VIKAS SAMVAD
ANNUAL REPORT-2017-2018
1. Background

Like in the preceding years, Vikas Samvad’s Annual Report for year 2017-18 rests on its thematic premises. These are as follows:

Theme I: Nutrition and Health

Theme II: Child Protection

Accordingly, the thematic array of key activities and outcomes by resource partnerships are presented below:

2. Theme I: Nutrition and Health

2.1 Poshan Initiative

The 4-year initiative, POSHAN (Partnership and Opportunities to Strengthen and Harmonize Actions for Nutrition in India), led by International Food Policy Research Institute (IFPRI) came to a close in the year 2016-17. It initiative aimed to build community-embedded evidence on effective actions for nutrition and support the use of evidence in decision making. The overall goal of POSHAN is to improve and support policy and programme decisions and actions to accelerate reduction in maternal and child undernutrition in India, through an inclusive process of evidence synthesis, knowledge generation and knowledge mobilization.

From a sustainability perspective, the process of community-wide consultations, Poshan Samvad has been continued during the year 2017-18.

On 15th November 2017, a Poshan Samvad (Nutrition-centric Dialogue) was organised at Pohri. Those participating in the dialogue included, amongst others, Anganwadi Workers, ASHAs, ASHA Sahyoginis and ICDS Supervisors – the key players in service delivery and service communication pertaining to Supplementary Nutrition. The meet up afforded the sharing of very useful perceptions and experiences. A few of the notable examples are as follows:

- Ms. Sudha Bhadoriya, Anganwadi Worker of Nonhetakhurd stated that, Poshan Samvad, the process of consultations is very useful for them as it keeps them updated with newer developments and sector-wide experiences.

- Ms. Gayatri Sen, Anganwadi Worker of Sonipura shared her experience of sustained joint effort with Ms. Kamla Adivasi, ASHA Worker in counselling Ms. Rani, w/o Mr. Manoj Dhakad about correct method in breast feeding her newborn son in May 2017. It was a Low Birth Weight baby (1.7 Kg) and that the birth was pre-term too (7 months). She informed that the baby was referred to the Sick Newborn Care Unit (SCNU) and the family, albeit, desisted. Consequently, they continued their support and intensive counselling of the mother on exclusive breastfeeding as well as her own nutritious diet. Likewise,
they also continued to advise her husband and her mother and father-in-law about infant feeding and diet for the mother. Seven months on, the infant continued to grow well and gained weight and the baby now has normal weight! The example goes to show that focused counselling in a team mode can yield positive pay-offs.

- Ms. Sudha Bhadoriya, Anganwadi Worker of Nonhetakhurd cited an example of a severely acute malnourished girl child who was also suffering from fever and diarrhoea. She said that she and the ASHA had been trying to convince the mother, Mamta and her husband to take the child to Nutrition Rehabilitation Centre (NRC). However, the couple would not agree. Subsequently, they got the ANM to join them in influencing the parents. The persuasion worked, and the child has come out of the clutches of severe malnutrition. Now, mother regularly interacts with her seeks guidance in child feeding and care.

- Ms. Anita Trivedi, ASHA Sahyogini shared her experience of positive outcome of sustained counselling in breastfeeding. She informed that a girl child born in village Khod was being given complimentary milk mixed with water as the mother was not able to express her breast milk. The child suffered from diarrhoeal episodes and had become very weak. Consequently, Ms. Trivedi visited the family and guided on expressing milk and informed the family about the danger to the life of the child if anything other breast milk was given to the child. The effort was successful.

- Ms. Shiv Kumari Parihar, ASHA Worker from Machakhurd raised the issue of community indifference to infant and child immunisation. She said that she has made intensive efforts to promote child immunisation and that the effort is now bringing results.

