

# VIKAS SAMVAD SAMITI

## Annual Report 2017-18

### 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

Theme III: Digital Democracy

Accordingly, the resource partnership-wise thematic array of major activities which have been implemented by Vikas Samvad Samiti (VSS) and the emerging outcomes constitute the Annual Report for year 2017-18. The same are presented below:

### 2. Theme I: Nutrition and Health

#### 2.1 Poshan Initiative

The 4-year initiative, POSHAN (**P**artnership and **O**pportunities to **S**trengthen and **H**armonize **A**ctions for **N**utrition in India), led by International Food Policy Research Institute (IFPRI) ended in the year 2016-17. The initiative was aimed at building community-embedded evidences on effective actions for nutrition and position the evidences across the sight of the key stakeholders so that they deploy the same in their respective informed decision-making structures towards realising improved nutritional outcomes for children and women. The overall goal of **POSHAN** is to improve and support policy and programmatic decisions and actions to accelerate reduction in maternal and child undernutrition in India, through an inclusive process of evidence synthesis, knowledge generation, dissemination and its mobilization.

From a sustainability perspective, it is the inherent process of community-wide consultations titled '**Poshan Samvad**' (**Nutrition Dialogue**) that has been scrupulously pursued during the year 2017-18. This process has run across both within the community as well as with the first line service providers and supervisors on a regular basis. Notably, the process has had its ripples reaching the district administration, the programme managers and of course the policy makers as well.

On 15<sup>th</sup> 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 breastmilk 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.

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

National Immunization Schedule				
Vaccine	When to give	Dose	Route	Site
Vitamin A, 1 <sup>st</sup> Dose	At 9 months with measles	1 ml (1 lakh IU)	Oral	-
<b>For children</b>				
DPT 1 <sup>st</sup> booster	16-24 months	0.5 ml	Intramuscular	Anterolateral side of mid-thigh-LEFT
OPV Booster	16-24 months	2 drops	Oral	
Measles 2 <sup>nd</sup> dose	16-24 Months	0.5 ml	Subcutaneous	Right Upper Arm
Vitamin A (2 <sup>nd</sup> to 9 <sup>th</sup> 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 2 <sup>nd</sup> 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 is 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.
- f. The workers of health and ICDS see greater effectiveness in undertaking joint activities in the villages. The process needs to be institutionalised, they observe.
- g. The illiterate or less educated Anganwadi Workers have to pay off certain amount to take help in completing the Monthly Progress Report.

## **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 are available and the community is made accountable through meetings and training of statutory committee members, workers of the Anganwadi Centres, Health Centres and VHND Arogya Kendras**

The activities include:

1. Village Report Card is placed by community: It presents status of services, causes behind problems and enlist services being provided within the community.
2. Coordination with Goonj programme for infrastructural improvement: The FGDs with community members have been done to identify issue on which they will donate in the form of labour to get the infrastructural work done through community support. In return, they will obtain material resources like clothing, utensils, furniture, and food grains.
3. Conduct of rapid Situation Analysis across 15 villages: The MIS reports the following:
  - a. 63.3% head of the households are illiterate.
  - b. 99.8% household have homestead land but that is no legal/official/formal document.
  - c. Only 24% HH have Pucca Houses, 75 % HH have Kutcha Houses and 2.7 % are residing in semi-kutcha houses.
  - d. 7.4 % HH are BPL and only 2.1 % HH are APL while 69.1% HH are having other cards.
  - e. 18.9 % HH are receiving correct quantity of ration round the year.
  - f. 53.9 % HH do not have MGNREGA Job Cards.
  - g. 20.8 HH are having at least 2 persons who are of the age of 17 or younger.
  - h. 99 % of HH are dependent on Agricultural Labor.
  - i. 40% of HH are not landless while 59.9 % are landless.
  - j. 95.1% HH are dependent on fire wood and chips, dung cake, kerosene, charcoal, Gobar Gas or other energy sources for cooking.
  - k. 92.6 % HH are having a TV and VCR or VCD or DVD player.

