

Stories of Change



**REVIVING SAHARIA TRIBES:
NURTURING SUSTAINABILITY FOR
A RESILIENT FUTURE**



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Reviving Saharia Tribes : Nurturing Sustainability For A Resilient Future

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Four Steps Toward Betterment

Saharia means a tribal community living with a lion. This community, today, is on the verge of extinction. It has been living in or around forests for centuries. Saharias originally live around the forests of Sheopur, Shivpuri district of Madhya Pradesh and Baran and Kota districts in Rajasthan. Talking about Shivpuri and Pohri blocks from Madhya Pradesh, Pohri is mainly a Sahariya tribal-dominated block. This block has 252 villages, of which 111 villages belong to Sahariya tribals. Similarly, out of 1225 villages in Shivpuri district, 180 villages are dominated by the Sahariya tribe.

The foods of Sahariya tribals have been dependent on the forests. Their life is based on crops like paddy, jowar, kodo, kutki. Most of them gained their nutritional contents, such as grains, meat, and vegetables from the forests only. At that time, malnutrition was very low in the Sahariya community. Tej Singh is 80 years old. He is a resident of Madkheda village.

He says, "In our time, we used to

arrange most of the food from the forests, and no one knew about malnutrition in our Sahariya, what was malnutrition. At that time, native and nutritious food was available in the diet, in that no pesticide of any kind was used. There were no insects in the crop at that time."

But, after independence, like other tribals, gradually the governments started displacing Saharia from the forests. The forests were taken over by the government, and it was developed as a department of Range Forest. At that time the demarcation of forests was done by the Range Department. During that large-scale plantation was done and the entry of tribals as well as other people into the forest was banned by doing boundary walls and wire fencing in the forests. The power of the range forest officer was so much that if anyone entered the forest, they were punished, even entry of the animals from the community in the forest then their owners were locked up in jail.

In districts like Balaghat, Chhind-



wara, and Dindori, many sarpanches have been seen serving sentences for this. It has had a major impact on the lives of Sahariyas. At the same time, even after going under the protection of the government, today we see that 30 to 40% of the forests have been axed, now these are not the forests that used to be before. Today, on talking with the people from the village, it is known that earlier there used to be forests around the village, but now there is no trace of it to till miles. It is also noteworthy that earlier the villagers used to protect the forests and biodiversity was maintained, but today only teak or cash-giving trees and plants are being planted in the name of tree plantation.

In a way, the ecosystem here has been badly affected. It is also seen that the Range Forest Officer (RFO) takes care of these forests, and he is also the same, one who is axing these forests. Whereas the tribals used to worship the forests and are still doing it.

Brijbhan Adivasi, a 90-year-old who is a resident of Sonipura in Pohri block of Shivpuri district, says, "Among the gods and goddesses of our society, there was a tribal named Eklavya, who showed the way for his society. Therefore, we consider the greatest deity to be the one who donated the thumb of his hand to his Guru. Since then, our Saharia's hands have been weak because of donating that thumb. He further says, 'You see any Saharia, he will not be able to open the knot with his hand thumb. This is the identity of the real Saharia. One more was in our society, sister Shabri, who offered everything to God. Then God ate the bitten barriers of Shabri. We Sahariya society still worship Shabri.

This is to say that there was no discrimination among the Saharia caste. Our society has always been simple, honest and hardworking." Saying this, Brijbhan Adivasi's face starts glowing with pride. Today, most Saharias are

either small farmers or labourers. Sahariya families own two to three bighas of land in the name of land. That is also rocky. The land which is good and fertile in the villages is occupied by powerful people. So, the Saharias mostly depend on wages, and for that also they have to migrate for eight to ten months every year. They migrate to nearby areas and other states like Rajasthan, Gujarat, Delhi, and UP and feed their families by working as labourers. In this season also, many Saharias go to Agra to harvest wheat, plant paddy and dig potatoes. Every year 80% to 90% of the total migrants from Pohri block are Saharia Adivasi.

Cultures and Lifestyle of Saharias

Their lifestyle and religious beliefs are similar to other Hindu societies in the region. Ramdulari Adivasi from Machakhurd said that the tradition of tattooing is still prevalent in our society. At the fairs that are held; most women get their bodies tattooed. In the Saharia tribe, meat is still prevalent in food, but now due to poverty, meat is declining in our food. Now they do not have enough earnings of money to buy and eat. But they are particularly fond of alcohol and smoking (bidi). Saharias work differently from other castes, such as following the traditions of their ancestors during marriages, etc., and making decisions themselves in the presence of the panchayat of the society.

The gods and goddesses of Sahariya are usual but some god-goddesses are different. Among them, Tejaji Khais Baba, Jind Baba, and Darenth Baba are considered special. Like other societies, the gotras of Sahariya tribe are also different, such as Chauhan, Varelia, Karodaya, Semaria, Sauharon, Khillan, Khadariya, Bajraithia, Vajulla, Palaiah, Chodia, Pahlua, Dhodia, Perua, Siloreya, Rariya Dacheiya, Jhilmilia, Narwaria, Badodiya, Govaiya, Parodia and Rajput. Nowadays, malnutrition in Saharias seems



like, Saharia and infant mortality have become complementary to each other.

Despite multiple efforts and facilities as well as many awareness programs, this community is doomed to suffer the death of infants and to watch it. Every time the nutrition or every National Family Health Survey (NFHS) shows the highest infant mortality rate from the Sahariya community.

The government has set up Sahariya special authorities and also launched many programs ranging from education, and health to many awareness programs but every time the results were the same. Voluntary organisations conducted intensive campaigns in Sheopur, Shivpuri Kota and Baran areas, but not many meaningful efforts were made for a long time. In 1995-96, when the then Cabinet Secretary in Rajasthan, Late Prof. Anil Bordia started the Lok Jumbish project, chose Baran district and in Shahabad, an organisation named Sankalp started working with this community by staying in village Mamoni. In the initial stages, people were reluctant to even talk, and when we went to the villages to meet them,

the entire community ran into the forest. Motilal and Charu awakened this community with great hard work and dedication and did great work by making their inroads through education.

Malnutrition Stain, Sahariya and Initiative of Vikash Samvad

In Shivpuri, Vikas Samvad started a coordinated effort to address malnutrition by understanding the problem in the Pohri block about ten years ago. District coordinator Ajay Yadav says that in the initial stages, there were major challenges in working with this community. Like, people did not even prefer to talk, but fights and beatings due to addiction etc. were very common. On the one hand, children were dying constantly, on the other hand, there were no adequate delivery facilities for women. Women do not even go to get institutional delivery, nor are they ready to keep malnourished children in Nutrition Rehabilitation Centres (NRC). Their thinking behind it was that, if the child was dying, die. he would be born again the next year. Due to malnutrition, TB and other diseases are also prevailing a lot. There are still



many villages where young women have become widows. Their husbands have died due to TB and the death number ranges in a single village from 32 to 40. Despite this, the situation was deteriorating instead of improving.

In this case, Vikas Samvad took the initiative to eliminate the problem with community-based management of malnutrition (CBMM). Sachin Kumar Jain, director of Vikas Samvad, explains- 'Malnutrition and infant mortality rate are directly related, only providing porridge (Daliya) or take-home ration (THR) from Anganwadi centre, cannot solve this problem. Unless you involve the entire community in your programs and do not ensure their participation from planning to implementation till then we will achieve nothing. Vikas Samvad worked at multiple levels to eliminate the problem of malnutrition people's participation, their livelihood problems, changes in their farming patterns, kitchen garden initiatives, providing special facilities for education, health and TB, and ensuring institutional delivery, admitting malnourished children in Nutrition Rehabilitation Centres (NRC) so that every child can be

taken care of properly.

For this, an alternative model has been developed after working for a long time in 15 villages of the Pohri block. It has been implemented intensively for the last five years. The plan was developed keeping in mind the issues and challenges of 15 villages. Its strategy was also developed on how to work to solve these problems. The team has ensured community participation while making plans. The coordination was done with various government departments, including especially Health, Women and Child Development (WCD), Animal Husbandry, Agriculture and Horticulture, where there was a need for coordination and special work.

We Will Walk together

The role of various government departments is critical to reduce or eliminate maternal deaths and infant deaths. For this, efforts were made by the organisation to implement the schemes in these villages from various departments with better coordination, so that regular Anganwadi centres open on time, workers do their scheduled tasks there, and regular breakfast, meals





and take-home rations (THR) are distributed. Regular growth monitoring of children is done.

Similarly, a regular auxiliary nurse midwife (ANM) tour program should be made, and it was ensured that Village Health and Nutrition Day (VHND) should be held in every village as per the instructions. Promoted institutional delivery so that all deliveries are safe and supervised by skilled medical staff. Efforts were made to implement the schemes of the Animal Husbandry, Agriculture and Horticulture Department at the community level. Improved chicks breed for backyard poultry, seed distribution for kitchen gardens, conservation of crops in farms and technical knowledge for organic farming to higher yields were also discussed. Planning with statutory committees in every village for good governance and the role of panchayats were also planned.

Capacity Building of Frontline Workers

The frontline workers have implemented most of the schemes in the villages of the project, for which capacity

building was a critical aspect. The organisation made efforts to increase the capacity of frontline workers at every level so that there is no difficulty in implementing the schemes. Also, the organisation has supported in the implementation of these schemes and the people from the organisation helped in the initial stages with the maintenance of growth monitoring, village day and counselling services, home visits and records etc. and now this work is being done by the frontline workers themselves.

Efforts at The Community Level

In the villages of the project, efforts were made at the community level to ensure that everyone in the village could get information and benefits of the schemes. Multiple groups were formed at the community level like core groups, adolescent groups, youth groups and children's groups to implement and monitor the schemes. These groups are given information about the schemes in the meeting every month so that the schemes can be implemented and monitored in their village themselves, and only people



who are associated with these groups can do this great work.

Every pregnant and lactating mother is advised through a counsellor of the Counselling and Monetary Centre (CMC) and community mobilizer by visiting the house to give the mother's first yellow thick milk to the baby within an hour after registration, vaccination, health services and institutional delivery. Backyard poultry rearing of improved breeds has been set up in every house so that meat and eggs can be available to everyone on their food plate and when required their needs can be met by selling chickens.

Kitchen gardens have been set up at the homes of pregnant and lactating mothers so that they can get green and fresh vegetables from their kitchen gardens in the house. It has been observed that the use of vegetables has made colourful to the plate of food and reduced malnutrition to a great extent. Every first-timer pregnant woman was registered under Matru Vandana Yojana (MVY) and benefits were given from which they can have enough rest and nutritious food during pregnancy.

Control of Maternal and Infant Mortality Rate

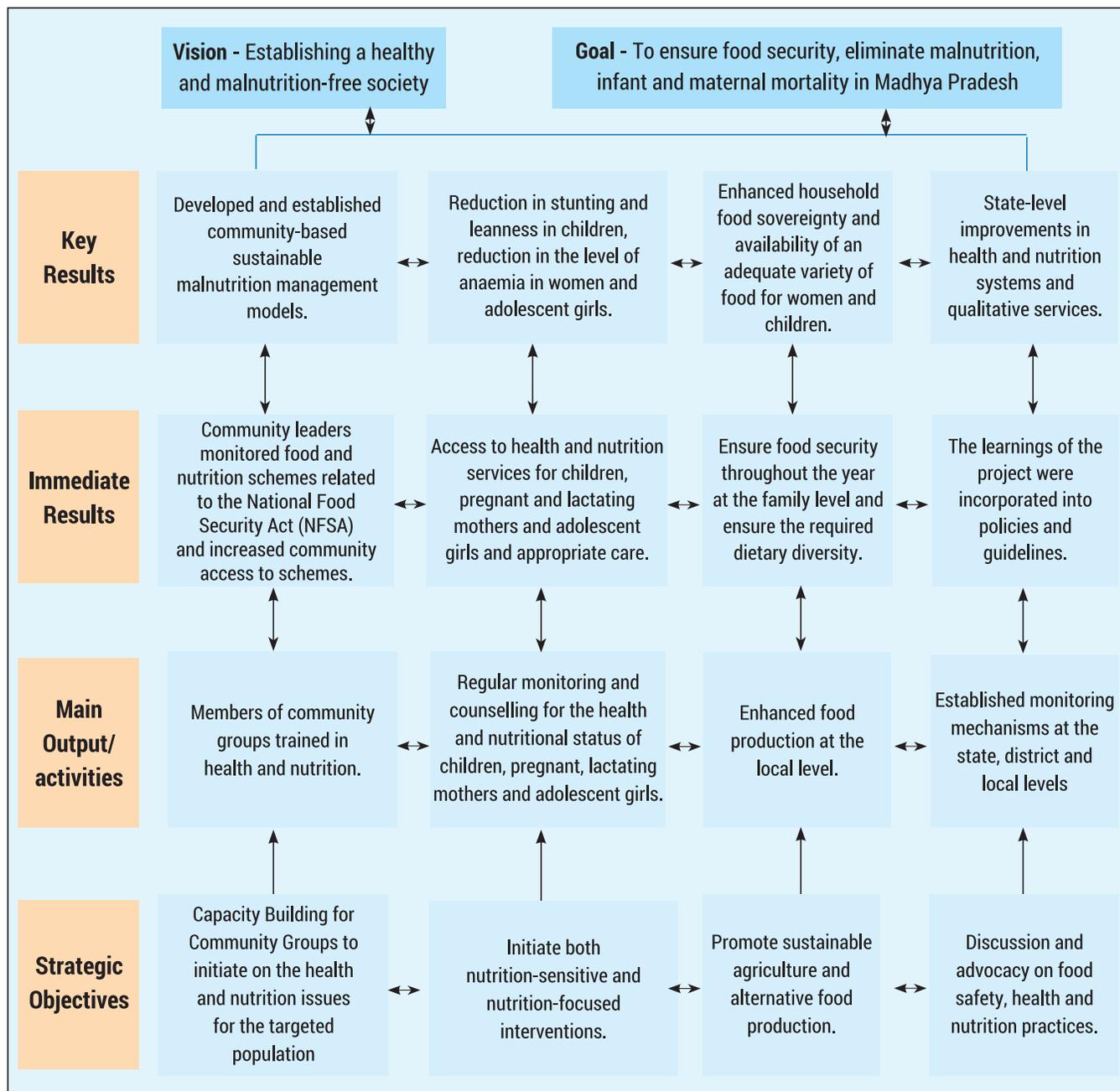
Six out of the 15 villages under the project Amai, Jatwara, Gwalipura, Madhopur, Batkakhedi and Madkheda have shown significant changes. Surprisingly, there has not been a single maternal mortality and infant mortality in these villages in the past three years.

Project Officer Amit Yadav says, "The coordinated efforts made by Vikas Samvad are excellent and now the Women and Child Development (WCD) Department also does not hesitate to talk with the people of the Sahariya tribe, rather it has become easier for us to work now" Further Anganwadi worker Sunita Yadav says, "Earlier we did not know anything, we were not even educated, but we constantly got training from the organization. Now we not only do weigh, but also do growth monitoring, infant death is not happening. It is a matter of great happiness."