- Ms. Madhubala Douhare, ANM informed the introduction of new schedule of immunisation. The Schedule is placed below for ready reference. She said that ‘Rota’ is given to protect the children against diarrhoea whilst the IPV given with Penta is for prevention of polio. She explained that the Workers and ASHAs need to become fully acquainted with the immunisation schedule.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>When to give</th>
<th>Dose</th>
<th>Route</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>At birth or as early as possible till one year of age</td>
<td>0.1ml (0.05ml until 1 month of age)</td>
<td>Intra-dermal</td>
<td>Left Upper Arm</td>
</tr>
<tr>
<td>Hepatitis B Birth dose</td>
<td>At birth or as early as possible within 24 hours</td>
<td>0.5 ml</td>
<td>Intramuscular</td>
<td>Anterolateral side of mid-thigh-LEFT</td>
</tr>
<tr>
<td>Vaccine</td>
<td>When to give</td>
<td>Dose</td>
<td>Route</td>
<td>Site</td>
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<td>----------------------------------------</td>
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</tr>
<tr>
<td><strong>OPV Birth dose</strong></td>
<td>At birth or as early as possible within the first 15 days</td>
<td>2 drops</td>
<td>Oral</td>
<td>-</td>
</tr>
<tr>
<td><strong>OPV 1,2 &amp; 3</strong></td>
<td>At 6 weeks, 10 weeks &amp; 14 weeks</td>
<td>2 drops</td>
<td>Oral</td>
<td>-</td>
</tr>
<tr>
<td><strong>IPV (inactivated Polio Vaccine)</strong></td>
<td>14 weeks</td>
<td>0.5 ml</td>
<td>Intramuscular</td>
<td>Anterolateral side of mid-thigh-RIGHT</td>
</tr>
<tr>
<td><strong>Pentavalent 1, 2 &amp; 3</strong></td>
<td>At 6 weeks, 10 weeks &amp; 14 weeks</td>
<td>0.5 ml</td>
<td>Intramuscular</td>
<td>Anterolateral side of mid-thigh-LEFT</td>
</tr>
<tr>
<td><strong>Rota Virus Vaccine</strong></td>
<td>At 6 weeks, 10 weeks &amp; 14 weeks</td>
<td>5 drops</td>
<td>Oral</td>
<td>-</td>
</tr>
<tr>
<td><strong>Measles 1st Dose</strong></td>
<td>9 completed months-12 months. (give up to 5 years if not received at 9-12 months age)</td>
<td>0.5 ml</td>
<td>Subcutaneous</td>
<td>Right Upper Arm</td>
</tr>
<tr>
<td><strong>Vitamin A, 1st Dose</strong></td>
<td>At 9 months with measles</td>
<td>1 ml (1 lakh IU)</td>
<td>Oral</td>
<td>-</td>
</tr>
</tbody>
</table>

**For children**

| DPT 1st booster                        | 16-24 months                                     | 0.5 ml  | Intramuscular | Anterolateral side of mid-thigh-LEFT |
| OPV Booster                            | 16-24 months                                     | 2 drops | Oral         | -                                            |
| Measles 2nd dose                       | 16-24 Months                                     | 0.5 ml  | Subcutaneous | Right Upper Arm                              |
| Vitamin A (2nd to 9th dose)            | 16 months with DPT/OPV booster, then, one dose every 6 month up to the age of 5 years) | 2 ml (2 lakh IU) | Oral | -                                            |
| DPT 2nd Booster                        | 5-6 years                                        | 0.5 ml  | Intramuscular | Left Upper Arm                               |
| TT                                     | 10 years & 16 years                              | 0.5 ml  | Intramuscular | Upper Arm                                    |
In addition, the deliberations also covered problems and issues faced by the field workers. Some of these are as follows:

a. Community yet to become fully engaged with the nutrition programming. For example, resistance to growth monitoring continues.

b. The departments convene too many meetings with workers thereby affecting their work apart from causing hardships to them in bearing travel costs.

c. The honoraria are too low, even lower than minimum wage rates. It makes difficult for the workers to make a living for themselves and their families.

d. They have to confront situations where the ineligible persons ask for Take Home Ration (THR).

e. Mini Anganwadi Workers informed that with no government building for the centres and the rent not being made available in time, there problems and interruptions in the functionality of the Centres.

