 (213M/220F) students in grades 9 – 12 from three target schools (CST Kalimpong, CST Darjeeling and CST Mussoorie). Topics included information on the POCSO Act, emotional well-being, life skills and career planning. 10 students were referred by teachers for individual counseling. 172 (77M/95F) parents from four schools attended counseling sessions. They were also briefed about the POCSO Act, issues surrounding SGBV and challenges of adolescence.  757 secondary students from 8 schools went on higher education exposure visits to universities and centers of learning in Delhi, Kolkata, Bylakuppe, Punjab. Other career related activities included career quizzes, conducted in 9 schools for 159 students in grade 6 and above, and career talks, where Tibetan professionals  from different fields including Tibetan and allopathic medicine, physiotherapy, teaching, travel and tourism and NGOs, presented. | | | | |
| **Objective 4.3: Provide support for children with learning disabilities at Tibetan schools** (India only) | | | | |
| **Number of teachers trained in how to support children with learning disabilities and promote their psychosocial well-being** | 0 | 60 | 51 (12M/39F) | 225 (74M/151F), 100% |
| *Notes:*  India*:* In the past quarter 51 teachers from 3 schools in Ladakh participated in workshops conducted by inclusive education consultants, which covered appropriate identification of learning difficulties, importance of early intervention, strategies to support students and the importance of inclusive education. 66 (49M/17F) students from these schools were also assessed for learning disabilities by the consultants who provided recommendations on how to improve their learning experience. A total of 184 (54 M, 130F) students from 11 schools were assessed this year.  The target was exceeded because seven additional schools were included in the student assessment and therefore a higher number of teachers received training. The additional schools are located in the vicinity of original target schools, and were included in the assessment based on availability and willingness of  consultants to increase the sample size of schools and students. | | | | |

5 Achievement against target will be reported after end line data is collected.

# Affected Persons:

Table 2 shows the number of beneficiaries, disaggregated by gender, from the fourth reporting period and cumulative values to date.

Table 2: Affected Persons

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **India -** | **July-September, 2019** | | | | | | **Cumulative** | | | | | |
|  | **Male** | | **Female** | | **Total** | | **Male** | | **Female** | | **Total** | |
|  | **#** | **%** | **#** | **%** | **#** | **%** | **#** | **%** | **#** | **%** | **#** | **%** |
| **Total** | 9,319 | 64% | 5,191 | 36% | 14,510 | 100% | 9,588 | 64% | 1,434 | 36% | 14,984 | 100% |
| **Planned** |  |  |  |  |  |  | 10,532 | 53% | 9,339 | 47% | 19,871 | 100% |
| **Variance** |  |  |  |  |  |  |  |  |  |  | -25% |  |
| **Nepal -** | **July-September, 2019** | | | | | | **Cumulative** | | | | | |
|  | **Male** | | **Female** | | **Total** | | **Male** | | **Female** | | **Total** | |
|  | # | % | # | % | # | % | # | % | # | % | **#** | **%** |
| **Total** | 1,434 | 40% | 1,891 | 60% | 3,325 | 100% | 1,437 | 43% | 1,896 | 57% | 3,333 | 100% |
| **Planned** |  |  |  |  |  |  | 2,391 | 53% | 2,121 | 47% | 4,512 | 100% |
| **Variance** |  |  |  |  |  |  |  |  |  |  | -26% |  |
| **All -** | **July-September, 2019** | | | | | | **Cumulative** | | | | | |
|  | **Male** | | **Female** | | **Total** | | **Male** | | **Female** | | **Total** | |
|  | # | % | # | % | # | % | # | % | # | % | **#** | **%** |
| **Total** | 10,753 | 60% | 7,082 | 40% | 17,835 | 100% | 11,025 | 60% | 7,292 | 40% | 18,317 | 100% |
| **Planned** |  |  |  |  |  |  | 12,923 | 53% | 11,460 | 47% | 24,383 | 100% |
| **Variance** |  |  |  |  |  |  |  |  |  |  | -25% |  |

# Participation of and Accountability to the Affected Population:

TTF worked with SARD to develop guidelines for partners to implement next steps to introduce a beneficiary feedback and response mechanism, informed by results of a survey conducted in 22 locations in India and Nepal in 2018. Findings revealed the preferred method to provide non-sensitive feedback and receive responses is through suggestion boxes. In the next quarter, SARD will create a standard suggestion box, which will be installed by partners in their institutions in locations that are accessible and do not limit utilization. A standard feedback form, created with input from partners for beneficiaries to document suggestions, will be translated into Tibetan and placed near suggestion boxes. Partners will collect forms monthly and provide an acknowledgement and response to beneficiaries within a month.