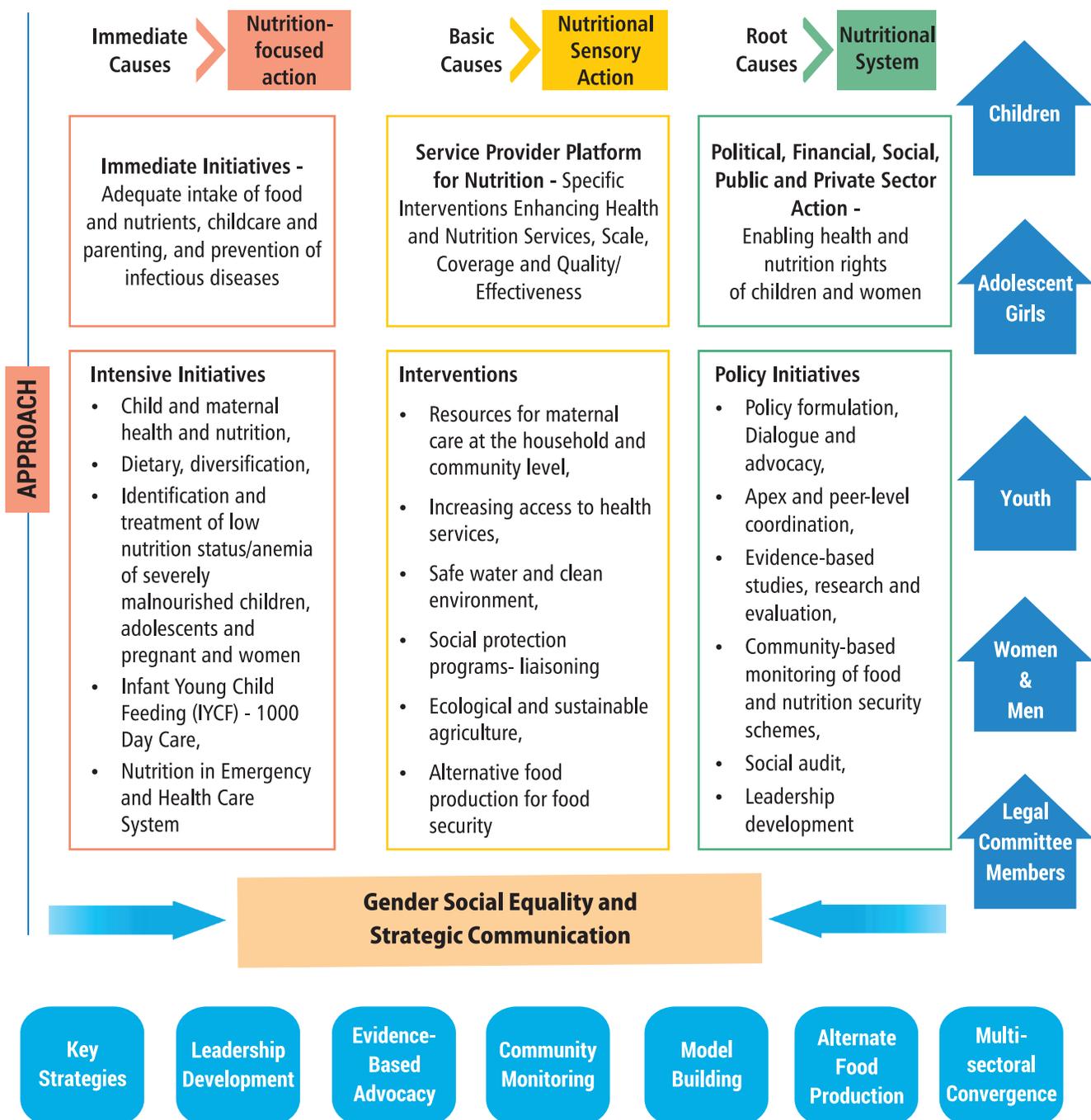


Community-Based Management (CBM) for Food and Nutrition Security

Model of the Theory of Change



Conceptual Framework - Community-Based Management for Food and Nutrition Security





Stalled Child Deaths in Sahariya Villages

If we ask you to name five tribal or Sahariya-dominated villages in Madhya Pradesh where not a single case of maternal or infant death has been reported in the last one or two years, then it will be difficult to tell. In fact, malnutrition among Saharias in Madhya Pradesh is so high that infant mortality and Saharia have become complementary to each other. This community is doomed to suffer and watch the death of infants. In every National Family Health Survey (NFHS), the Sahariya community has the highest figures for infant mortality. Amidst these odd conditions and frightening figures, Amai, Jatwara, Batkakhedi, Madkheda, and Madhopura of Shivpuri district are such villages, in which not a single case of maternal and child death has been reported in the past three years. Fortunately, this has been possible due to the constant efforts made by Vikas Samvad in coordination with the

community and grassroots team towards community-based management of malnutrition (CBMM).

Let's read further the stories of all these villages and see how this change happened.

How Public Participation Did Wonders in Amai

Amai is a village in Jakhnaud panchayat of Shivpuri district. This is situated on Sheopur to Ahera road, 6 km from the block headquarters. About 25 families of tribals and 32 families of Yadavs are living here. The village has a mini Anganwadi centre and a primary school. Sunita Yadav is an Anganwadi worker here who studied only up to Class 5. Because of this, she could not even maintain the record of the Anganwadi. She used to give money to another worker to make records for her. She did not even know how many women were pregnant in the village, or how many children were malnourished. In Amai village, one or two infant deaths were common every year.

In the year 2018, the wife of Hansraj Adivasi, Vandana gave birth to a girl in her own house. Unfortunately, due to lack of proper care, the girl could not survive and died after just 14 days. The death was shocking and very tragic for the team working in the community. After this, the team once again assessed their work in this village and started trying to reduce infant mortality in a new way by talking with people. Everyone was given different responsibilities. The main role in this work has been played by the team with the help of Anganwadi workers, ASHA and ANM.

Communication-Coordination and Training Strategy Adopted

Anganwadi workers were provided support and training from time to time so that their capacity could be enhanced to enable them to provide all





livelihood and nutritious diet with community participation and collaboration with government departments. The result of all these efforts was that not a single case of infant death was reported here for the last 3 years.

The Story of Change in Jatwara

There is no dearth of capabilities in the community, there is a need for a will to identify them and awaken the community. So that about new experiments and taking risks can be discussed. Something similar happened in Jatwara village of Shivpuri district. In 2017, Vikas Samvad launched a community-based management of malnutrition (CBMM) project. While talking in the village, it was found that maternal and infant deaths were common in Jatwara every year, but the community has been blaming itself for this. They considered it to be the fruit of their karma or divine guilt and, sin and nothing was done to stop it. Jatwara is a village in Sewakhedi panchayat. It is situated on Shivpuri Road, 6 kilometres from Pohri block headquarters. About 40 families of Saharia and Kushwaha castes are living here. Sahariya tribals live in one part of the village and Kushwaha in the other part. People here rely only on agriculture and labour. There is a mini Anganwadi centre and a primary school. They provide all the services to the children and women of the village. A strategy was made at the community level to unleash the hidden potential within the community to eliminate maternal and infant mortality in the village. In this process, many groups of people from different ages and classes were formed. Efforts were made through different means to increase the capacity of these groups. one of the exercises was that these people should identify their problems, be organised, and try to solve them together. Identify your capabilities and use them to take advantage of

the necessary services to the community through their centre. Additionally, the son of an Anganwadi worker was trained to maintain the records. Later talking to Child Development Project Officer (CDPO), Amit Yadav, a house was rented for the centre, where people of all castes and classes can come without any hesitation.

Efforts were also made to have meaningful dialogue with ASHA worker. The Anganwadi and Asha workers were not very educated and belonged to the Yadav caste, which is considered to be a higher caste within the village. They do not take seriously to people from the tribal community. Not only this, the Anganwadi and Asha workers do not even go to each other's houses. Village Health Nutrition Day (VHND) also became a formality for them. This was a serious issue, so the team talked with the ASHA worker official and decided that VHND should be held at the

Anganwadi centre itself.

Benefits of Monitoring and Initiatives of Nutrition Services

The self-help group (SHG) in the village used to provide meals to the children of Anganwadi and school properly. The operation and management of this were in the control of the local political persons of the village. This issue was also discussed with the CDPO, and the work was provided to the Matri Sahyogini Committee. Subsequently to this, the children started receiving regular breakfast and meals. Along with this, efforts were made to provide benefits of government schemes by linking statutory committees and community groups of the village with regular training and awareness programs. Apart from this, the work of promoting backyard poultry, kitchen gardens, seed banks and water bodies conservation has been done for their

government schemes.

Enhanced the Capacity of Frontline Workers

The frontline workers of the village with the Anganwadi tried through various means to provide health and nutrition services to all the needy in their community regularly. For this, many efforts were made to enhance the capacity of workers, the efforts of the organisation in implementing the schemes, and the growth monitoring of every child coming to the Anganwadi, to provide necessary health and nutrition services to every pregnant and lactating woman. To eliminate maternal and child deaths, the counsellor of the CMC and community mobilizer regularly visited the homes of all pregnant mothers and advised them about balanced nutrition and health. So that it was ensured that all pregnant women go for 100% institutional delivery. Special efforts were also made to ensure that all mothers could feed their infant the first thick yellow milk within one hour after delivery.

Nutrition Security Enhanced, Break on deaths of Infant and Maternal

The community should get regular livelihoods for most days of the year so that their nutritional levels improve. For this, A team from the organisation has helped to prepare plans for the community by collaborating with various departments. Programs like backyard poultry farming, and kitchen gardens were added to every household. As a result of these coordinated efforts, it has now been observed in the community of Jatwara village that not a single infant and maternal death has been reported in the past three years.

This Way Changed the Thinking of People in Batkakhedi

Batkakhedi is a village in Nonheta-khurd panchayat. It is located on

Bhatnawar Mohana Road, 15 km from the Pohri block headquarters of Shivpuri district. About 50 families of the Sahariya tribal community and 21 families of the general category live here. They live in separate localities. The village has a mini Anganwadi centre and a primary school. They provide health and nutritious food services to children and women. Every year one or two deaths were always taking place in the village. However, it was very common for the villagers, "it was not a big problem". The community was not at all ready to hold services and their role accountable for these untimely deaths. According to them, "It is all in the hands of the One above, whatever he has to do, he will do it, and nothing will happen by our doing". When the team of the organisation reached this village equipped with all such examples, it was a big challenge for them to work in this environment.

Formed the Community Groups and Began the Battle

The organisation has worked at three levels to reduce the maternal and child mortality rate gradually and finally eliminate it from Batkakhedi. This included working with the community as well as frontline workers, and coordination with government departments. At the community level, separate groups were formed to disseminate information about the schemes and their development. These core groups were the adolescent group, child group and youth group. Several meetings and training were held for the capacity building of these groups. Similarly, this has to be ensured that every pregnant and lactating woman in the community is registered, they should receive health and nutrition services for this VHND should be organized regularly in the village along with 100 per cent immunization of children. Community coopera-

tion should be taken in monitoring. The community was trained for this and after a lot of hard work, these groups have started playing their role.

Casteism Challenge Faced by Grass-roots Mobilizers

Among the frontline workers in the village, the Anganwadi worker is from the Thakur caste and the ASHA worker and ANM are from the Dhakad community. Therefore, Due to being from different castes, the coordination of work was missing from all three frontline workers. Nobody cared anything about anyone. The villagers had to bear the loss of lack of coordination between them. Even no one used to accompany a pregnant woman for delivery in all three of them. The condition is also that if someone goes, it is fine and if she does not go, it does not matter to any of them. Therefore, in this condition efforts were taken to coordinate with them constantly. At the same time, their capacity was also enhanced and supported, which yielded meaningful results.

Nutritional Level Improved by Departmental Coordination

The coordination was done with various departments to reduce maternal and child deaths. For this, coordinated efforts were made with the Animal Husbandry Department, Health Department, Integrated Child Development Scheme (ICDS) Department, Horticulture Department, Panchayat Department etc. so that their schemes reach the community and can be implemented properly. Similarly, to improve the level of nutrition, special efforts were also taken to convince the farmers about backyard poultry production, kitchen gardens, and coarse grains. As a result, not a single maternal and infant death has taken place here in the past three years. The community as

well as the government department are happy with these results.

The Story of Madkheda Village Nestled in the Middle of the Forest

Madkheda is located in the middle of the forests, 15 km from the Pohri block headquarters of Shivpuri district. About 23 families of Sahariya tribals live here. It comes under Eswaya panchayat which is about 20 km from the Madkheda village. Going there is also a challenge for people. There is no facility in this village to reduce maternal and child deaths. Madkheda comes under the Ahera sub-health centre which is around 8 km from here. Neither this sub-centre usually opens, nor has basic facilities like vaccination there. The only primary school is also 4 kilometres away. Due to the forest on the way, children are not able to go to regular school. The village also does not have an Anganwadi to provide health care and nutrition to children, women and adolescent girls.

The Challenge of Routine Vaccination in the Forest Area

Due to the forest area, the ANM was not able to visit alone to this village for routine vaccination. In such a situation, the organisation helped out ANM and a mobilizer was gone with her to get routine vaccinations done in the village so that health and nutrition awareness increase in the tribal community, as well as people, get the benefit of government schemes. To keep the continuity of all these activities few core groups were formed including an adolescent group and a child group. A variety of activities were undertaken to enhance the capacity of these groups. Such as meetings every month, training on various issues etc. were organised for them so that they could take advantage of the government schemes in their village.

Inspiration for Backyard Poultry and

Kitchen Gardens

Efforts were made to link the community by coordinating with various departments. Like, coordination was done with the Animal Husbandry Department for backyard poultry farming, the Horticulture Department for the kitchen garden, and the Agriculture Department for coarse grain seeds, the Health Department for health facilities. It was decided that everyone in the village should get nutritious food which could reduce the lack of blood in women and children. For this, at the community level, they were motivated to grow coarse grains in their fields, backyard poultry farming, and kitchen gardens. This plan was made in collaboration with the government so that all these could be properly implemented at the community level.

Advantages of Government Schemes Reached to Madhopura

Madhopura village is situated under Gwalipura panchayat. It is inhabited about 3 kilometres away from the Pohri block headquarters on Shivpuri Road. A total of 113 families are living there including 28 tribal families, 40 scheduled caste families, 40 OBC families and 15 general category families. Apparently, the village has a mixed population. The community should manage malnutrition within the community. For this various groups like an adolescent group, a youth group and a children group were formed under the project run by Vikas Samvad at the community level. At the same time, all efforts have been taken to enhance the capacity of statutory committees. As a result of all these works, now people in the village are receiving the benefits of government schemes.

In Madhopura, both the Anganwadi and the ASHA workers belong to the same family. In such a situation, if

any one of them is going to work, then they used to do work for both of them and maintain records for both. How do all three frontline workers work together? Noting this issue continuous meetings and training with them were conducted, and many surveys and growth monitoring going on in the village were shared. Accordingly, the plan was also prepared. These efforts have helped and children started coming regularly to the Anganwadi centre and they also started getting nutritious food. Children should learn their daily routine, VHND should be regular, and cooperation was also taken for this.

To eliminate malnutrition, backyard poultry farming and kitchen gardens were set up in the community. As a result, every pregnant and lactating mother in the community started receiving green vegetables, eggs and meat in their diet. Efforts were made to provide benefits of the schemes to the statutory committees and the groups formed in the village under the project at the community level through continuous training and awareness of the schemes running in the community.





The Story of Community-Based Management of Malnutrition (CBMM)

The Story of Aditya

When Aditya was born, his weight was barely 1 kilo 200 grams. He came into this world in the seventh month. Saving the premature baby was a big challenge. With the support of the Anganwadi worker and community mobiliser, he successfully overcame this initial challenge. He also gained weight and height like other children. After all, how did all this happen, read the story of developing Aditya's nutrition security circle.



Aditya's mother Sakhi and father Dhara Singh are from Jatwara village, 6 km away from the Pohri block of Shivpuri district. Aditya is very young. His birth was premature. Dhara Singh from the tribal community takes care of his children by working as an agricultural labourer in the village. He gets 10 days' work in a month as a daily wage of Rs. 200. This work is hardly available for 6 to 7 months in a year. Apart from this, His family's entitlement slip has been made, from that his family receives a 26 kilos ration per month from the public distribution system (PDS), which is very helpful for their food security. Dhara Singh has a temporary (Kachcha) house. He has three daughters and one son, Aditya who is the youngest one in the family. According to information received from the family, Aditya was born prematurely merely in the 7th month at the district hospital on 28 June 2021. At that time his weight was 1 kilo 200 grams.

Admitted to Special Newborn Care Units (SNCU) Immediately after the Birth

The premature birth of Aditya and low-weight birth were a big challenge. Hence, he was admitted to SNCU in Shivpuri District Hospital for a month. Yet, his mother was not able to breastfeed him. Therefore, there has been a major concern about the lack of breastfeeding at the time of birth of the child. Due to being underweight, he has continued to fall ill at home again and again. Aditya whenever falls ill his parents used to take him to the district hospital Shivpuri. Looking at the weakness of the child, the community mobilisers used to go home to meet the family and advised for frequently breastfeeding to Aditya and keep cleanliness.

Cooperative Role of An Anganwadi Worker

Asha Sharma, an Anganwadi worker registered the pregnancy of

Aditya's mother as soon as she came to know about her, as well as she also helped in getting health and nutrition facilities. By visiting Aditya's home regularly his mother Sakhi was advised about balanced nutrition and provided the take-home ration (THR). She was also advised to breastfeed the child from birth to 6 months. Similarly, Sushila Ojha, an Auxiliary Nurse Midwife (ANM) has also visited Aditya's house from time to time for vaccination of the child because of seven months of delivery and advised to improve the mother's balanced diet.

Aditya's Balanced Nutrition Result of Continuous Efforts

Continuous efforts were made at every level to bring Aditya out of severe acute malnutrition (SAM). In this, the mother's balanced diet, constant cleaning and massage of the child, regular breastfeeding, continuous home visits by the frontline workers and counselling of the counsellor from the CMC played an important role. With these efforts, Aditya's health has started improving. When Aditya's weight was taken in April 2022, he had been 7 kilos 800 grams. His height was 65 centimeters. This means he is in the moderate acute malnutrition (MAM) category.

Admirable Role of Sahyogini Samiti Member, Shimla

Shimla Adivasi, a member of the Sahyogini Samiti associated with Anganwadi in the village of Sakhi Bai, played an admirable role for Aditya. She has not only shared vegetables from her kitchen garden but also gone to see the child at SNCU and encouraged his Parents, you do not worry; we will look after the children at home. You get the child cured and come. This has helped a lot in keeping Aditya's life safe. It is very important to create such stories in society, social organisations are playing their role in this.