2.2 Resource Partnership with Child Rights and You (CRY)

Following are the Key Result Areas (KRAs) being addressed under the Community-Based Management of Malnutrition (CBMM) initiative that is being implemented in Pohri block of Shivpuri district:

**KRA 1**

*System strengthening to ensure quality health services available and community being made accountable through meeting and training of statuary committees, Anganwadi Centres, Health Centres and VHND Arogya Kendras: The activities include:*

1. Village Report Card is placed by community: It will present status of services, causes behind problems and enlist services being provided within the community.
2. Coordinate with Goonj programme for infrastructural improvement.
3. Conduct of rapid Situation Analysis across 15 villages.

**KRA 2**

*SAM Management/Critical Cases Management to prevent and protect children from falling into the category of under-nutrition/ malnourished category through building and strengthening effective and responsive systems and mechanisms: the activities include the following:*

1. The frontline workers will get forum for informal dialogue with and amongst field functionaries of the Departments of Women & Child Development and Public Health & Family Welfare.
2. Focused intervention on first 1000 days of child life (foetus to 2 years) for addressing the child malnutrition. The initiative covered audience segments including adolescent girls, women of age 15-49 years of reproductive age, pregnant women, lactating mothers and children under 2 years of age.
3. Growth monitoring, Massage & Food Demonstration camp for 21 days to promote nutrition-health related condition in a result-oriented manner.
4. Food demonstration of healthy dishes made by locally available food material to fighting with malnutrition for tribal community at Mandla, MP - A community involvement initiative towards eradication of malnutrition.

5. Nutri-Corners will be started at Anganwadis. In these corners, food items such as gram, murmura (stuffed rice), jaggery and dry food items made from locally available food materials will be made available at the Anganwadi centres.

**KRA 3**

*Community Organization in terms of core group/ youth groups, children’s groups formed in 15 project villages:* The following activities are covered under this KRA:

1. Situation Analysis of water resources and experience sharing with stakeholders to rejuvenate water resources by digging wells, ponds and get faulty hand pumps repaired.
2. Build perspective of community members on health and nutrition and correlate the association between healthy and unhealthy habits and their respective outcomes and consequences. Under this, a nutritional and health version of Snakes and Ladders game has been developed.
3. Build the perspective of the community and make it aware about the issue of malnutrition and health, how to identify, prioritize, implement the strategy/take action, accordingly, owning the responsibility and evaluating the performance.
4. Formation of Adolescent girls’ groups in project villages.
5. 15 Youth Groups from 18 to 35 age have been formed to raise their voices through their collective force.

**KRA 4**

*Capacity building and training:* It includes the following major activities:

1. Three days training on Health & Nutrition at Prayatn Campus, Sahabad from 11\textsuperscript{th} to 13\textsuperscript{th} January 2018.
2. Six days training on Health & Nutrition at Aurangabad from 6\textsuperscript{th} to 10\textsuperscript{th} February 2018.
3. Orientation on Verbal Autopsy.
4. Petition for Complaint Box in Schools has been given.
5. Attended meeting for right to food campaign at Pastoral Center.
6. Monitoring –PDS, MDM, ICDS.
7. Provided Support for National Immunization program
8. Application has been given for appointment of Anganwadi worker at Macha Khurd. She was appointed on 4\textsuperscript{th} April 2018.

**2.3 Partnership with terre des hommes Deutschland**

The Project on “*Right to Food, Health and Nutrition for Newborns and Infants from Marginalised Communities in Madhya Pradesh, India*” is being conducted in 100 select
villages across 4 districts. The goal wise progress of the project activities during the year have been as below:

**Goal 1- Establishment and Strengthening of Community Structures in 100 Project Communities**

- The community has started the monitoring of rural-local level public institutions and through this process, conditions of improvement in the services of school, ration shops and anganwadi centres is becoming visible.
- The TDH-BMZ supported project has been named as Dastak (Knock) in all 4-project district and the name Dastak indicate the project objective. In this context it means that knocking at every door for food-nutritional security and social change.
- A 50-day long Dastak Yatra (Journey) was planned by the project team from 2nd October 2017 (Birth-date of Mahatma Gandhi) till 20th November 2017 (International Day for Child Rights). The core objective of the Yatra were to mobilize the community and activate the governance and government institutions on the issues relating to Child Rights, Environment and Ecology, Social Justice, Agriculture, Health and Nutrition Security and to create a favorable environment for dialogue on diversity.
- Reading material has been developed by Vikas Samvad related to the roles and responsibility of the statutory committees SMC, VDC, GSCTS, FRC and MGNREGA Committees. This material has been prepared for the purpose of capacity building of all members of the statutory committees.
- A total of 577 (Half yearly was total-340) meetings were held with all the committees, in which on an average, 8 members participated in each meeting. The purpose of the meetings of these committee members was to increase their participation in the village development plan and its implementation.
- Community-driven Village Information and Resource Centres are operated in all 100 villages of the project area. The youth groups have an active role in the operation of these centres, they are treating it as their own centre for action in the village. Total 3210 children and community members (Umaria-345, Panna-1540, Satna-568 and Rewa-757) have accessed the resource centre books and material related to various government schemes and facilities for livelihoods and others, women and child health, environment related issues etc.
- Under the Dastak project, now all the 100 villages have functional and active children's groups. Through these groups, the children are trying to create a child-centered new system in the community so that children's education, nutrition and health related arrangements can be developed from the children's perspective. These children are developing scientific thinking and new perspectives and values in the community.
- Youth groups continue to strengthen its leadership position as the technical expert in health, environment and development issues and making efforts to reduce morbidity and mortality. 1788 youths (Panna-375, Umaria-660, Rewa-273 and Satna-480) are associated with these groups. All 4-district level youth leadership trainings and workshops under the project area Satna, Panna, Rewa and Umaria were organised,
where 234 youth members (Panna-60, Satna-59, Rewa-63, Umaria-52) took active part in the events.

- Under the project in all 4 districts 100 women groups with membership of 1149 women and adolescent girls (Panna-350, Umaria-275, Rewa-284 and Satna-240) in 100 villages with the objectives of increasing women participation in accessing government services related to health, nutrition, monitoring, early childhood care and livelihood. In all 4 districts, 100 village of project area, total 1092 meetings (Panna-393, Umaria-190, Rewa-293 and Satna-216) have been conducted with women groups in four districts on employment and livelihoods, nutrition and health services, gender, local food resources etc, where on an average, 8 women members and adolescent girls (Panna-5, Satna-8, Rewa-11, Umaria-10 average) took part in these meetings.

- Participatory Learning and Action technique (PLA) is being adopted in the project.

- Under the Dastak project, Growth of 5676 children under the age of 5 Years is being monitored every 4 Months. Project is monitoring 209 Severely Malnourished Children (identified in growth monitoring every 4 months) every month for ensuring early recovery and survival. Under the project, VSS is managing 8 Early Childhood Development Centres, where growth monitoring is being done every month.

- Women Groups have started monitoring the essential health and child development services, such as ICDS Centres and its services like Quality and Regularity of Supplementary Nutrition, Immunization, THR (take home ration), growth monitoring, developmental activities etc. Out of 100 village in the project area, Women Groups in 83 villages have made 869 visits to the Anganwadi Centres -
  - In Satna 20 village, women have visited their area anganwadi and number of visit was 416.
  - In Rewa 15 village, women have visited their area anganwadi and number of visit was 36.
  - In Umėria 23 village women have visited their area anganwadi and number of visit was 254.
  - In Panna 25 village, women have visited their area anganwadi and number of visit was 163.
  - In addition to Anganwadi, women and youth group members have visited the sub-health centres and discussed about the problems found there. In Panna district visited 8 times and Satna 33 time in sub-health centres.

- “Vyanjan divas” (Day for Celebrating Local Food and Recipes made out of it) was celebrated in village Khairha Siyanagar at district Rewa, where 63 women participated. The theme was making dishes from locally available food resource collectively.

- They used locally available varieties of was brinjal, tomato, Potato, Bathua, Rice, Wheat, Pumpkin, Coriander, Cabbage, Cauliflower, Drumstick tree leaves, etc. which were locally available and easily accessible for them to make nutritious food for their children and others.
Ayush (Department for Medical Treatment other than the Allopathic Medication) certified treatment with traditional knowledge and practice for malnourished children (Mahamash Oil massage and Suposhtik Churn Kheer) and total 430 children treated from January to March 2017 in this intervention and due to this 42 children have recovered from severely acute malnutrition. This winter therapy is under process from the Month of December in the project villages of all district, till now where 147 children have recovered from the problem of Severe Acute Malnutrition and still treatment is going on.