Community groups and project committees were also identified as preferred mechanisms for beneficiary feedback. Committees are already functioning as beneficiary feedback mechanisms in several institutions, particularly schools and settlements. Partners suggested using existing committees rather than create new ones. Efforts will continue to be made to improve this current system to make it more inclusive and participatory. Equal representation of women and inclusion of most vulnerable groups will be required. Minutes will be taken at all committee meetings and all feedback will be documented and shared with SARD and SLF quarterly. Guidelines for these committees is recommended to enable more effective two-way beneficiary communication.

All feedback including anything provided by the beneficiaries and all responses given will be documented and recorded by partners and submitted quarterly to SARD and SLF who will maintain a database with TTF. Periodic meetings will be conducted within and between implementing partners to ensure collected feedback and complaints are analyzed and appropriately incorporated into the project cycle.

Results from the 2018 survey regarding beneficiary feedback mechanisms for confidential and sensitive information indicates beneficiaries’ preference for a trained person in their community and also a hotline. SARD’s Women’s Empowerment Desk (WED) in collaboration with Catholic Relief Services (CRS) piloted SGBV prevention and response activities in two schools and one settlement in India this year with some initial success. School and settlement staff were trained to recognize and respond to SGBV incidents. Steps to strengthen POCSO committees in schools were made and gender focal persons were identified to serve as a link between students and POCSO committees. Suggestion boxes were installed in TCV Suja and CVP Bylakuppe schools. Feedback was submitted on blank sheets of paper, but they will also adopt the feedback form created recently by SARD to encourage participants to register their feedback and document management responses. 12 feedback items were received at TCV Suja and CVP schools this reporting period. Feedback was related to teasing the opposite sex, bullying, corporal punishment, emotional distress and requests to modify school rules and regulations. These self-identifying individuals were requested to contact the school counselor for additional support, and management placed additional staff in identified vulnerable locations in efforts to counter teasing and bullying. In Dickyi Larsoe settlement, 18 barefoot counselors received training. The SGBV pilot will be extended to another school (THF) in Year 2 and is expected to be replicated in other schools and settlements after this. Under the USAID funded Tibetan Self Reliance and Resilience (TSRR) program, a hotline is currently being developed that will be managed by the Tibetan Women’s Association (TWA).

Nine new gender focal persons from three schools and settlements in Pokhara received SGBV training and mentoring to raise awareness on GBV prevention and strengthen the SEA reporting mechanisms in their respective institutions this year. There are now a total of 19 gender focal persons in Nepal, in settlements and schools in Kathmandu and Pokhara. They are trained to receive sensitive feedback, maintain confidentiality, provide initial counseling and guidance and provide appropriate referral for psychosocial, medical, legal follow up as required. Incidents are documented but all names are kept confidential and consent from the beneficiary is sought before any action is taken. The role of the gender focal person is to guide and support the beneficiary safely through this process. Gender focal persons’ information is displayed at the entrance of each institution. In Year 2, SLF will continue to work on SGBV prevention and response in remote settlements of Nepal. An additional eight gender focal persons will be trained and ongoing mentorship provided to existing GFPs.

Since the community is not familiar with providing feedback, efforts will be made to sensitize beneficiaries to provide feedback and receive responses through a robust, transparent system. Guidelines for beneficiaries describing the feedback and response mechanisms have been produced in English and will be translated into Tibetan. Workshops will be conducted during which guidelines will be disseminated and explained to community representatives and beneficiaries at the community level.

Partners in India and Nepal also worked on their commitment to transparency and information sharing. Information documents related to activities implemented under PRM were posted in

settlements, clinics and schools. CTA departments have used their websites to publicize information about activities. Use of social media platforms including Facebook, WeChat and Instagram have increased.

# Risk Management:

Gender focal persons working in two schools in India reported they did not receive adequate support from their respective school management and school advisory committee in following up action against perpetrators and offering redressal support. GFPs have noted that their efforts to advocate for these cases threatens to hamper their performance as school teachers and may affect their relationship with other teachers and students. CRS/WED project team are supporting the GFPs and are eager to introduce a PSEA policy and roll out SOP in order to ease the burden of GFPs and encourage their continued involvement.