Balanced Nutrition is the Treatment for Malnutrition

Taparpura village is in the Nonhetakhurd panchayat of Shivpuri district. In the house of Nepal Adivasi of the same village where his son Ramraj was born on 25 August 2020. But he was hit by severe acute malnutrition (SAM) merely at the age of just 6 months and the situation became so tricky that saving him became difficult. In this, with the interference of the people of the organisation and the community, when Ramraj's family improved his balanced diet habits, Ramraj came out of the severe acute malnutrition cycle with success. Read the story of Ramraj's balanced nutrition.



According to the child's mother Anita, there is no Anganwadi centre in Taparpura village. Because of this, children are deprived of services. People go to Patpari village for nutrition, food, etc., whereas children of our village are not able to reach the Anganwadi centre.

The impacts of the lack of child reference services and the Anganwadi centre in Taparpura are visible in the form of severe acute malnutrition. Ramraj has 4 older siblings than him, 2 sisters and 2 brothers in the Anita's house. Ramraj's father Nepal has a ration card for Antyodaya Anna Yojana (AAY), on which 35 kilos of ration is availed. It helps in the running the family. He also owns 3 bighas of land. The family is staying in a small hut. The weak economic condition of the tribal community and no assured means of their livelihood is a big challenge. During Covid, this situation has been more challenging, in which social organisation Vikas Samvad played a critical role in finding a solution.

Lack of caring in delivery at home during Covid

Ramraj was born at home only in Taparpura village, due to which mother Anita could not even get the benefit of Janani Suraksha Yojana (JSY). Because at the time when Anita's delivery took place, there was a lockdown. On one hand, Anita was in fear that Corona would not affect her child and family. However, by visiting Anita's house three times the CMC counsellor also advised. In this, the advice of institutional delivery and the mother's first yellow thick milk feeding to the child was also followed by Anita for 6 months. But after that, there was a lack of upper diet. Due to not much difference in the age of the children, their balanced diet also could not be maintained.

In such a condition, when Ramraj's

condition worsened, one day the ASHA worker and the local staff of the organization advised Anita to be admitted to the Nutrition Rehabilitation Centre. They also informed about the assistance received from there in exchange for the loss of their work. Then Ramraj was admitted to the Nutrition Rehabilitation Centre (NRC) on 15 October 2021. His weight was then 3 kilo 900 grams. He was admitted for 11 days at the centre. Ramraj has not improved much from this, then informed the need for a blood transfusion which Anita has not been able to give. Due to this, after 11 days, she has to return to her house with Ramraj. Meanwhile, Ramraj's weight has increased by 200 grams and diarrhoea also stopped. He has also started to eat something.

Improved Health Due to Getting Eggs from Backyard Poultry Farming

Backyard Poultry farming was started in 2021 by linking Anita with the scheme of the Animal Husbandry Department. 45 chicks were provided Under this. When they grew up to be chickens, their family also started getting eggs. This has not only increased their income but at the same time, other people of the village were also inspired. The People of the village and community mobilisers have advised feeding eggs to the children, and since then, Anita has started feeding eggs regularly to Ramraj. Gradually his health also started improving. In March 2022, He weighed 5 kilos. It was certainly a better situation than before. A balanced nutrition is very important to the child's development. However, this becomes difficult due to social and economic challenges in the community. In such cases, social citizen initiatives are working to improve child nutrition by playing their role strongly.





A Shared Initiative Nurtured Kunja

A Story of Kunja is the story of a girl from almost every other tribal family. By the time they are two years old, the younger brother or sister also comes into the family. This is obvious the mother's full attention goes to the newborn. In such a situation, the basic requirements of daughters like Kunja are neglected like food or sanitation. As a result, disease and malnutrition. The story of Kunja of Machakhurd is the same, however, her story did not end like other girls. Because the people from the organisation were ready to help, read more about how Kunja came out of the severe acute malnutrition (SAM) cycle.



Kunja lives in Machakhurd village of Pohri block of Shivpuri district. Kunja is the daughter of tribal parents Bhagwan Singh and Usha. She is 57 months old. In January 2022 her weight was 11 kilos, and her height was 92 centimeters. Naturally, she was in the severe acute malnourished category. Subsequently, she weighed 12 kilos 600 grams in March 2022 thanks to the nutrition initiatives with local Anganwadi, the organization, and the community.

The family has three siblings including Kunja, who is the eldest one. Kunja's father Bhagwan Singh works as a labourer, while her mother Usha is unable to go to work as the children are young. Kunja was not even 2 years old when Usha had her second child. In this condition, the responsibility of taking care of both children came on to the mother. because of this, she was not able to pay full attention to Kunja.

Usha used to give Kunja a roti in her hands without taking care of cleanliness, which she used to muddy it and eat it. As a result, Kunja has become weak due to diarrhoea and fever. Due to her weakness a year ago also, she was admitted to the Nutrition Rehabilitation Centre (NRC). She was cured after that, but later due to a lack of attention to food and hygiene, she fell ill and came under the category of severe acute malnutrition.

Condition Improved with the Help of Vikash Samvad and His Family

Vikas Samvad Samiti's local team and counsellors have visited at home and advised Kunja's mother about cleanliness. it was Informed that children should be bathed daily and also take care of their cleanliness. She was also told that children should not defecate in the open. Usha was also linked to the government's scheme for backyard poultry farming on the

initiative of the organisation so that Kunja could get protein in the form of eggs and meat. Looking at the lack of green vegetables in the diet, a nutrition garden was also created in a small part near the house by providing vegetable seeds.

Nutrimix improved Kunja's health

Recently, training in making and feeding nutrimix has been provided to the grandmother and mother of Kunja. During this, making them aware of cleanliness and food remained a big challenge. They were repeatedly explained about cleanliness in the meeting of the women's group and the Anganwadi. Anganwadi and ASHA workers also cooperated during the nutrimix manufacturing training, and the take-home ration was used in the food. It gave good results.

Ramdulari, A Core Group Member Played the Role with Full Responsibility.

Ramdulari Bai Adivasi a member of Machakhurd Core Group, admirably helped in feeding malnourished children with cleanliness by visiting their homes. She also informed them, when, how much and how to feed the children. In every 15 days Anganwadi and community mobilisers also cooperated fully in weighing the child. In this effort, ANM has also motivated since the birth of Kunja to till now vaccination, advised her to have a balanced diet from time to time and to get admitted to the Nutrition Rehabilitation Centre (NRC). In this way, the result of repeated persuasion and cooperation of everyone was that Kunja's health changed and she is now becoming well-nourished.





How Taman Won the Battle Against Severe Acute Malnutrition (SAM)

Taman is a living example of the ongoing fight against severe acute malnutrition spread in tribal areas. Due to severe acute malnutrition, there was little hope of Taman's survival. His family trusts more on the exorcism. At such time, without losing time and courage, how the organisation and counsellor convinced the family to send Taman to the Nutrition Rehabilitation Centre and how Taman's life was saved, read the story.



Rajesh Adivasi lives in Dangbarve village of Pohri block in Shivpuri district. He has three children; the elder son Aman is seven years old, and the middle son Taman is two years old. In comparison, the youngest baby is just about six months old. In October 2021, Taman's health had so much deteriorated due to severe acute malnutrition that his survival chances were also considered very low. Despite this, his family was engaged in the exorcism. In such a severe situation, if Taman won the battle against severe acute malnutrition, then the backyard poultry farming done by the family, the balanced nutrition and health counselling by Vikash Samvad have played an important role.

The Family of Rajesh Adivasi is extremely poor and landless. His family survives with the help of 35 kilos monthly grain received on the ration card made under the Antyodaya scheme. About 200 families like Rajesh Adivasi living in villages like Dangbarve and Rampura, have applied to the Animal Husbandry Department to get the benefit of the backyard poultry farming scheme by getting a proposal passed from the Gram Sabha. After the approval of the applications, 48-48 chicks of Kadaknath species were provided to each family by the Animal Husbandry Department for backyard poultry farming. Along with this, Rs 1,500 cash was also given to develop a chicken box. According to Rajesh, out of 48 chickens, only 27 chickens have survived. Simultaneously the health of 2-year-old Taman was deteriorating day by day. Due to severe acute malnutrition, he became very weak. Then Rajesh sold his three chickens for Rs 2,000 and started his son's treatment. Rajesh says that 'Taman's condition was deteriorating, but we did not have any money. In this condition, we have to sell chickens and raise the expenses of the son's treatment and transportation.

The Challenge of Superstition in The Path of Eradicating Malnutrition

Community mobilizer Rani Jatav says that when Taman was malnourished, the family kept doing exorcism by considering some black magic. The family was not ready to take him to Shivpuri for treatment. Superstitions in this area are a major challenge in the path of eradicating malnutrition. People of the Saharia community believe that someone does black magic to the children, so they do not eat food and become sick. Therefore, they get the treatment of their children from the people in the society who do exorcism. In this process, Rajesh showed his child to a quack doctor. Still, his health continued to deteriorate. Despite much convincing, they were not ready to take him to the Pohri Nutrition Rehabilitation Centre. They were even not ready to go to the district headquarters in Shivpuri.

An Important Role Played by The Counsellor, Taman Gained Weight

When Taman's health deteriorated so much that his life was looking in danger, the Counsellor of the Counselling and Monetary Centre Rani Jatav advised Rajesh's wife Aarti and convinced her to get Taman admitted to the Nutritional Rehabilitation Centre (NRC). Finally, on October 19, 2021, with the help of local Anganwadi worker Rachna Verma, Taman was admitted to the NRC in Pohri. Taman's condition was also not improving there, and he was referred to NRC, Shivpuri. Taman's weight was 6 kilos 400 grams when he was admitted. At the time of discharge from the hospital, his weight had been increased to 7 kilos 900 grams. Now Taman has been completely healthy. Here, Taman now gets to eat eggs daily from poultry, due to which his weight has increased to 10 kilos. It is a good thing that Taman did not lose his life by getting caught in the circle of superstition.



Life of Children in Difficult Circumstances

The tribals of the Sahariya tribe mostly live in small hamlets or settlements around the forests. Therefore, there are difficulties in delivering health and children-related services to them regularly. About 15 Sahariya families are living in Madkheda village situated in the forest of Pohri block. The Anganwadi centre is also about 6 km away from there. Due to this, it took about 6 months for a pregnant woman like Durga Adivasi to get the first vaccination. Whereas Routine vaccination of children remains a challenge even today. Read more about how health services started to reach this remote village.



The core group members and Vikas Samvad activists together not only drew the attention of the administration to the problem of lack of health services in the Madkheda village but also took the necessary initiative to provide nutrition and health security to Durga Adivasi, which could give the right to a safe life to the mother and child both.

Tara and Lumpi, members of the core committee formed for the health protection of children and women, informed during the survey being conducted by the organization in Madkheda village in June 2022 that Durga Adivasi wife of Bhupendra Adivasi has been pregnant for 3 months. But till now she has not taken a single vaccine. Then, when the organisation's counsellor reached the village to contact Durga on June 28, she had been gone to her maternal home. Members of the core group said that due to forest area and lack of Anganwadi in Madkheda village, Anganwadi and ANM are not able to reach the village. Because of this,

children and women are not being vaccinated on time. The nearest Anganwadi centre is in the village Ahera which is 6 km away from Madkheda. Counsellor Rani Jatav informed her project coordinator, who updated the information the Block Medical Officer and the project coordinator of the Women and Child Development Department about this.

On 28 September 2022, counsellor Rani Jatav again went to Madkheda village and asked about Durga. Vidya Adivasi, current sarpanch and a member of the core group said that Durga has gone to the field to cut millet. After this, a child was sent, and Durga was informed to come to the counselling centre in Pohri for a health check-up. On October 18, Durga Adivasi reached Pohri with her husband. The organization's activists from there took them to the community health centre Pohri and Durga were investigated for the first time. In this, her weight was 42 kilos, height 145.5 cm and haemoglobin 9.

Due to no vaccination in the hospital, they again met the Block Medical Officer and informed the problem of Durga not being vaccinated for 6 months and ANM not reaching the village. After this, at the behest of the official, took her to the nearest centre Sonipura, and took the first vaccine. Also, ANM Santoshi Chauhan from Jakhnaud Sub Health Centre provided iron vitamin tablets to Durga and made vaccination cards. Along with this, the application form for Pradhan Mantri Matritva Vandana Yojana (PMMVY) was also filled.

A Demand by Core Group's Members for Regular Vaccination in the Village

Subsequently of this incidence, the core group members of Madkheda village along with sarpanch Vidya demanded regular vaccination in the village. On November 24, Durga Adivasi was administered the second vaccine by the Health Department in the Madkheda village. This has increased Durga's trust in the activists of the organisation. Durga has had mild abdominal pain, so she went straight to the Pohri counselling centre on 16 December. From there, she was taken to the health centre and investigated. Not only this but Durga's mother-in-law was also sent home by the community mobilizer explaining how to call 108 ambulances in case of an emergency. Just two days later, at 10 pm, when the labor pain began, the family took her to the community health centre Pohri by ambulance. The healthy baby weighing 2 kilos 500 grams was born safely at 5 am on December 19, 2022. Currently, the community is constantly raising the demand for regular vaccination of children and women in Madkheda. Meanwhile, women from Sahariya communities, like Durga Adivasi have been linked to nutrition gardens and backyard poultry farming, which provide them with nutritional security.



A Story of Nutrition and Livelihood Management

Backyard Poultry Farming viz Livelihood and Nutrition Parallel

Food and nutrition security has been a major challenge for Sahariya tribal families in the Shivpuri district of Madhya Pradesh. Its impacts are visible in the form of malnutrition in children and anemia in women. In this case, the Dulari Adivasi of Machakhurd village have become a big source of inspiration for other tribals here. Dulari has taken exemplary initiative towards increasing the income of women in the Sahariya community and reducing malnutrition by adopting backyard poultry farming. Read it, how it was possible.



50-year-old Dulari Adivasi is a common woman living in the village Machakhurd of Pohri block in Shivpuri district. For the past many years, she has been a member of the core group formed by the organization to monitor and support the health and nutrition protection of children in the village. Dulari, who lives in a thatched hut in Machakhurd village, became a big challenge for her to raise 4 children after the death of her husband. She has 4 bighas of rocky land. She used to grow something earlier on it while her husband was there, but now it was becoming difficult for Dulari to cultivate alone. Now the 35 kilos of ration received every month under the Antyodaya Anna Yojana is the only main source of food for their family. Dulari says that this ration avails only food grains, while there has been a shortage of money for things like oil, vegetables, and spices. Therefore, she used to think that it would be better if she got any employment from home.

Information about Backyard Poultry Farming Obtained During the Core Group Meeting

Dulari says that this ration avails only food grains, while there has been a shortage of money for things like oil, vegetables, and spices. Therefore, she used to think that it would be better if she got any employment from home. Meanwhile, Jyoti Verma, a community mobilizer of the organization gave

information to the women showing interest in backyard poultry farming about the backyard poultry farming scheme being run by the Livelihood Mission. After that within a month, 22 women registered their Group with the Livelihood Mission and submitted their application for poultry farming.

Backyard Poultry Farming a Way to Live for 22 Families

The State Livelihood Mission has approved the proposal of women rearing backyard poultry. Later, orders were also issued to set up 22 backyard poultry farm units in Machakhurd village. For this, an amount of Rs 2 lakh per unit was deposited in the account of women. In this way, soon backyard poultry farming sheds were ready in the entire village under the leadership of women, after which the Animal Husbandry Department Shivpuri District has provided 500 chickens per unit in these backyard poultry farms. All the beneficiaries were also given training on backyard poultry farming in coordination with the department and organisation.

Dulari Adivasi Became an Inspiration for Sahariya Women

These days, Dulari Adivasi is rearing 500 broiler species of chickens on their backyard poultry farm. She now remains a source of inspiration for the women of the Sahariya community in her village. Inspired by the Dulari 22 tribal women of Machakhurd village have also adopted backyard poultry farming. Dulari says that during COVID-19, we raised domestic chickens too, which has improved the health of the children a lot, but never did such a big job at the same time. Now the chicks are getting better protection due to the

construction of the shed. At the same time, by keeping cleanliness and giving them food on time, these chicks become 1 kilo to 1 kilo and 250 grams of weight in a month. when they grow up, so we give it to the company associated with the livelihood mission. In return, there is an income of up to 5000 rupees at a time.

Women's Increasing Income, Declining Malnutrition

With the efforts of the women from Machakhurd village, the backyard poultry farming business duly started in February 2022. According to Dulari, Parbo and Kusum Adivasi, who are associated with this business, till December 2022, all 22 women like them have sold chickens to the company three times. This has earned them an income of 3 lakh 30 thousand rupees. Kusum Adivasi has spent a large part of her income on the treatment and food of her severely malnourished two-year-old daughter. Dulari and the other women have invested their income in buying farm seeds, and fertilizers and raising food for the family. In this way, backyard poultry farming has proved helpful in the food security of the Sahariya families. It is also helping to improve the health of women and children. According to Jyoti Verma, a community mobilizer from Machakhurd, in this village of 130 families, 56.8% of children were malnourished in the year 2016-17, while now due to the meaningful efforts of women like Dulari Adivasi, it has declined by 27%.