PLA tools and training materials have been developed by Vikas Samvad Samiti related to women and child health and nutrition issue. A set of 80 Picture cards, Tools and Guidelines for the use of PLA material has also been developed and used in the community level activities. In 96 project villages PLA trainings have started and 203 meetings under 4 sessions have been completed. 3290 women have attended the training in 4 districts Satna, Panna, Rewa and Umaria. Average 2-3 meeting have done in per village.

Goal 2: Model for Quality Improvement of Participatory Community Development in the Area Health and Nutrition

Study of unutilised food resources has been done. In this study, local food resources mapping has been done which was followed by meetings and discussion with local community.

The community members were motivated to start kitchen garden in their home. They were told about the various benefits of home grown organic vegetables and how it will help to fight malnutrition of children. Thus, under this project, 7 types of organic seeds of seasonal vegetables (bottle gourd, ladies Finger, bitter gourd, tomatoes, chillies etc.) were provided to selected 2149 families initially. In the latter stage (in 2017), after community meetings and dialogues, these families agreed to re-produce vegetables seeds, which resulted in better availability of seeds without any extra cost in these villages. The available seeds were re-distributed among the same families, as well as more interested families in the project area. Ultimately, now more than double families (4922 families) from the last year’s number were engaged in Garden.

Construction and revitalization of water structures in the Dastak project area has not only resulted in the problem of drinking water but also to increase water level in many villages, irrigation facilities have also increased in the fields. Total 20 NADEP Compost pits have been constructed in selected 5 villages of all 4-district villages of project area. Total 311 farmers (Panna-84, Satna-145, Rewa-62 and Umaria-20) from project villages have been provided local varieties of seeds of kharif crop (till, rice, moong, urad, makka, ragi, jowar and Ragi).

The ECCD Centres operated under the project have proved that good kindergarten workers can be developed. Keeping in mind the circumstances in which the workers have to work and the responsibility for caring the children in view, training, promotional techniques and collaborative structures under the project have been constructed. These workers consciously play their accelerating and catalysing roles. They keep adopting different ways. It enhances the space for better nurturing and monitors the development and behavior of children in the centre, which demonstrates the growth
and learning of children. ECCD Centres of all 4 districts have been functioning with the help of community and are taken care by women group.

- Development plan exercise was organized in 100 villages of the 4 districts. In these plans, the community building, new ponds and other water structures, panchayat building, weekly market, water tank, drain construction, pond deepening, functioning of fair price shop, anganwadi house, improvement in anganwadi building, water tank, road, playground, Passenger Waiting Room, Stop Dam, Check Dam, drain cleaning etc. are being provided for.
3. Theme: Child Protection

3.1 Hifazat raised the issue of appointments of para-legal volunteers with the Principal Secretary and Commissioner of Women and Child Development (WCD) in the State. The issue was also raised with the WCD Minister of the State and the Centre. The issue was also brought up before the High Court Juvenile Justice (JJ) Committee and Supreme Court JJ Committee. Consequently, the WCD Commissioner passed an order for the recruitment of counsellor in 15 Observation Homes. Out of 18 Observation Homes 3 homes still do not have the position of counsellor filled in. These three Katni, Vidisha and Morena.

3.2 Further, regular interaction for recruitment of professional counsellors and doctors in shelter homes is being continued. Hifazat is also doing regular interactions with police department. However, success is yet to be realised in securing the filing of FIRs in respect of missing children. There is need to recruit para-legal volunteers in all the Police Stations.

3.3 Hifazat appears as the Field Centre for Child protection in the TISS website. Mr. Suryakant from TISS visited our office. He visited us for understanding various dimensions, process, forms and magnitude of human trafficking in India and to analyse the existing response system by the state, NGOs.

3.4 Following our persistent call to action, construction work of 5 new toilets and bathrooms has been started in Shelter Homes for girls in Bhopal.

3.5 On 14th November 2017, Hifazat and MPLSSM, with support of NCPCR and CRY, organized a Child Rights Stall at Ganjbasoda on the issue of internet and child safety along with child rights. About 3000 children were made aware about their rights.