# Exit Strategy and Sustainability:

Because program activities have been designed in close consultation with partner organizations and relevant stakeholders, the level of social and cultural soundness of all proposed activities is high and the risk of results not being sustained after program completion due to unforeseen social and cultural issues is considered to be extremely low.

Institutional strengthening and capacity building initiatives have been integrated into program design to ensure services can be provided by local institutions and communities following program completion. Several activities are designed to build the capacity of Tibetan health workers and teachers, and all education activities are fundamentally capacity building in nature. The community’s ownership and commitment to continuing activities is high, which is expected to contribute to sustainability.

The program has been designed to meet humanitarian needs of Tibetan refugees by improving outcomes in the sectoral areas of protection, health, WASH and education. Strengthening access and quality of services in these areas through tailored, context-specific strategies is expected to enable them to lead dignified lives and contribute to the resilience of the Tibetan community in exile.

# Collaboration/Coordination:

The CTA Department of Security continued collaborating and coordinating with UNHCR and the Government of India to secure entry permits, safe passage, and legal documentation for new refugees from Tibet arriving in India via Nepal.

The CTA Department of Health (DOH) continued collaborating with settlement officers, the Tibetan Medicine and Astrology Institute (TMAI), and Leh Nutrition Project on implementation of health and WASH projects.

Catholic Relief Services (CRS) and the CTA Women’s Empowerment Desk (WED) continued collaborating on implementation of SGBV/PSEA activities at TCV Suja, CST Bylakuppe, and Bylakuppe Dickyi Larsoe settlement.

In addition CRS and WED collaborated with the Organisation for Development of People (ODP) in Mysore, the Coorg Organisation for Rural Development (CORD) in Madikeri, and the Karnataka State Department of Women and Child Welfare-supported Women’s Helpline and the *Santvana Kendra* counselling program in Kushal Nagar to mobilise their directory of protection service providers in establishing a formal referral mechanism for barefoot counsellors and camp leaders.

62 STS and three THF schools in India coordinated with their local fire departments to conduct fire drill demonstrations and fire prevention awareness in schools, following installation of fire extinguishers in the schools.

LNP coordinated with GOI’s Public Health and Engineering (PHE) Department, Leh to implement handpump and submersible pump mechanics training. Two technicians from PHE department conducted the training in camps in Choglamsar, Agling and nomadic camps on the Changthang plateau.

SLF coordinated with Nepal Fertility Care Center for the planning and implementation of SGBV activities in Nepal.

# Other:

1. **U.S. Government Recognition: Identify how your organization has recognized PRM funding for this project during this quarter.**

 **Annual report. If so, when published:**

The Tibet Fund (TTF) acknowledged PRM in its annual report, published in September.

# Press releases or other written communications and publications.

**If so, when:**

 **Acknowledgment at project site. If so, what:**

* Newly constructed check dams at Camps 2 and 3 in Mainpat settlement - PRM acknowledged on a plaque
* Newly constructed staff quarters at Miao settlements – PRM acknowledged on a plaque
* WASH storeroom in Gangkyi, Dharamsala – PRM acknowledged on a plaque
* Vehicle procured for Ladakh and Miao settlements – PRM acknowledged with sticker on sides of the vehicles
* Hep B screening program in Ladakh, Miao, Poanta and Puruwala settlements – PRM acknowledged on banner
* WASH cleanliness campaign at camps in Choglamsar and Agling - PRM acknowledged on a banner
* Handpump and submersible pump mechanic training at camps in Choglamsar, Agling settlements and Changtang plateau – PRM acknowledged on a banner
* Child Health and Hygiene Club meetings at TCV Menlha and Agling in Ladakh – PRM acknowledged on a banner
* Community led total sanitation trainings at Nyoma and Hanlay camps - PRM acknowledged on a banner
* Student counseling at CST schools in Darjeeling, Kalimpong and Mussorie – PRM acknowledged on a banner
* Parents counseling at CST schools in Gangtok, Simla, Darjeeling and Kalimpong – PRM acknowledged on a banner
* Hepatitis B vaccinations, Boudha, Swayambhu and Jawalakhel settlements in Kathmandu, Nepal - PRM acknowledged on a banner.
* GBV awareness for parents in Jawalakhel and Boudha settlements - PRM acknowledged on a banner.