Paused on Migration by Backyard Poultry Farms and Nutrition Gardens

The tribal families of Shivpuri often have to migrate due to a lack of employment and means of livelihood, but the situation worsens when they do not get work even in other places or states. However, they have to return home also due to needs. In such conditions, backyard poultry farming and kitchen gardens became the saviour to help them with a new experiment. Let's Read further about how this initiative is helping tribal families to overcome the crisis...



Dulari.

Previously, the community depended only on wages. Due to the no sustainable work and not getting work, the community sometimes had to even go hungry for food. The impacts of this condition were seen in the cases of anemia of women and child malnutrition associated with Machakhurd village. In the growth assessment conducted in Machakhurd village for the year 2018, 10 children were found to be very underweight. At the same time, anemia in women has also been a challenge due to food insecurity. However, the result of the community management program of malnutrition run by the organization for the last 4 years is that the cases of malnutrition and anemia in this village have declined by 50%.

Phulwa Achieved Nutritional Security, Family Income Raised

The family of Satish and Phulwa, who earn a living by labouring, were provided 45-45 chicks twice in the year 2021 from the backyard poultry farming scheme by the Animal Husbandry Department. Chickens and eggs prepared from this, are being used to increase the income of this family by selling as well as used in the family's diet too. In addition to this, a kitchen garden has been prepared in about 250 square feet. Phulwa's family has started earning an annual income of 8 to 10 thousand rupees from this initiative. Thus, the community initiative is strengthening the nutritional security of Sahariya families.



Satish and Phulwa Adivasi are living in Machakhurd village of Shivpuri district had to migrate in search of work due to poverty and unemployment to Baran, Rajasthan in April 2021. Phulwa was 6 months pregnant then. Due to a lack of regular work there, they had to return to the village. After this, the delivery of Phulwa took place in June 2021. In such a crisis, this family has obtained the security of nutrition and livelihood from backyard poultry farming and kitchen gardens.

On June 6, 2021, Phulwa's delivery took place at home. The weight of the child was 3 kilos then. His family had just returned along with Phulwa a few days ago from Baran. Due to Corona, they did not get proper work. They were also afraid that they would not be able to get facilities in the hospital due to Corona. In this confusion, they did not even go to the hospital. Phulwa says, "I went out with my husband in search of work after six months of pregnancy. We couldn't find work there, so we returned to the village. Here I observed that my mother-in-law (Dulari Adivasi) has taken care of

our chickens and kitchen garden. Hence, we could get plenty of meat, eggs and vegetables to eat at the time of requirement. With this, my baby and I can be completely healthy. According to Satish, our economic condition was not well due to a lack of employment. At that time, if Amma did not have a backyard poultry farm and kitchen garden, we probably would not have been able to eat these things. Because it was not a matter of us to pay their market price. Hence, now we understand its importance.

Ajay Yadav, district coordinator of Vikas Samvad, says, "It has been a difficult task to prepare the people of the Sahariya community for backyard poultry farming. They never had reared poultry. nevertheless, looking at malnutrition in children and anemia in women, we linked them with the scheme of the Animal Husbandry Department, and continuous poultry reared from 2018 to 2021. Along with this, by providing vegetable seeds kitchen gardens were also prepared. This has provided nutrition and financial security to a needy Sahariya family like



Prevention of Malnutrition by Backyard Poultry in the Sahariya Community

The Saharia community constitutes 11.27% of the total population in Shivpuri district. These tribals live in small settlements or hamlets. The economic condition is also not better, its impact is visible in their nutrition. The community has been less agricultural land. They had been running a livelihood by collecting and selling herbs from the forests. But the decline of forests has also affected their livelihood. Now most families are helpless to work in stone mines either as labourers or in building construction. Let's read further about how backyard poultry farming proved helpful in eliminating malnutrition during this time.



The Sahariya tribals migrate if they do not get work at the local level. Their balanced nutrition is badly affected during migration. Due to poverty, a balanced and nutritious diet is like a dream for them. These communities are completely dependent on government food grains for nutrition. According to the National Health Survey-4, 49.6% of children under five years of age in the Sahariya community are malnourished, which is more than the average malnutrition. In this community, 35% of adults are undernourished, while 48.7% of women aged 15 to 49 years are anemic. The impact of this has been observed in the form of the high mortality rate of children here.

In 2017, Vikas Samvad launched a community-based malnutrition management project in 15 villages of Pohri block. The aim was to improve malnutrition and undernourishment in the community through coordinated efforts. For this, on the one hand, it was necessary to empower the community whereas on the other hand, it was

necessary to support them in every way. For this, it was important to develop such thinking where various schemes of the government could also be merged with one goal. So that better and sustainable results can appear soon. For this, strategies were developed to set up kitchen gardens, revive water sources in the community, strengthen traditional food systems, and cleanliness behaviour, get the maximum benefits of the government schemes, improve Anganwadis, schools, etc.

An idea came up why not re-establish backyard poultry farming in the community? Backyard poultry farming has been done in families of Sahariya tribal, due to which they used to get nutrition as well as livelihood support. But for a variety of reasons, it either diminished or almost disappeared. But how to revive this again? For this, coordination was done with the Animal Husbandry Department. The people from the Sahariya community were trained to rear poultry of the Kadaknath species. In collaboration with the Animal Husbandry Department, backyard poultry farming was done for 44 families in the year 2017-18. Each family was given 45 chickens and also provided Rs 1200 in cash for developing a hen shed. A total of 1980 chickens and Rs 52,800 in cash were provided by the Animal Husbandry Department. Furthermore, 1000 chicks of Kadaknath species were again distributed to 50 families in the year 2020. This initiative has paid off with such good results that now 874 families from 15 villages in the block are rearing poultry. Backyard poultry farming has become a livelihood support for the residents of Jakhnod, Sonipura, Rampura, Jatwara, Mehra, Dangwarve, Amai, Patpri, Nonheta Khurd, Machakhurd, Batkakhedi, Gwalipura, Taparpura, Madhopura and Madkheda.





How changed Machakhurd

Machakhurd is a village where the impression of backyard poultry farming is very clearly visible. There are 68 families from Sahariya community and 41 families from Dalit (Harijan) community. The Sahariya community has barely two to three bighas of land per family and that is too rocky, only one crop can be taken here which depends on monsoon. There are 89 children registered in two Anganwadis. There is also a primary school. The sub-health centre is 6 km away in Devrikhurd. The organization has not only developed kitchen gardens and deepened the pond in Machakhurd. Apart from this, it has also worked on monitoring and capacity building for safe motherhood and rural health, health and nutrition committees.

People started backyard poultry farming in this village and within a few months, the chickens started laying eggs. In this way, eggs were also included in the food of people. People from other villages have also started coming to buy chicken in the Pohri. However, chickens are sold only when people have a special need to spend for illness or at the time of any other emergency. In this way, the community was also avoided from problems like debt. The price of an egg of Kadaknath species is Rs 10, while a chicken is sold at Rs 500 to 600.

Sumitra, Dulari, Hakke Adivasis, Hakko and Ramesh from the village said that earlier we ate better food in the gap of 3-4 months. But now our food is better than before. We eat vegetables 3 times a week, lentils 2 times and green leafy vegetables once a week. Chicken and egg are cooked three to four times a month. Kids are having eggs about two to three days a week. In 2017, when the community-based malnutrition management project was launched, 15 out of 89 children were severely

malnourished while 46 were underweight. According to Anganwadi records, underweight children are only 6.25% now, while in the moderate acute malnourished category has increased to 38.3% of children.

The Story of Naini: Improved Health and Self-Reliance

Naini Adivasi is also among those who were provided chicks. The daughter of Naini, Vandana was severely malnourished in April 2018. At the age of 19 months, her weight was only 7 kilos and 100 grams. After treatment, when she returned home from the Nutrition Rehabilitation Centre, she started to feed one egg daily. Gradually, Vandana started gaining weight and within a few months, her condition became normal. When the health of the other daughter of Naini deteriorated, she sold two chickens for Rs 1000 and got her treated.

The Tulsa tribal of the same village also sold eggs worth 1100 rupees. Her daughter Neelam was also severely malnourished. Due to backyard poultry farming, money also started coming, and the malnutrition of the girl was also removed. Neelam's mother fed her eggs for two months and she gradually recovered. "There have been many changes in our village, all families were given backyard poultry farming, which has included eggs and meat in the diet," says an Anganwadi worker from Machakhurd. Kitchen gardens have been set up, due to which green vegetables are accessible to eat. Thanks to the deepening of the pond, crops have also started growing on the land of some families. The impression of all these is visible. This has led to lowered malnutrition.





A Story of the Community Water Management

Preserving of Food Security from Water Bodies

Machakhurd inhabited in the Pohri block of Shivpuri district is a Sahariya tribe-dominated village. Most of the 60 tribal families from the village feed the families by working as labourers. Few families have a little bit of land, but due to a lack of irrigation facilities, they cannot cultivate either. In these circumstances, the dried-up pond of the village was deepened with the participation of tribal families. This has not only employed the villagers, but it has also relieved the water crisis problem and helped in farming. The Community water management has revived the dry pond of the village. Let's read the story of the beginning of this initiative and its conclusion....



10

Needy family members gained employment for a total of 35 days.

50 plants

have been planted on the bund of the pond. Along with fencing, water supply and security are being done with the support of the local community.

There was a pond 300 feet wide and 700 feet long in the Machakhurd village. Due to a lack of cleaning for a long time, the pond was filled with garbage and soil. This allowed very little water to stay in it. In the summer of May 2022, when the village was once again hit by drought, the villagers demanded the restoration of the pond. The organization completed the deepening work of the pond by ensuring the participation of the community in water management.

A Status of Cultivation and Migration of the Sahariya Community

90% of the families from Machakhurd village migrate to Shivpuri and nearby towns thrice a year. Because there is neither farming nor any other source of livelihood in the village. They work as labourers in cities and return to

their homes during the cold and rainy seasons. They try hard to earn a livelihood by farming on their two or two-and-a-half bighas of rocky and barren land. The result of migration, irrigation problems and irregularity of employment is that the situation of malnutrition in children and anemia in women in the village remains serious. To deal with this condition, efforts are being made by the organization with the local community and administration.

Need for Pond Deepening and Public Participation

Looking at the drought situation, women and youth planned to deepen the dry pond. Villagers said that with the stagnating water in the Machakhurd pond, vegetables and moisture-rich crops could be grown even in the Zaid and Rabi seasons. Given the availability of water for animals' drinking and the possibility of increased water level in the adjacent well, the pond was deepened and strengthened with the financial support of the social association. Given the intense heat and the possibility of rain, a good balance was struck between both machine and human labour in this work. The deepening of the rocky land was done by the machine while stone pitching on the cross (bund) was done by the labourers. At present in this pond filled with water, 112 fruit and shade plants have been planted on the ridge with the participation of the community. Arrangements have also been made for their security by installing nets. The members of the Community Action Group have taken full responsibility for its supervision and management.

The Dry Ponds Became Watery, The Water Level of Wells and Handpumps Increased

Ramdulari Adivasi of Machakhurd says that due to the cleaning and deepening of the pond, the water level

of the pond increased a lot this year and with these efforts, the villagers are getting water for their own and the animals' disposal. By filling up the water in this pond, the water level in the wells and hand pumps located in the lower part of the pond has also grown. Earlier, women and children had to travel 1 km away from the village to bathe. But now, it's not needed. 15 families of the village have 30 to 40 bighas of land adjoining the pond. After filling water in the pond, a farming plan is now being prepared on this land.

Obtained Local Employment from Water Management

According to Ramesh Adivasi of Machakhurd village, this work of water management will also short malnutrition. Because when the community goes on migration, they take the children along. While working there, they are not able to look after their children properly. For these families, skipping wages and hospitalization means losing a few days' worth of wages. Therefore, their children become weak and malnourished. But now during the pond deepening, 10 needy family members from the village gained a total of 35 days of employment. With the wages they receive from this work, they will be able to protect their children from severe acute malnutrition by feeding them balanced nutritious and supplemented food.





60 Families of the Sahariya Tribe Inhabited in Machakhurd and Taparpura Both Villages

Deepened Ponds Paused the Migration; Changed Life

The deepening of ponds was done through a community initiative in Machakhurd and Taparpura village of Pohri block, Shivpuri district. The advantage of filling this pond is that the villagers who migrated for livelihood earlier, are now staying back in their villages and doing farming. Before this initiative, the story of migration and unemployment in these villages was similar to other villages.

After the Corona pandemic, the inequality gap has widened across the world. It has particularly impacted the deprived and poor sections of society. Many surveys have proved that people lost their jobs on a large scale, and they were even deprived of food. The story of the Machakhurd and Taparpura villages of Pohri block in Shivpuri district was similar.

About 60-60 families of the Sahariya tribal community inhabit both villages Machakhurd and Taparpura. People run their families by labouring. Some of them had land but did not have adequate irrigation facilities. The two ponds were there in both villages. The pond at Taparpura was 200 feet wide, and 600 feet long, whereas at Machakhurd 300 feet wide and 700 feet of length. Due to not being clean for a long time, these ponds were filled with silt and water was not staying. Meanwhile, the Corona epidemic knocked on the door, and the economic activity as well as the livelihood of people were disrupted. The livelihood of people from these two villages also came to a complete standstill. There was a question mark on every source of income.

In these circumstances, a livelihood crisis arose in front of these families. Looking at the growing crisis of unemployment the initiative of the organisation meeting with villagers was held, so alternate employment could be discussed. Around 30 women and 45 men from the community have participated in this discussion. People have shared their opinions with details of the ways to deal with this crisis. Many good suggestions also came out.

Consensus on Deepening the Ponds

In the meeting, it was consensus that the ponds of the village should be deepened which were holding very little



water due to siltation. Everyone agreed that if the water remains in the ponds, it will help in farming, and animals's disposal and there will also be no shortage of drinking water. The work of deepening each pond was started on the initiative of the organisation in collaboration with the Delhi-based organisation Goonj.

Hand-in-Hand and Cooperation Made the Matter

People from all communities from both villages cooperated in deepening the ponds. Around 93 families from Taparpura village and 53 families from Machakhurd helped in the deepening work of the pond, which lasted for 8 to 10 days. Ajay Yadav, district coordinator of Vikas Samvad, says, "In Taparpura, there was not much deepening due to stones coming out in the ground. On the other hand, in the rocky land in some parts of Machakhurd, the workers faced difficulty digging the pond. But with collective courage, this work could be accomplished."

During this, the people from the village have also cooperated in the form of flour, rice, pulses, oil, groundnut etc. So that there is no shortage of food for the working families. The ration from the ration shop also helped. Some people also brought herbs from the forests and sold them. The Immediate help and

relief received from Goonj Sanstha were commendable during the community initiative of deepening the pond. This initiative has also created an energetic atmosphere in the village.

Advantages of Deepening the Pond, Drinking Water, Crops Flourishing in the Fields

The community's hard work paid off and as soon as the rains came, the ponds were filled to the brim. This has not only provided water for animals and humans to drink, but it also increased moisture in the soil and helped the local people in farming. Usually, the families who used to migrate to other places for labour now spend more time cultivating their land in the village. Now they cultivate, wheat, gram and mustard. Crops also started blooming in their barren fields.

Ramdulari Adivasi of Machakhurd village says that the cleaning and deepening of the pond has increased the water level, and this has benefited both humans and animals. Ramsevak Adivasi from Taparpura village says that thanks to the water facility, fields are getting better irrigation and crops are also improved.





A Community Initiative of Soilbag Dam: Submergence Safety and Plenty of Crops

People from Jakhnod and a few other villages of Pohri block from Shivpuri district saved the dam from bursting with support from the community. Proper availability of water also led to improvement in agriculture. Let's understand this positive effort in detail.



In the year 2021, Shivpuri district like all parts of the country, has also received good rains. The ponds of the district were also filled to the brim with the rain. A good harvest was expected. In Jakhnod village of the district were two ponds within a radius of about four to five km (Kilometers), that meet the water and irrigation needs of the area.

Amid heavy rains, people from Jakhnod village noticed, that water had started spilling out of the pond. Four houses in the village were severely affected by this spilling water, and it was feared that there might be a split in the banks of the pond. If the banks of the pond had erupted, only not Jakhnod but three other nearby villages Nayagaon, Baripur

and Pohri would have been badly affected.

Both ponds are built in an area of four to five km. Since the ponds are centuries old, their banks have traditionally been made from clay. Due to the continuous collision of water, the soil starts to liquefy and flow. If new soil is not added to those places, water



leakage also starts. A barrier with stone has been made to provide water for irrigation. Even if the stones come out from the barrier, the possibility of bursting is still there.

Amidst these apprehensions, the villagers informed the local district administration, but the administration has not taken concrete action. In August 2021, they spoke to the local SDM and CEO of the Nagar Panchayat. Nagar Panchayat CEO reached the spot, but observing a strong flow of water, he returned to fearing that the dam of the pond would not burst. The flow of water was very high. Later, there was no initiative from the administration on this subject. Then, the villagers contacted the district coordinator, Ajay Yadav of the organisation, and sought help. Ajay Yadav reported this to the Bhopal office. With the efforts of the Bhopal office, further efforts were made in this direction in coordination with Goonj, an organisation based in New Delhi.

A Soil Bag Dam Built by the community initiative

Ajay Yadav discussed the situation with the local community. It was agreed that four villages including Jakhnod, Nayagaon, Baripura and Pohri would be badly affected if the banks in the pond burst. And it was decided to tie the bags to prevent the ponds from bursting. After the consensus, all communities came forward, and hundreds of people from all the villages collected empty sacks from their homes. In this work of binding sacks on the pond, more than 100 people have continuously worked for three days. During this period, people from the affected villages do not face difficulties in regular food for their families. Therefore, a solution had been already found by the organisation. Vikas Samvad has prepared relief ration kits of food items like flour-dal, oil-jaggery and groundnut with the support of the Goonj

organisation and distributed them in the village.

The community cooperation paid off and the ponds could be saved from bursting with the help of gunny bags. The water level in the pond was good, so it was sufficient to irrigate 1,400 bighas of land for the people from these villages whereas, previously these ponds could have irrigated hardly 200-300 bighas for agriculture.

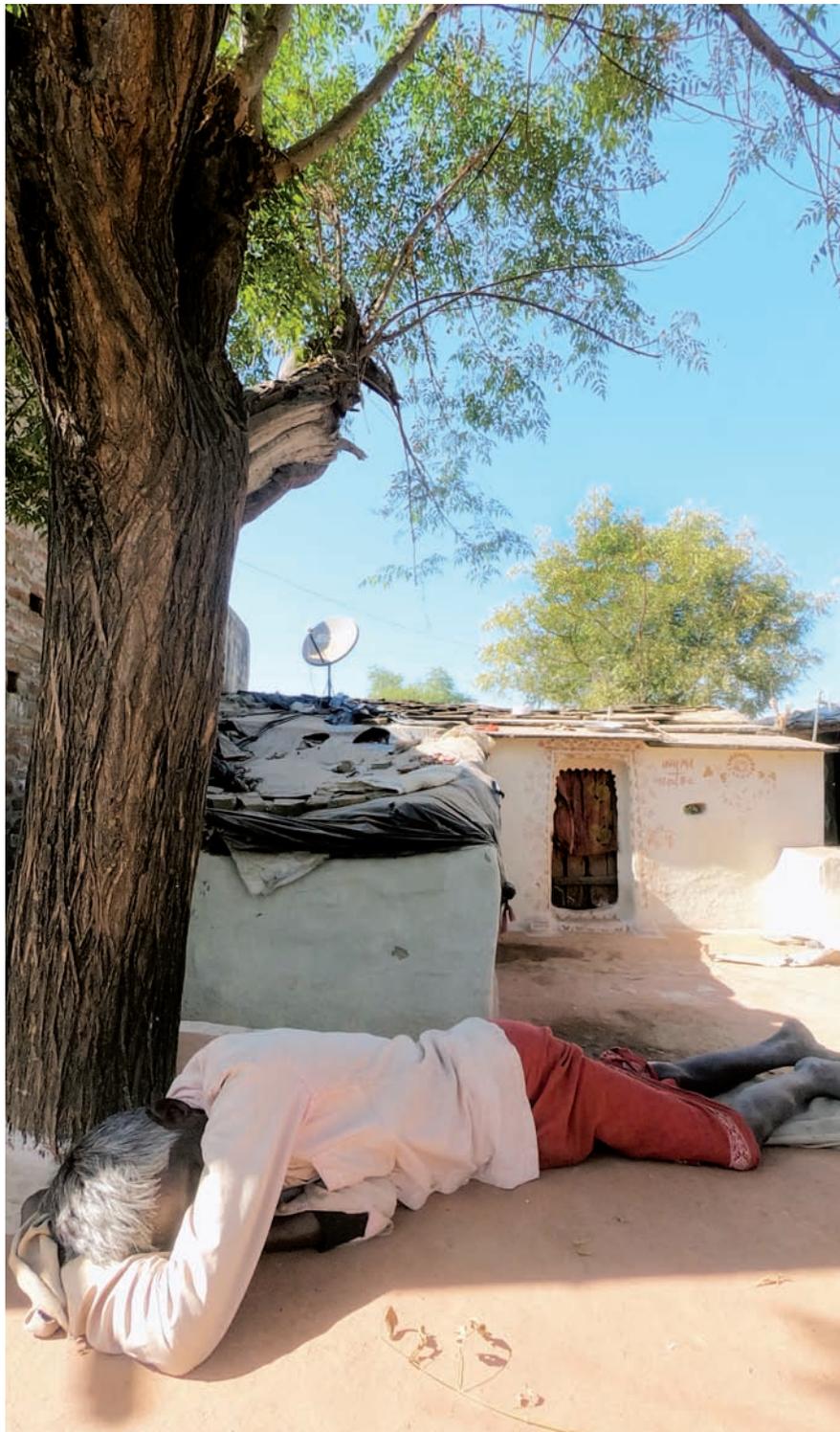
Motilal Yadav (50) from Jakhnod village says, "We used to cultivate with the water of the pond earlier, this time thanks to the better water level we have sown in two fields, first two and a half bighas and second four bighas. Earlier, we could not be able to cultivate much land there due to low water levels. This time we have been able to cultivate wheat and mustard. We can plant more crops than every year.'

Ajay Yadav confirms Motilal Yadav's point and says, 'I also saw two changes. Now, six to seven quintals of mustard are being produced in one bigha mustard cultivation. Whereas earlier only two and a half to three quintals per bigha could be produced. This is the reason that the income of farmers has also improved this time due to higher crops. Farmers are excited. There is no empty farm this time. The crop is flourishing in every field, villagers have sowed mustard, gram and wheat crops in their fields this time. It is a marvel of the availability of water that the villagers now are doing more farming than they had ever done before.



A Story of Community Health Management

Tuberculosis (TB) and the Challenge of Traditions



Ra...Ni, O... Ra...Ni! Charan, calling his daughter, could no longer make a voice out of his throat, as if thorns had grown inside the throat and the voice was bursting into it like a silk scarf. In the last 5 minutes, he had coughed around 50 times. And now even the sound of his coughing was not ready to come out. Charan once again lowered his hands lying on the cot hoping a mug of water might hit and drinking a sip of water may give his cough some relief. However, that didn't happen.

Charan was compelled to get up out of his bed, placing his hand on his waist, he slowly reached toward the water pitcher kept in the corner inside the hut. The mug was lying crooked there beside the pot. Charan picked up the mug, removed the lid that looked like it was made of earthenware, placed it on the pitcher and half-filled the mug with water. He has gulped two sips of water down in his throat. This has given some relief to his cough. He then went to his cot and lay down. Beside him, his wife Savani was unconsciously sleeping. The wife was born in the month of Sawan; hence she was named Savani. She had become so used to her husband's cough every day, especially at night, that her deep sleep was no longer disturbed by coughing. After spending all day in the field and doing household work, she was so tired that the person who differentiated between her and the dead while sleeping at night could get a reward.

This is the story of Charan. Charan is a 55-year-old tribal from the Saharia tribe. The same Saharias live in seven districts of Madhya Pradesh, including Sheopur, Shivpuri, Ashoknagar, Guna, Gwalior, Bhind and Morena, besides some border districts of Rajasthan. The Saharias have been recognised by the government as a particularly vulnerable tribe and placed in a separate category

along with the Baiga and Bharia tribes. These are the same Sahariya tribals who take pride in calling themselves younger brothers of Bhils. Some people believe that the word Sahariya comes from Sah+haria, which means to be with a lion (one can read it as a tiger in the context of Madhya Pradesh and Rajasthan). That means this name came because they have lived with lions in the forest. It is also believed that the Saharias live in a group of row-bound houses called Saharanas. In Persian, the word city means forest. And these tribals live in the forest. Perhaps that is why they are also called Saharias.

Now, we should return to Charan Adivasi and his story. The name of his village is Bhojpur. It falls under the Pohri block of Shivpuri district. Charan's village history is also very interesting. That was settled by people from Pari village of Rajasthan several decades ago. Charan lives with his wife Savani, father Mansingha, four sons, and one daughter Rani. Two more huts are built near Charan's house, in which Charan's sons live with their wives. Daughter Rani is also married; she has come home these days from her in-laws' house i.e. the neighbouring village for a few days. Charan also owns five bighas of land that is leased by the government. In this land, he grows Kharif crops such as urad, millets, sesame etc. during the rainy season. However, this is not sufficient to make a living for him and his family. He holds a yellow ration card for the Antyodaya Anna Yojana Scheme which entitles him to receive 35 kilos of ration every month, providing them with some relief.

Charan's cough is persisting despite treatment. Three months ago, he was diagnosed with TB, also called tuberculosis, which is one of the deadliest diseases in the world. According to the United Nations, every

day, more than 4000 people die due to TB, and more than 30000 people suffer from it. This is one of the reasons why all the countries around the world have set a goal of eliminating tuberculosis (TB) by 2030. However, in 2025 the Government of India decided to end TB in the country.

Last September 2022, President Smt. Droupadi Murmu also launched the Pradhan Mantri TB Free India Campaign. However, there is a concern because according to a report from the Union Health Ministry, the number of TB patients in India has increased by 19% in 2021 as compared to 2022.

In the year 2020, where 1628161 people were victims of TB in the country, while in 2021, this number has increased to 1933381. It is a scary fact that every year, more than 250,000 people die due to TB in the country.

This issue is particularly concerning because the Sahariya community, to which Charan belongs, has been a severely affected community by TB. This was revealed from a study conducted by the Indian Council of Medical Research (ICMR) of the National Institute of Research in Tribal Health (NIRTH) in Sahariya tribe-dominated districts in the last 10 years. Seven districts, where the Saharia tribe inhabits the most include, Sheopur, Shivpuri, Ashoknagar, Guna, Gwalior, Bhind and Morena.

Now you must be thinking that if the government is aware that the Sahariya community is affected by TB, the government has also provided special status to this community, it must be running special schemes for them. Of course, you are right. The State Strategic Plan 2019 to 2025 (SSP-MP 2019-2025), a seven-year strategy, has been developed with objective of the eliminating TB in Madhya Pradesh.

The government has prepared its

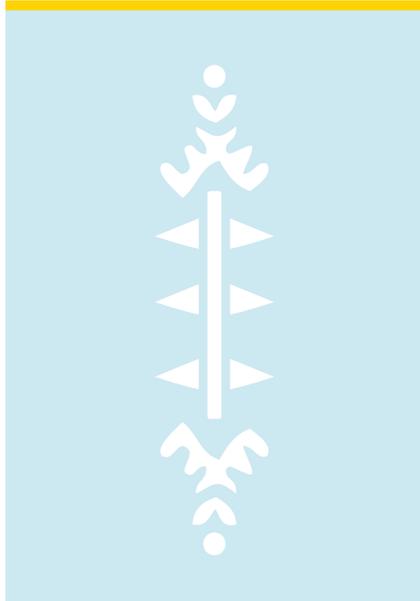
strategy based on insights and knowledge gained from the private sector, NGOs and other ongoing similar programs. The Sahariya Action Plan is also being implemented for this purpose.

However, these plans and speeches often remain limited to paper, books and official talks. We want to bring to your attention the actual situation of what is happening exactly on the ground. Why is Charan still not cured of TB? And there are plenty of reasons behind this.

One perception that has become prevalent in Charan's community is that they do not consider tuberculosis (TB) as a disease. There is a belief among the Saharia community that TB is a form of black magic. Like other Sahariya people, Charan also believes that he has this disease because one of his enemies gave him some medicine mixed with food.

In the language of Saharia, they call it Dinai. It is believed that the day this medicine is given to a person, it starts showing impacts on that person from the same day. Due to this medicine, the person gradually starts falling sick, symptoms like Cough and fever start showing, and his food and drink intake decline. And thus, it slowly becomes weak. Charan, like other Sahariyas, believes that someone, possibly an enemy, has given him Dinai through a magician.

The Saharia tribe believes that Dinai, a kind of sickness, is caused by a mixture of lion hair and glass powder. According to their belief, the glass cuts the soul while the lion's hair lays a trap in the soul so that whatever the sick person takes in food, it does not get digested. Over time, the glass gradually cuts the soul leading to weakening the body. Also, the Saharia tribe believes only a



greater knowledgeable magician might remove the impact from the person than the magician who gave Dinai. A younger magician does not have as much ability as him.

It's surprising even in TB, a person becomes weak because of an infection in the lungs. There are striking similarities between this infection of the lungs and the belief that the soul is taken away by the hair of the lion. Yet, Charan follows the beliefs of his community. That is why still he also considered his old cough as the result of Dinai.

Charan frequently visits black magicians, superstitious people, and those with intelligence in his area to reduce the impact of Dinai. At the magician's request, he has bought and offered goats, chickens or liquor to the gods multiple times. However, this is worth noticing that only a small portion of the offering is given to the god, while the rest is taken by the magician to his home. Often, even for herbs, Charan had to pay money to these superstitious or magical people.

The Dinai has to be tried multiple times if it is not cut at one time, then the second time and if it is not cut at the second, then the third time also has to

be tried. And every time, the patient has to bear all these expenses. Charan was a little lucky in this case that he did not have to mortgage his land in these efforts to remove Dinai. However, some people in his village have lost their land along with their money in the affairs of these magicians and superstition. They have mortgaged their land to money-lenders so that they can pay the Dinai. Now there is no hope of taking this land back.

However, Charan had attempted to seek government aid to relieve his cough. Even he visited to his sarpanch multiple times. But the sarpanch bluntly stated that it is the job of the health department. What can we do about it? But this is also the responsibility of the panchayat. Panchayat should prepare a village development plan so that no disease like TB exists in any village. The TB prevention plan has emphasized the role of panchayats. However, it does not look to be happening on the ground. Similar is the case with the Health Department and the ASHA workers associated with it. The health department is implementing many schemes and programs to eliminate TB. These include schemes like the DOTS program, TB Nikshay Yojana, and TB Mukh Bharat. However, on the ground, the reality seems to be the opposite of what was expected. the ASHA worker in the village is responsible for taking care of TB patients. This includes providing them with medicine, ensuring that they are well-fed and have proper nutrition and counselling their family. However, if you observe the village, you will find that the situation is quite poor. It is possible that the ASHA worker is not even aware of the number of TB patients in the village. If a little aware patients go to the community health centre to get medicines themselves, then the centre is also charged for medicines. Every month, 500 rupees to TB patients are

provided under the Nikshay scheme for nutrition. The Nikshay scheme provides 500 rupees per month to TB patients for nutrition, but the reality is that the amount allocated for the scheme has not been deposited into the account for the last three months. This raises questions and doubts about the government's plan to eliminate TB.

Naturally, Charan will have to pay money to the government as well as to his magician. Then he will prefer to give it to the beliefs of his society. He keeps trying to take down the Dinai by paying money to the magician.

However, for the past three months, he has started receiving medicines from the government hospital which have significantly improved his health. However, his diet is not strong enough to withstand the heat of TB drugs. After a few days of taking medication, Charan stopped taking them due to the heat. He claimed he felt more comfortable without them. However, leaving the medicines will not let Charan end his illness. In fact, it will only worsen his condition. This is not just Charan's story. There are thousands of such Charans in the Saharia tribals. They are questioning if the situation persists like this, how will TB be eradicated from India in just two years?





Tuberculosis, Addiction and Poverty: A Triangle of Deprivation

Bhojpur is a village located in the Pohri block of Shivpuri district, where 132 families of the Sahariya tribe reside. The people of this community are mostly engaged in hard labour work such as stone cutting, transportation, and agricultural labour. Unfortunately, drug addiction and superstitions are prevalent among them. The growing number of TB cases among the tribe is a cause of concern, highlighting the alarming health condition of this primitive tribal community.



However, the ongoing initiative of awareness and diagnosis related to TB disease is yielding promising results. Bhojpur village of Upsilon Gram Panchayat is located on the left side of the Shivpuri-Sheopur Road, approximately 4 kilometres from Pohri. With a population of 447 in this village, 132 families of the Sahariya reside in traditional thatched houses constructed from mud, bamboo and stone, also known as Patore. This community relies upon associated work with farm labour, stone mining or cutting and transportation for their livelihood, and persists a severe crisis of health and employment challenges in front of them. In the Bhojpur village, during the initial observation at the beginning of 2023, the organisation found symptoms of TB in 13 to 15 persons. Additionally, a large number of youths, teenagers and elderly were found to be victims of harmful drugs like tobacco (gutkha), liquor and smoking. One of the reasons for the growing cases of TB in the Saharia community is that people do not recognize symptoms such as cough, fever and weakness as signs of TB. Instead, they continue to engage in witchcraft attributing black magic and Dinai.

The poor health of the Sahariya families is also a major reason behind

their employment and livelihood crisis in Bhojpur village. They do not receive regular work from the MNREGA scheme here. Hence, members of many families work in the fields of wealthy farmers to earn some grain and 200 rupees. According to Kusum Adivasi, some families have two to three bighas of stone-rich barren land, on which they cultivate millet, and urad (Black Lentil) during the rainy season. The fertile land in the village is occupied by a few dominant people in the village, leaving the Sahariya families to survive primarily on daily wages and food grains provided by the public distribution system (PDS). In this particular community, the absence of proper sanitation facilities, access to clean drinking water, and balanced nutrition since birth, in addition to addiction, are also the major reasons for the spread of diseases like TB. The symptoms of anaemia and tuberculosis disease are showing in Women from this community.

A Challenge to TB Disease considered Witchcraft and Dinai

The Sahariya community tends to avoid sputum tests even after experiencing symptoms of TB, such as persistent weakness, cough, and fever. Because they consider a suspect of witchcraft or

Dinai in harmful substance with food as the main reason behind this. They believe that when some such medicine or other thing is fed fraudulently mixed with food and drink by any enemy, in the language of Sahariyas it is called giving Dinai. In the village, it is believed that the impact of Dinai starts showing the same day to the person on which the day is given.

This causes the person to become sick gradually. Often, they also die. Therefore, some people from the community offer and sacrifice everything from chickens to goats in an effort to cure the patient. If the patient's condition has no improvement, and his condition starts deteriorating. Then, they take them somewhere to the hospital. In the case of TB patients in government hospitals are given six months of medicine under the DOTS scheme. They take a few days but later quit the medicine in the middle of treatment by stating that the medicine is heating them.



Sanjay Dhakad is a grassroots partner of Vikas Samvad. Recently, he died at a young age. A humble tribute to him.



How was Sabbaram Free from Tuberculosis?

Sabbaram Adivasi from the Sahariya tribe is 50 years old. He lives in a hut with his four children and wife Siya Bai. This poor family receives every month a 35 kilos ration under the Antyodaya Anna Yojana. He holds five bighas of agricultural land from his father, on which along with the Kharif crops, a small nutrition garden was set up in collaboration with Vikas Samvad where some vegetables are also grown. Siya Bai is now very happy that her husband has recovered from a severe disease like tuberculosis. To know how it happened, let's read a full story.



Sabbaram says, his cough is gone now. Occasionally, when he feels a dry cough, only then, does he remember the old days. He has not stopped taking the dose of DOTS (medicine) yet. But his condition was very severe 7-8 months ago. Because of his illness, the employment crisis was increasing in the family. During this crisis, his wife Siya Bai had to work as a farm labourer to manage her family's expenses for food, medicines and other requirements.

Under the project with the members of the core group Ramvati and other colleagues, a baseline survey of Bhojpur village was conducted in September 2022. Sabbaram was coughing in his hut and also suffering from a severe fever. In addition to this, His weight was also very low.

The community mobilizer Sanjay Dhakad has not only advised him to get checked for the symptoms of TB, but he also took him along with him to the Community Health Center Pohri and got him investigated. Sabbaram was not initially ready to admit that he had TB. He had been practising exorcism for a long time, fearing witchcraft or Dinai. In between, he would occasionally take medicines from private doctors. After revealing positive in the investigation, he was prescribed a 6-month DOTS (A Package of medicine).

According to Ramvati, it was difficult for Sabbaram to take medicines in the initial two months. He repeatedly discussed feeling the heat and stopping medication. Then, we along with the organisation mobilizer explained the importance of medicines to him and that he should continue to take the full dose of medicine. Meanwhile, support was also provided for setting up a nutrition garden in his house, due to which green vegetables were received in the food. Additionally, with the coordination of the Health Department, Nikshay

identification was made to receive benefits of Nikshay Poshan Yojana for Sabbaram. With this ID, he started receiving ₹ 500 per month. In this way, Sabbaram completed six months of his medication and came back negative in the follow-up test. Sabbaram has successfully overcome TB. Now he has become a source of inspiration for other patients in the village.

Leaving alcohol, Now Change in Thinking of Family

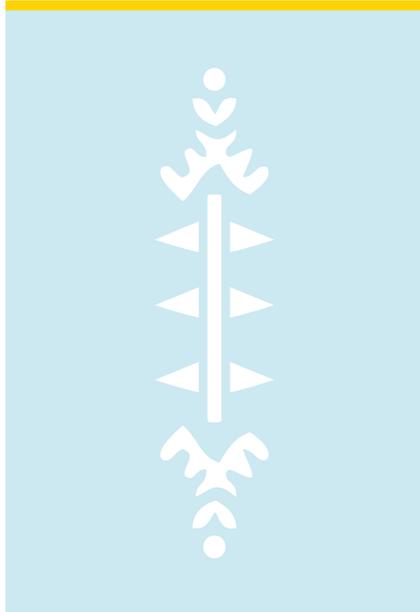
"Previously I used to drink a lot. Ever since I became a TB patient, doctors have prohibited me from drinking alcohol. I have given up alcohol, but I am not giving up smoking (bidi) yet. If you do not smoke (bidi), the stomach is not clean. I am still trying to quit addiction completely." Siya Bai says that the daily expense of tobacco (gutka) and smoking (bidi) was 40-50 rupees, and whenever her husband used to drink alcohol, this expense went to 200 rupees. Now, the disease is being cured, so, these expenses have also gone down. Now we are able to save. Now, an atmosphere of peace in the house than ever. Like other families of the Sahariya tribe, this family has also been suffering from fear by considering TB disease as a consequence of old karma and an enemy's food. They have spent money on eggs, goats and liquor to offer the deity 4 to 5 times. In the Sahariya tribal families of Bhojpur village, stereotypes and superstitions about diseases like TB, a lack of awareness, and an unbalanced nutrition and health security system have been prevalent. However, Sabbaram's story marks a positive beginning of change. It is an example of how people are starting to take medicine and treatments seriously.





Neeraj's Struggle Continues Against Tuberculosis (TB) and Addiction

There has always been a conflict between the local Sahariya community's beliefs and trust in health services regarding TB disease. However, now, along with the strategy of preventing TB infection and regular use of medicines, Neeraj and his family are being monitored with the help of the community mobilizer and grassroots staff from the Health Department.



20-year-old Neeraj Adivasi lives in Bhojpur village of Pohri block from Shivpuri district. A total of 5 members are in his family. Neeraj resides in the same hut with his father Bhopa, mother Krishna, brother Sonu and sister Rashmi. Neeraj's father holds a ration card under the Antyodaya Ann Scheme, which provides them with 35 kilos of ration every month. This ration card is the primary source of food grains for the family.

Neeraj's family holds three bighas of semi-irrigated land where they grow millet, black lentil (urad) and sesame during the rainy season. However, since they can only cultivate during the Kharif season, the family has to rely on daily wages to make a living for the rest of the time. This is one of the reasons, like other Sahariya families of the village, members from this family also go to Rajasthan because they earn wheat and wages from there, which meets the family's requirements for food grains.

Neeraj has been unwell since July-August 2022. He has been experiencing persistent cold, coughs, and fever. When Neeraj's health deteriorated, the villagers advised him to undergo Dinai. Consequently, his family took him to

Piparbawdi village in Vijaypur tehsil of Sheopur district and got him exorcism there. Despite undergoing the procedure Neeraj's health deteriorated day by day. Therefore, in December 2022, he was taken to a private doctor in Shivpuri and his X-ray and other investigations were done.

The doctor informed Niraj's family that the cost of treatment would be between 5000 to 6000 rupees. However, his family expressed their inability to pay such a huge amount and returned to Bhojpur village with cough medicine. Even after all these efforts, when there was no significant improvement in Neeraj's health. Later, Sanjay Dhakad, an organisation activist, informed the family about Niraj's TB.

He helped Neeraj prepare for the investigation and took him to the community health centre in Pohri. A chest X-ray and mucus were also investigated in which, Neeraj was found to be suffering from TB. following this, he was advised not to have any addiction and to take regular medication for six months under DOTS. Neeraj took medicine for three months with the assistance of a local colleague.

After that, Neeraj felt more heat with the medicines and started bleeding from the urine. So, the family again went to Sheopur without informing the community mobilizer to obtain Denai. This highlights a clear conflict between the local Sahariya community's beliefs and trust in health care services for TB disease.

Currently, Neeraj and his family are being monitored with the help of a community mobilizer and grassroots staff from the Health Department with the strategy of preventing TB infection and regular use of medicine. The result of all these efforts is that Neeraj's health has been steadily improving.

Addiction Since Teenage Become the Cause of Disease

Neeraj considers the main reason behind TB to be his weak physical condition and addiction in his teenage. According to him, from the age of 13, when he used to go out to work with his friends, after the tiredness of the day, everyone used to drink alcohol in the evening and sleep. During that, he also used to drink with them multiple times. Later, I became habitual of drinking. Additionally, I also became addicted to smoking (bidi) and tobacco (gutkha). Neeraj says, that during the treatment, the doctor and the community mobilizer from the organisation explained multiple times not to drink alcohol. Since then, I have not drunk alcohol, but sometimes I smoke (bidi) and also eat tobacco (gutka). Along with all these reasons, not having an adequate diet on time and working hard for 7 to 8 hours amidst dust and dirt have also been a cause of such diseases. Currently, with the steady improvement in Neeraj's health and giving up addiction and alcohol, the awareness about TB testing and government treatment has increased among his family members.

Note: A consent has been taken from the concerned persons regarding the names and statements mentioned in the above story.





The Challenge of Treating Greater than Diseases

The deprived families of the Sahariya tribe residing in the Pohri block of Shivpuri district have only a few pieces of barren and unirrigated land in the name of farming, from which they earn the family's livelihood. But, due to diseases like Tuberculosis (TB), they have to mortgage their land many times. The story of the Hazari Adivasi from Laxmipura is also similar. He had to take a loan of Rs 40,000 by mortgaging his three bighas of land for treatment in a private hospital. Currently, Hazari, who is battling TB disease, has a double worry of repaying the debt to the moneylender as well as dealing with his severe illness.



Hazari Adivasi belongs to the Sahariya tribe of Laxmipura village and was born in Shikaripura. Father Sawai Adivasi owned 25 bighas of government lease land. Hazari's family holds 7 bighas of land, which is divided into separate pieces. Out of these, two bighas are barren while the rest of the land is scattered. Consisting of seven members family of Hazari receives 35 kilos of ration under the Antyodaya Anna Yojana. They get food at least for 15 to 20 days from this ration. For the rest of the needs, Hazari has been working as daily wage labourers in stone mining or other work. Unfortunately, for the past 4-5 years, he has been facing diseases like TB. Hazari wanted his son Punjab to study well. Therefore, he enrolled his son in a government school till class 10th grade. However, he then transferred him to a private school for 11th and 12th grade, as he believed it would provide a better education. Due to not being in good financial condition, he could not deposit the full fees, then the school people provided the mark sheet of class 12th and expulsion him. Later, Punjab completed his B.A. from the government college.

Currently, he is also supporting to run the house by labouring in the village, just like his mother. During the wheat harvesting season, this family also goes to Supad in Rajasthan's Baran district to earn around Rs 2,000 and some grain (wheat) for food, which takes care of the household expenses.

Becoming Complex the Problem of TB Disease

Hazari tribal has been working in the Majhera stone mine in Shivpuri since 2001. In 2013-14, he experienced a cough and fever and was later diagnosed with TB for the first time. He started his treatment and has been facing ups and downs in his health condition ever since. Hazari has received

TB medication from the government hospital 2 to 3 times. Over the last 4-5 years, he has been experiencing severe weakness and fever-cough, which he says felt like a stone placed on my chest.

Later, when COVID-19 arrived, he became afraid of contracting the virus and started visiting a quack doctor and having exorcisms performed at home. Even after taking government medicines, his body felt more heat and nervousness due to not having a proper diet and weakness, and eventually, he sought treatment in a private hospital. In May 2022, he had shortness of breath, dry cough and weakness, he then went to a private hospital in Shivpuri for treatment. To cover the expenses, he mortgaged his 3 bighas of land and took a loan of Rs 40,000 from a local moneylender for treatment. Presently, Hazari's health is improving, but the disease is not eradicated from the root.

Social activist, Ajay Singh Yadav says that labourer Hazari tribal in the Sahariya community who has been associated with stone mines, along with the worsening of his TB, signs of silicosis have been also observed. The lives of patients are in danger due to the health department has no arrangement for its investigation and treatment at present. They are advocating in this direction with the local administration. Along with this, the availability of food grains and seeds including nutrition garden and poultry is being ensured for the needy families. In families suffering from TB, the community is aware of the importance of protecting children from severe acute malnutrition adopting hygiene in the diet behavior of patients and quitting addiction.





A Pain of Menstrual Hurts the Mind More Than the Body

A 15-year-old teenage girl, Anka Jatav living in Mehra village of Dangbarve panchayat in Pohri Block of Shivpuri district, the first menstrual period was full of fear and ignorance for her. "When I first started bleeding with back pain at the age of 12, I hid and cried for five days," she says. How do I tell anyone what's happening with my body? Anka first came to know about menstruating properly at her teen group meeting. Now she does not only discuss menstruation with other teenage girls, but she has also started keeping her arguments against the stereotypes associated with it.



No one informed Anka anything about menstruation until she turned 12 years old. In 2017, she joined the adolescent group, she was told by a counsellor (Didi) in a meeting that menstruation is a natural change in every girl's body during adolescence. The counsellor assured her that There was no need to worry about it, nor was it any kind of sin.

But it took her time to accept and understand this. She has been watching that there have been many restrictions during menstruation around her. The greatest thing is that no one has discussed it in the village. So, when the conversation with the girls on health and physical hygiene started in the meeting of the adolescent group, everyone was reluctant to talk about it. Then frequent meetings of local ANMs, Anganwadi workers and counsellors were held. In addition to providing information on the subject of a balanced nutrition diet and health security, sports programs were also organized in these meetings. During this, they became familiar with each other and the conversation about menstruation started with them. Anka explains that we are then associated with anemia, body weight and the process of height measurement only when we start learning about the development of our body. Subsequently, we started assisting in this work in every village. Because it seemed necessary to be aware of girls about it. During discussions with the girls in the group, it was revealed that cleanliness is very important during menstrual time, as girls and women often use dirty clothes during menstrual.

Due to sanitary pads being costly, they are not able to use them. However, now sometimes few adolescent girls receive sanitary pads from the Anganwadi. Hence, in the absence of sanitary pads, we provide information to our friends at school and in our group friends to use a

clean cotton cloth as an alternative to sanitary pads. Since we started getting to know new information in the group, since then, sometimes by joining adolescent group and child group meetings, we have been constantly learning about the changes in adolescence, boy-girl discrimination, child marriage and balanced diet. I prefer to attend every program held by groups and organisations to speak my mind in this way. Looking at me, the villagers say that she will become a leader.

Teenagers Gathered to Change Conservative Thinking

Members of the adolescent group from Mehra village have a strong aspiration to change the stereotype about menstruation. But sometimes change becomes difficult due to being associated with religion and customs. Therefore, according to Anka, we can now discuss it with women and friends, but still, there is not much talk about it with boys and men, as some people look at it as a disease.

Here in the village, many works of houses are such on which have restrictions during menstruation. Such as not touching pots of drinking water and pickles, and no entry into temples and worship places. Even, in many families, if the woman is with her menstrual, she cannot enter to the kitchen. Another person serves her food. She can't even take food herself from the kitchen. How correct all these things are, how much not, why all these rules were made, all these questions are now being raised in the discussions.





Tuberculosis: Information is also treatment!

Kolhapur village is located on the banks of the Sarkula River in the middle of the forest in the south direction from the Shivpuri-Sheopur highway. There are 95 Sahariya families residing in this village. According to the Barelal tribal from the village, earlier people used to cross the river on foot and go to Pohri Bazar, which is 2 km away from the village. But that path is now closed hence they have to go to Pohri by walking 16 kilometres. Due to the long distance, people are not able to go to the hospital quickly even after being sick. Because lack of access to health services and low awareness in the Sahariya community has seen the impact of addiction and TB disease as well as seasonal diseases. Because of this, community awareness initiatives are being taken by the organisation here.



TB to Father, Son Suffering from Cough and Fever for a Long Time

The family of a 40-year-old Pappu tribal living in Kolhapur village has been struggling with diseases for several years. Pappu who is the head of a family of five members, has been a victim of TB for a long time. His elder son, Bunty, has been persistently experiencing cough and fever since May 2022. In August 2022, when Bunty went to the community health centre Pohri on the persuasion of the community mobilizer, he was diagnosed with TB. Since then, his medicines have been started. The youngest child in Pappu's family is 7 years old and he suffers from eye problems. His eyes are always red. Pappu tribal owns 6 bighas of land in which only rainy crops like millet, sesame, black lentil (urad) etc. are grown. Currently, he relies on the wages earned by his wife and daughter for survival. The 35 kilos ration received under the National Food Security Act (NFSA) meets the food requirements of the family for 10-12 days.

Spreading Infection, Hurdles of Dinai and Medicines Intake

One of the main reasons behind the spreading of TB infection in the labouring families from the Sahariya community is that they are not getting tested at the right time. Treating the disease as a Dinai and doing exorcism, irregular intake of medicines, and sleeping and having food together in the family such as a normal person. There is also an experience that a lot of heat is generated from the medicine of TB provided by the Government from which patients stop taking medicine. Pappu has undergone treatment for TB twice. The first time, he took medicine for 6 months but stopped taking it in between as he felt some relief. Unfortunately, this has led to the recurrence of the disease. Because of this, he has been re-

examined and explained to take regular medicines.

When asked why he gives up medicines in between treatments, Pappu says, "After taking the medicine, I feel very nervous for one or two hours. I don't sleep well at night and am also not able to eat well. Medicines have to be consumed twice a day, in the morning and evening. After taking medicines, I feel a lot of nervousness. Hence, I leave the medicine in between. Health department officials say that initially, this happens due to weakness. But with regular medicine intake, the situation will improve. Therefore, the full course of 6 months should be taken. Alcohol addiction is also a major cause of weakness and illness in these families, to leave alcohol, the community mobilizers are making the community aware through street plays.

Awareness Initiative Among Families Struggling with Diseases

Vikas Samvad has formed a core committee by organizing the community to diagnose the disease to know the reasons behind the increasing infection of TB disease in the Sahariya community. Additionally, in collaboration with the local health department, the organisation has provided medicines to 100 members for various diseases and TB at the health check-up camp in Kolhapur. 9 persons were screened for TB disease. Of these, 4 are under treatment. In Kolhapur village, such sick families are constantly being motivated and supported by the organization to get treatment at the right time. Along with this, awareness initiatives are also being taken against addiction and superstitions like Dinai in the Sahariya community through community meetings.





Exercise for Prevention of Tuberculosis

Angoori Adivasi, a 26-year-old resident of Upsil village, has been suffering from TB since Covid, but she never visited the hospital for treatment after hearing the news of Covid-19 patients. She was afraid of what would happen in the hospital. Here, Angoori's disease also started engulfing the innocent girl in the house. In this situation, the volunteers associated with the TB Prevention Project initiated an important exercise to prevent the spread of TB disease.



At the age of 15, Angoori was married to 17-year-old Lalan Singh. Due to poverty, Lalan had to start working with the family in his childhood. Sometimes, he has also gone to neighbouring districts of Rajasthan and Uttar Pradesh along with elders to earn wages. Meanwhile, at the age of 17, Angoori gave birth to her first daughter Muskan at home. Currently, Angoori and Lalan Singh have five children. If one talks about family planning, the means of family planning are not adopted in Saharia. Because of this, Children's numbers are high in most Saharia families.

Angoori was scared that she would have a high headache after taking sterilization. So, she did not do it. Her husband Lalan says that there is no fear of having more children in a family of our society. When the child grows up, he fills his stomach by himself labouring. Amid this perspective in the community, women and children are struggling with malnutrition as well as infectious diseases like TB. Additionally, some systemic problems are also there in this village. One of these is the chaos in operating the Anganwadi centre in the village. The Anganwadi worker does not live in Upsilon but lives in Shivpuri. She visits the village mostly on Tuesdays. Women like Angoori were never properly advised about health and family planning.

Afraid of Corona and Doubt of Dinai

Becoming weak after the continuous delivery, Angoori had fallen sick from the beginning of Covid 19. She had problems like a cold, fever and cough. Then she kept getting her treatment from quack doctors coming into the village. When she had no relief, she went to the maternal home with her husband and consulted an elderly superstitious of the village there. Superstitious said it's Dinai on her. It is believed that Dinai is a mixture of lion's

hair and glass powder and is given to a person in the eatable thing. This Dinai can be given for as many days as the person could die. The superstitious also told some outdoor black magic as well. Angoori kept on doing this exorcism for 4 to 5 months. Meanwhile, her health worsened. Despite this, Angoori did not follow the advice of the community mobilizer to visit the Community Health Center Pohri for treatment. She was afraid that the hospital would take her somewhere and kill her. Hence, she wasn't ready to go to the hospital. She did not even give her cough sample to get tested. Then, Angoori's husband Lalan was explained the correct diagnosis and treatment of the disease together with the youth group.

Regular Counselling and Advice of Medication

After persuasion by the local people, her husband took her to the Pohri Community Health Centre the doctor referred her to District Hospital Shivpuri. After showing some improvements in her health, they returned home without informing anyone after three days. However, after coming home, Angoori's health started deteriorating again and her two-year-old daughter Urmila also developed a cough and fever. Sanjay Dhakad, a community mobilizer working on tuberculosis, admitted a family to the Shivpuri Medical College to complete treatment, fearing that the disease could spread to other family members. However, a few days later, the family fled again to their village with some medicine. Currently, they are taking medicine at home. The family has been advised to complete the dose of regular medicine to keep the house clean and the children safe from the infected patient. In such cases, a discussion is being held with the administration regarding the activeness and accountability of front-line workers.





Women Pledge to Make Machakhurd Addiction-Free

Women of the Sahariya tribal community, troubled by the addiction to alcohol among men and its poor effects on the family and society from Machakhurd village in the Pohri block of Shivpuri district, Madhya Pradesh, decided that every effort will be made to reduce the effect of alcohol in the village. They have decided that the men of the village would be explained for this. Those dealing in liquor will be urged if needed, and police help will also be taken.

About 60 families of the Sahariya community live in Machakhurd village. The family of Dhanti and Raju Adivasi is one of them. Dhanti and her husband are landless labourers. Currently, Dhanti feeds her family by working as a labourer. The family holds an Antyodaya Ann Yojana (AAY) card, from which the family gets 35 kilos of ration every month. Her husband Raju used to work as a truck driver till some time ago, but he stopped going to work only after he became addicted to alcohol.

Under the influence of alcohol, he often started assaulting Dhanti. Although Dhanti has built a room with the money received under the Prime Minister's Rural Housing Scheme (PMRHS). However, it has not even been plastered due to lack of money. At the same time, Dhanti's husband Raju would often beat her up and throw her out of the house. Dhanti had to spend the night under the open sky. She always got lessons from family and society that take care of her children, and gradually the situation will improve.

- Dhanti was not the only woman to deal with these circumstances.
- Many other women in the village had been facing a similar situation for years.
- In every such case, women were taught to tolerate, and dependence made on fate.
- As if the family and children are the responsibility of the woman alone and no one else in the house.

How did the village come under the grip of addiction?

The Banjara community lives on the main road near Machakhurd village. Their job is to produce and sell liquor. Liquor is sold in the open and has no restrictions. Most residents of Macha-

khurd own two-and-a-half bighas of farmland, but due to the cost of cultivation and the need for cash, they often work as labourers to feed their families. The availability of liquor near the village enticed the men of the village and they often start drinking justifying the fatigue from work. When they became addicted to alcohol, other bad qualities related to them also started coming to the fore. And they started beating their wives and children and other family members. Gradually, the income also decreased with the assault. Diseases have also become common.

Even children are not untouched by Addiction

Children learn from within families. When the children from the village see the elders of their house consuming tobacco (gutkha, bidi etc.), they also imitate them and start consuming these things from a very young age. In this way, at the age of studying, children start taking an interest in intoxication. Gradually, this intoxication also becomes a habit of them.

- Alcohol or any kind of intoxication does not only affect the person consuming that intoxication. It also affects his family and the surrounding society.
- Especially the children of the drug addict and his wife are more affected by this addiction.
- Any kind of intoxication affects the economic, physical and social capabilities of a person.

Hope Aroused by Awareness

The organisation has been conducting a community-based malnutrition management (CBMM) project in the village for the last four years. Along with this, a drug de-addiction campaign is also going on in the village since the

year 2020. Most of the women in the village complained that alcohol had ruined their family. The organisation formed a core group of women and men at the village level as part of its campaign. These groups make efforts at many levels to eradicate drug addiction in the village.

- Holding meetings regularly on the power effects of intoxication.
- Wall writings and street plays to spread awareness about drug addiction.
- To simplify and generalize the discussion on prevention of drug abuse for all.
- Study the state of intoxication and share the results of its study with the administration.

In one of the meetings held with women of the village, the topic was discussed on how to control alcohol addiction among men. A variety of ideas came up at the meeting. One of them was to try to stop the sale of liquor around the village. The general opinion was that if alcohol was easily accessible within the village border, then drinking would not be able to stop, but it would be reduced.

It was decided that Banjaras would be talked for this, and if, they would not agree, the women of the village would complain to the local police station. It is also true that the men who consume alcohol are not cooperating in this work, but despite this, most of the people of the village have taken an oath that every effort will be made to make the village addiction-free.





Changing the Identity of the Village by Women of Jakhnod Now!

Jakhnod village located in the Shivpuri district of Madhya Pradesh will probably be the only village in the country where more than 50 widows' women live. All these women are from the Sahariya tribal community. The men and women of this village are in the grip of addiction. This addiction has killed men in large numbers. Realising these large numbers of deaths as well as awareness with the help of Vikas Samvad and CRY's drug de-addiction campaign, the people of the village have taken a pledge that they will keep away from the consumption of intoxicants as much as possible.



A Sahariya tribal family lives in Jakhnod village, whose story makes anyone's heart shiver. In this family, three generations of widowed women live together. Santo Adivasi's husband Prahlad died 10 years ago. Her son and Dulari's husband Ramsevak died five years ago, while Dulari's son Giriraj died three years ago. That is, three generations of three widowed women live together in the same family. Not one or two but more than 50 widows from the Sahariya community live in the same village. Most husbands of these widows have lost their lives due to alcohol addiction.

Whether Men or Women, Nobody Wants to be Behind in Intoxication

Jakhnod is a village where people of all castes inhabit, but addiction is seen most in the Sahariya tribal community. It is not that only men are intoxicated. Women are also not behind in addiction. Alcohol, Smoking (bidi) and tobacco (gutka) are prevalent intoxications among men, whereas tobacco (gutka) is the most intoxicant in women, and sometimes even alcohol. Most men do hard work and drink alcohol in the evening to reduce their fatigue. The men of the village, who are already struggling with physical difficulties due to lack of nutrition, alcohol and other drugs act as poison for them. Because of these intoxicants more than 50 people in the village have died directly or indirectly. Amid poor nutrition and intoxication, people became victims of diseases like TB in many cases and lost their lives.

How did you get addicted finally?

People of the Banjara community live in Jakhnod village. This community produces and sells raw liquor. Most of the working youth of the Saharia community living in Jakhnod have become addicted to alcohol. They resort to alcohol to reduce their fatigue when they return from work.

Pappu Adivasi, a resident of the village, says, "Once they start drinking, they lose consciousness and do not realise how much alcohol they have consumed. With the poor nutritional status in the community, alcohol addiction further affects their health."

Here are some facts worth noting:

- The easy availability of alcohol also attracts people towards intoxication.
- Often a large part of the wages of young people doing hard physical work is spent on alcohol.
- As a result, they do not have enough money left for their food and family expenses.

Community Initiative Against Alcohol Addiction

In the year 2019, Vikas Samvad in collaboration with CRY started a drug de-addiction campaign in the area, under which efforts were started to create awareness among the people of the village in different ways:

- Creative methods like street plays and wall writings were used to publicise against addiction.
- The side effects of addiction are also talked about by organizing general meetings in the village and the core group meetings so that people become aware.

As a result of collective efforts made by the people, there has been an increase in awareness about the serious consequences of addiction, particularly women have taken this issue seriously. Due to their efforts, the community took a pledge that efforts would be made to stop the access to intoxicants in the village with cooperation. It was also decided that through the Gram Sabha, a demand would be made from the government to help in stopping the work of making country liquor in the village.



Counselling Could Save the Lives of Children and Women

Sonipura village is situated 6 kilometres from the Pohri block headquarters of Shivpuri district. Here lives Sangeeta Adivasi, who is a midwife. In her family, there is a lack of cultivable land and permanent employment hence they have to go outside the village for work. Sangeeta had been doing work despite being 7 months pregnant because of this compulsion. Meanwhile, she also had to struggle with anemia. At this stage, the advice of the CMC counsellor Rani Jatav, and the coordinated strategy by the frontline workers, have played important roles in bringing Sangeeta out of anemia, safe delivery and ensuring changes in childcare behaviours.



Three members are in the family of Sangeeta. Apart from her, husband Parmal and her daughter are in the family. The child is now 29 months old. This year, Sangeeta had her third childbirth. Her first child died due to being born with anemia. Sangeeta and Parmal both feed their family by working as labourers. They do not have land, so they have to go to nearby districts to earn a living. They do not get enough work in the village to survive, as a result of this Sangeeta had to work even during pregnancy to dig potatoes and cut mustard and wheat.

In the 7th month of pregnancy, Sangeeta visited the counselling centre for the first time to get checked on December 5, 2022. In the investigation of Sangeeta, weight was 47 kilos 500 grams, height 154 cm and haemoglobin 10. During this investigation, Sangeeta was asked by the counsellor, when she had visited for weighing in her village Sonipura on November 19, why Sangeeta was not met there. Sangeeta replied that she lives less in the village, because most of the time, she goes to work outside with her husband. Further, she says "We just returned home a few days ago. As soon as we came home, the mother-in-law told us to go to the Pohri centre, where your 's an examination was done at the hospital during the first delivery. Therefore, I have come to your place." After this, Rani Jatav asked Sangeeta to go to the Anganwadi centre and get the registration done so that the necessary services could be easily available. The CMC counsellor called the ASHA worker of the village and said that Sangeeta Parmal Adivasi is in her 7th month. But she has not yet been registered, nor has she been vaccinated.

Sangeeta Got Advice, Encountered the Anemia

On February 14, the ASHA worker got Sangeeta investigated. Her weight was 47 kilos, and her haemoglobin was

11. However, she could not get the vaccine same day due to the non-availability of the vaccine at the community health centre. Three days later, on February 17, she was vaccinated. The CMC counsellor helped with the vaccination. She vaccinated Sangeeta and advised her to take iron and calcium tablets regularly. Because your first and second deliveries have been done with cesarean operation. At this time, there should not be a lack of blood in your body, so use iron tablets and iron-rich food regularly.

Sangeeta was also told to use vegetables from the forest. She was also advised at the centre that she is in her 9th month, so she should not lift weights. She was also advised to go to Shivpuri District Hospital along with an ASHA worker to get a sonography done to ascertain the exact condition of the child. This will also reveal the date of the operation. She was also told that this time the sterilization operation should also be done simultaneously. Because this is the third operation, there is a lot of risk in it. It is important to take full care of yourself for a safe delivery.

Sangeeta Got Blood at the Right Time, Delivery Done Safely

On February 20, 2023, the ASHA worker told the CMC counsellor that Sangeeta was brought to the district hospital, but the doctors referred her to the medical college, so she was nervous. On this, the counsellor Rani Jatav explained that the medical college has a good facility, so there is no need to be panic about the operation. Then the next day Asha got a call that Sangeeta transfused one unit of blood due to being anemic, one more unit of blood was needed, but the family had no arrangements. The counsellor then explained to Sangeeta's husband Parmal and her mother-in-law that an operation was necessary during this blood would also flow, so you would have to arrange



blood. Subsequently, Sangeeta's brother donated one unit of blood.

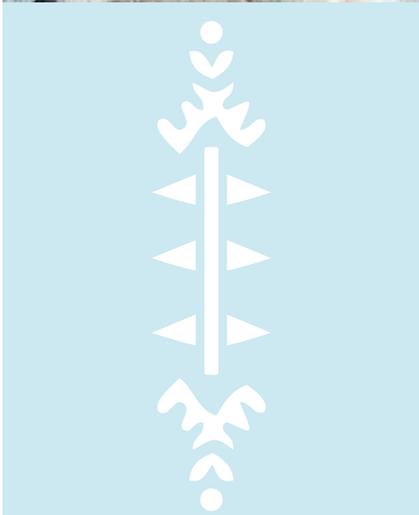
As a result, Sangeeta successfully operated on February 21 and gave birth to a healthy baby girl. The baby's weight was 2 kilos 700 grams at the time of birth. Immediately after the operation, Sangeeta was admitted to the hospital for 9 days.

On hearing the news of the birth of the daughter, the counsellor Rani informed the ASHA worker that the child was born by operation, so the baby would have to be given special help in feeding the mother's milk based on this, the ASHA worker, Kamla Adivasi helped Sangeeta in feeding her first milk to the newborn. After returning home, the CMC counsellor and ASHA worker visited the house and advised regular vaccination for the child and feeding only the mother's milk. In this way, Sangeeta kept getting information about childcare from time to time. According to Sangeeta, children in her village have been malnourished due to a lack of proper care and food. With the

information received at the right time, her daughter is healthy.

Change Came by Constantly Dialogue and Coordination

All Anti Natal Care (ANC) tests and vaccinations of Sangeeta have been ensured by the CMC counsellor by constantly communicating with the frontline workers. She was examined thrice at the Community Health Centre (CHC) Pohri. During this, 5 iron sucrose bottles were also transfused. Along with this, she was also helped in receiving a take-home ration (THR) from the Anganwadi Centre. During pregnancy, the take-home ration was received, and Sangeeta also set up a kitchen garden with the support of the organization. So that green vegetables were available regularly to eat. Similarly, eggs can also be available in the diet from the poultry rearing done earlier. Currently, both mother and child are healthy after Sangeeta's operation. The mother is feeding her daughter as told by the CMC counsellor and worker. Also, they eat normal food in their diet.



The Spirit to Beat Severe Anemia is Here!

Early marriages and undernutrition are major reasons for anemia among women of the Sahariya tribe. Due to this, women like Shukrawati Adivasi have to struggle with high risk. One more reason for women under high risk is the non-adoption of sexual safety measures in the community. On these issues, the exercise of voluntary organizations is going on towards behaviour change and awareness at the community level.



The husband of Shukravati, Atar Singh Adivasi is about 20 years old. She lives in the village of Machakhurd in the Shivpuri district of Madhya Pradesh. Her first child was born on 27 February 2021. This child is in the normal category, his weight was 10 kilos. When Shukravati was 4 months pregnant at the time of the first child, her haemoglobin was 6. Due to being at high risk, everyone was concerned about the life of the mother and child. And here Shukravati again has become pregnant. Her weight was 38 kilos, and her haemoglobin was 8. The family of Shukravati has five members. They hold 3 bighas of land on which they take rainy crops, as well as they also go to the Supad Baran district to work as farm labourers for livelihood.

Rani Jatav, a counsellor associated with the community-based management of malnutrition (CBMM) program, says that it was on October 13, 2020, when Shukravati was found pregnant, while the health check-up of other pregnant women, lactating mothers and adolescent girls in Machakhurd village. Then, her weight was found to be 31 kilos 900 grams and haemoglobin 6 in the primary investigation. At that time, Shukravati was 4 months pregnant, so a lack of blood was found in her body. This was a clear indication that she was at high risk. This situation was very dangerous for both the mother and child, hence immediately advised her mother-in-law Dakha to provide a balanced diet for her and regular check-ups were started. Shukravati's family was immediately advised to go to the Community Health Centre (CHC) Pohri for a health check-up and to use green vegetables like fenugreek, spinach, and drumsticks in the diet.

Regular Check-Ups of Anemia and Health

A second attempt was made to

provide the benefit of the Pradhan Mantri Matritva Vandana Yojana (PMMVY) by preparing all the documents with the help of Anganwadi workers from Machkhurd so that the financial support received from the government, could be helped for her with nutritious food. In this way from the community to all the volunteers, community mobilizers from the grassroots team were involved in bringing Shukravati out of the anemia crisis.

On the next visit, November 11, 2020, the counsellor Rani Jatav again met Shukravati at her home and checked her weight and haemoglobin. Then the weight was found to be 32 kilos and haemoglobin 7.5. Shukravati's mother-in-law said that she took Shukravati to a private doctor and got an iron injection. This has reduced some weaknesses.

The counsellor told Shukravati's mother-in-law that your daughter-in-law has gained weight and haemoglobin, so you should take care of her, and feed her green vegetables, and fruits like pomegranate and beetroot in her diet. She also advised Shukravati not to do heavy work and to rest for 1-2 hours a day. Along with this, the organization gave a dry ration kit to Shukravati in January 2021 and told the method of its uses. In this kit, soybean, lentils, oil, sugar and flour were given, nutritious food was prepared and the method of eating it was also told. Mother-in-law Dakha says that this kind of nutritious diet has significantly improved the health of Shukravati.

Meanwhile, on January 28, 2021, when the counsellor went to visit Shukravati's house, it was found that she had gone to the maternal home.

So immediately her mother-in-law Dakha was told to bring her daughter-in-law back home to take special care and



for institutional delivery of the baby in the hospital.

On February 4, 2021, during the field visit of a community mobilizer, Shukravati's mother-in-law said that our daughter-in-law came back home, and she was feeling dizzy and also had a stomachache. The community mobilizer advised her to immediately go to the counselling centre and get the test. Two days later, Dakha took Shukravati to the counselling centre in Pohri. The counsellor checked her weight and haemoglobin. Noting that she had occasional abdominal pain, she was taken to the local community health centre (CHC) and investigated her antenatal condition. In the investigation of 9 February 2021, the weight of Shukravati was 40 kilos and haemoglobin 9. After this, the doctor gave her iron and multivitamin medicines.

The Safety by the Institutional Delivery and Nutrition Counselling

According to Rani Jatav, as the time of

Shukravati's delivery approached, everyone from the Anganwadi to Asha workers started taking care of her condition. Shukravati's family was informed about the process of calling an ambulance and going to a government hospital as soon as they had any kind of emergency or stomachache.

Two days later to this information, i.e. on 27 February 2021, Shukravati started feeling labor pain. After this, she was brought to the community health centre in Pohri by ambulance. Here her first child, Sumer, was born safely. The baby weight was 2 kilos 200 grams at the time of birth. The family was given special attention to the health and nutrition of the child and the mother, the mother's milk was ensured to the child. The responsibility of supervision and follow-up was taken up by the core group members of the village and the grassroots health workers in coordination with each other.



Efforts for Health Safety and Balanced Nutrition

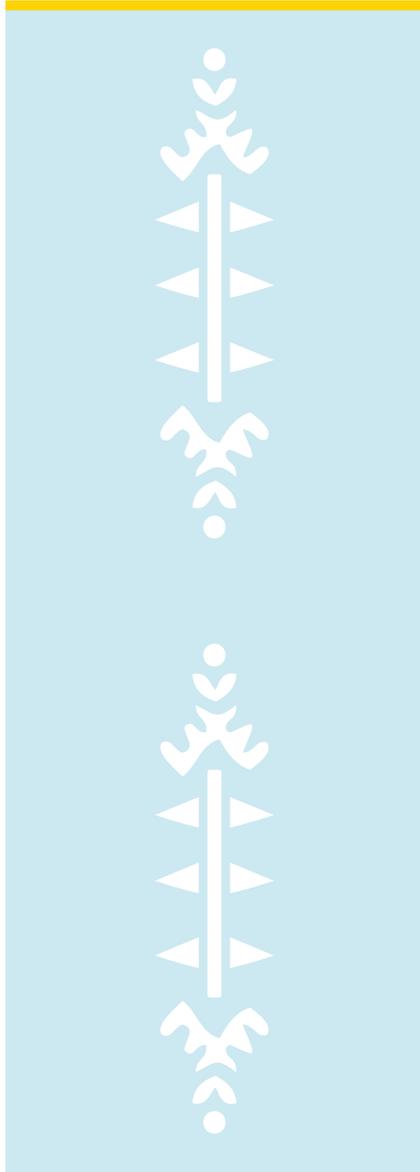
Along with the identification of Shukravati in high-risk pregnancies, constant home visits, and weight and haemoglobin tests were ensured. Community participation ensured continuous monitoring of her care at all times. During pregnancy, 10 kilos flour, 2 kilos lentils, 5 kilos rice, 2 kilos of groundnut, 2 kilos jaggies, 2 litres oil, 2 soap, 1 kilo soya chunks, sanitary pad, 100 grams of turmeric powder, 100 grams coriander powder, 100 grams chili powder, 1 kilo salt were provided by the organisation.

Shukravati is also linked with the nutrimix program to improve the nutrition of herself and her children. This has ensured use by training them on how to make and feed the nutrimix. Subsequently, the family of Shukravati was linked to a backyard poultry farming scheme run by the government. 45 chickens and 1200 rupees cash for the box were given under this scheme. All the members of the family get eggs to eat through this. This gives their body the necessary nutrition. The family of Shukravati has irrigated their 3 bighas of land from Machakhurd pond which was deepened by the initiative of community. This has produced 20 quintals of wheat. Due to this, this Sahariya family did not have to go on migration this year.



A Struggle of Naina's Life

Eight-year-old Naina alias Sakina Adivasi, a resident of Dangbarve village in Pohri block of Shivpuri district, was living with her grandmother with her wounds and the pain of not being with her parents. Naina has a wound in her right armpit. Her father Mahesh died during Covid, and her mother went to her maternal home. Her in-laws were calling her psychic. In such a situation, the local friends associated with Vikas Samvad have taken the necessary initiative to help her with treatment and education. Let's read the story further.



Naina alias Sakina Adivasi daughter of late Mahesh Adivasi is just 8 years old. She is currently trying to come to the coaching centre run by the organisation during COVID-19 in Dangbarve village to learn reading and creative activities. Her father died during Covid-19. The financial condition of the family became weak due to her father's death. Meanwhile, she is suffering from a wound in the armpit under her right arm. Efforts are being made at the local level for her treatment.

When No Parents

According to Naina's grandmother, Ramkali, Mahesh had been addicted to

alcohol and smoking (bidi) since a teenager. Because of this, he had TB. Ramkali also attempted to treat the son by taking a loan during that time. Unfortunately, in the year 2020 Covid arrival, his health deteriorated and died. After the death of Mahesh, his wife Radha Adivasi received financial assistance of Rs 2 lakh from the Chief Minister's Jan Kalyan Sambal Yojana (JKSY). Of this, Ramkali took Rs 1 lakh to get back the land mortgaged during the treatment of the disease. Radha says that her mother-in-law gave the remaining 1 lakh to her daughter. When Radha started demanding money back, the in-laws disturbed her mentally so much that she left her daughter Naina with her grandparents and went to her maternal home. In such a situation, Naina's wound continued to grow, and she was not able to study.

Meanwhile, Sunil Sharma, a community mobilizer from Vikas Samvad, came to know about the child. He took her on his motorcycle and showed her to the doctor at the community health centre (CHC) in Pohri. The doctor provided 5-5 days of medicines two times and advised to take her to Gwalior or Bhopal for the cancer investigation of a wound, but the grandmother was not ready for it. Nevertheless, Naina got a lot of relief from pain by taking these medicines. Meanwhile, it was found that Naina's name was not recorded in the family's eligibility slip. Then the community worker met the SDM and got her name added. Then, now, this family is getting 30 kilos of ration as foodgrains.

Naina's Special Interest in the Study

Due to wounds in her cheek and armpits, Naina has faced many difficulties in playing, jumping, writing and reading. Absence of her parents as well due to her elderly grandmother Naina was not given special attention by

anyone. Due to this, she could not even be admitted to school. One reason for this is that she is the youngest of her three siblings. The community mobilizer has repeatedly discussed the situation with the teacher at the government school in the village and other family members.

The community mobilizer first convinced the grandmother to send her regularly to the coaching centre run by the organisation. The teacher hired for consultation at the centre provided special attention to Naina. She soon took an interest in basic letters and word knowledge, counting as well as drawing. Currently, she has been given admission on February 5, 2023, after a discussion with the teacher at the local primary school. In this way, Naina is now taking an interest in the study and creative activities.

Efforts for Naina's Treatment Continued

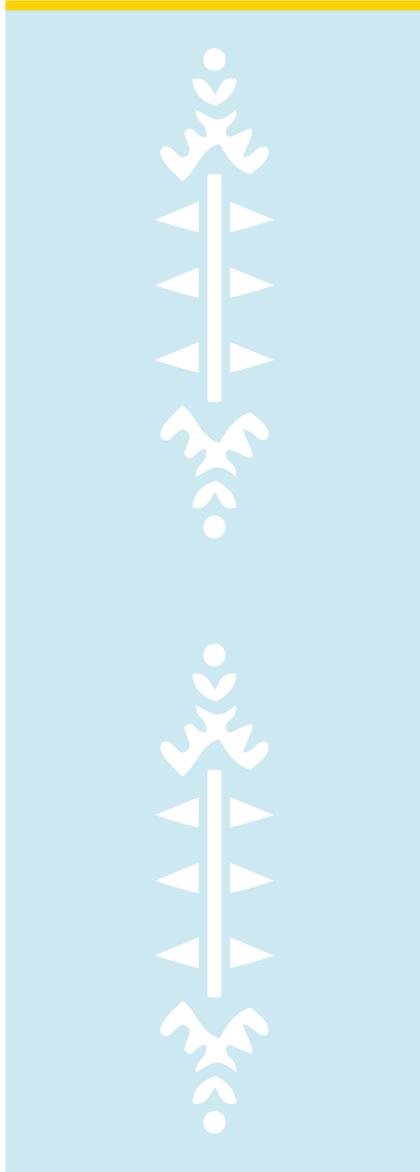
The process of taking Naina to the community health centre (CHC) by the community mobilizer to treat her wound, get medicines, and get advice from the senior doctor has been adopted. Simultaneously, the family's counselling is constantly being done by a counsellor. At present, a diet chart has been prepared for Naina's regular balanced nutrition, and efforts are being made with the community to make its availability and regular use possible.





The Story of Jamvati May Become a Solution!

Jamvati Jatav did not even have a house to live in. This family with husband, wife and 4 children used to survive on the 30 kilos ration received under the BPL (Below Poverty Line) ration card, but today Jamvati has become an example of self-reliance in her village and nearby areas. Today, she has 15 goats and 8 chickens. She is also becoming financially stronger. Let's read further how Jamvati Jatav from Jakhnaud village in Shivpuri district set a new leadership example in the way of increasing alternative livelihoods for women from underprivileged communities.



The family of Jamvati has a total of 6 members, including 4 children. They have only BPL ration cards in the name of food security, which provides them with 30 kilos of ration. They did not even have their own house to live in. Fortunately, they were given a room by their neighbour to stay. During Covid, when there was a shortage of work everywhere, it became too difficult for Jamvati's family to survive. The family had no other sources of income than daily wage labour. During the core committee meeting, Jamvati expressed her desire to the community mobilizer to take up backyard poultry farming in the meeting.

In August 2021, under the backyard Poultry Scheme run by the Animal Husbandry Department, MP, Jamvati received 48 Kadaknath species chicks. Along with this, financial assistance of Rs 1200 was also given to train them for better maintenance of chickens. When Jamvati started rearing Kadaknath chickens, it was realized that the chickens from this species do not incubate their eggs. Due to this, new chicks were not being born. She solved this problem by bringing chickens of the native species. This led to an increase in the number of chicks. Jamvati says that initially she had to speak about the availability of chickens and eggs of Kadaknath species in the village, but later, the group member helped her with this. The safety of the initial 48 chicks was a challenge in itself, especially due to bending disease, some of them also died. Hence, she has nurtured these chicks by feeding them locally available grains and maintaining cleanliness. Her children and husband also helped a lot in this work. The family not only used eggs and meat in their diets but also helped some needy families, especially members affected by malnutrition and anemia.

When Earnings Rise, Initiated Goat-Rearing

When Jamvati started backyard poultry farming, she did not even think that it would become a strong source of livelihood for her. However, when eggs and chickens gradually started being sold and started getting a good income. Due to the tendency to consume meat and eggs in the tribal community, the native species of chicken and eggs started giving good prices. In this way, within a few months, she sold chickens worth 5000 rupees and eggs worth about 3000 rupees. When money started coming into her hand, then Jamvati and her husband also planned

to rear goats. She discussed it with the community mobilizer and then sold 8 chickens and bought a goat of a native breed. A few days later, this goat has given birth to a baby goat. In this way, they now have two goats and chickens.

Money Raised by Backyard Poultry and Goat Farming for the Marriage of Son

Jamvati's husband worked as a daily wage labourer at the house of the Lakhani tribal of the village. His wages from his work were a total of Rs 5000. Therefore, he took 1 goat in exchange for his wages from Lakhani. And in this way, Jamvati has three goats at her house now. All this happened in one year only. This led to the business of chickens, eggs and milk. People also started coming from neighbouring villages and buying all these.

Thus, the path to alternative livelihood was strengthened. This family bought a few more goats by selling chicken, eggs, milk and meat. The family currently has 15 goats and eight chickens left. She managed the house's expenses by selling and spent Rs 12,000 on his elder son's wedding recently. Jamvati says that she has taken a loan from relatives for her son's marriage. But the marriage cost about 1 lakh rupees, for that no worries, because now we have also the support of chickens and goats. My son is also capable of earning. In this way, Jamvati has shown a new path of livelihood promotion through poultry and goat farming to the people of her village. Many needy families are moving in this direction inspired by her. Looking at Sumran and Jamvati grazing their goats in Jakhnaud village, there is a new glow on their faces as emerging cattle rearers.