- l. 76.4 % HH never had any mobile handset and a landline telephone, 23 .5% HH have a mobile phone etc.
- m. There are total 108 pregnant women and lactating mothers in the target area and that 103 of them are illiterate. All have the MCP/MCH Cards.
- n. Population of children under 18 years is 1184.

## **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 get and use 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 covers 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 is being done for 275 children under 5 years of age. Nutritional status of 175 children from across 7 villages informs the identity of 88 children are suffering from Moderate acute Malnutrition (MAM) whilst 8 from Severe Acute Malnutrition (SAM).
4. Growth monitoring, Massage and Food Demonstration Camp (based on Ayurveda Therapy) for 21 days to promote nutrition-health related condition in a result-oriented manner. The therapy has been extended to 104 children. It resulted in bringing down the MAM children from 88, prior to camp, to 40 on the 21<sup>st</sup> day of the camp. The change in the status of SAM children has been from 16 to 5 children.
5. Food demonstration of healthy dishes was held for making recipes from locally available food materials to combat with malnutrition for the tribal community in district Mandla, MP through a community involvement initiative towards eradication of malnutrition. Following this, the Anganwadi Workers, SHG members and community women decided to cook tasty, nutritious dishes for kids every day. Apart from this, the Anganwadi Workers decided to conduct similar food demonstration events at their respective centers once in a month.
6. Nutri-Corners have been 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 are made available at the Anganwadi Centres. These centres have become operational in 5 villages, namely, Nonhetakhurd, Jakhnod, Sonipura, Gwalipura and Machakhurd.

## **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: Survey of water resources has been done in 3 villages.
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 whereby the community women, children, adolescent girls and the boys and men can learn and understand as to what are the healthy and unhealthy habits and behaviours with regard to diet, sanitation, health and education.
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: Using the Participative Learning and Action (PLA) tool, the perspective building process across the dimensions of malnutrition, health, gender, child rights and child marriage etc. is being carried forward in an ongoing manner. The training of trainers (TOT) too has been completed.
4. Formation of adolescent girls' groups in project villages: 6 groups have been formed comprising 73 girls as the members. These groups are imparted life skills education across the dimensions of nutritional health, hygiene, sanitation and personality development.
5. 15 groups of children with total 280 children (135 females and 145 males) have been formed using the Theater Activity in all 15 villages.
6. 15 Youth Groups from age-bracket of 18 to 35 years with a total membership of 118 (61 females and 56 males) have been formed across the 15 villages with agenda on promoting the perspective on aspects including health, nutrition, gender equity and child rights; amongst others.

### **KRA 4**

#### **Capacity building and training**

It includes the following major activities:

- a. A three-days training on Health & Nutrition at Prayatn Campus, Sahabad from 11<sup>th</sup> to 13<sup>th</sup> January 2018 has been conducted. The training for the field teams addressed the following objectives:
  - a. Develop understanding on identification and analysis of issues related health and nutrition.

- b. Discuss the current project hindrances and explore strategies to tackle the issues.
- c. Develop a quarterly micro-plan for field level actions in respective districts
- b. A five-days training on Health & Nutrition was conducted at Aurangabad from 6<sup>th</sup> to 10<sup>th</sup> February 2018. The programme covered the following objectives:
  - a. Develop clear understanding on the concept of health care and nutrition.
  - b. Develop partner level insight in to aspects of Right to Health, Malnutrition, National Health Mission, and current scenario of health as per NHFS 3 and 4.
  - c. Strengthen understanding on gaps/flaws in the implementation of health care and nutrition project in selected intervention areas.
  - d. Build understanding on verbal autopsy, life skills and state level policies and schemes on health and nutrition.
  - e. Discuss the current project hindrances and explore strategies to tackle these issues.
  - f. Develop a quarterly micro-plan for field level actions in respective districts
  - g. Capacity building on MIS, data understanding and knowledge.
- c. Orientation on conducting Verbal Autopsy on child deaths has been done. As an on-hand practice, child death audit was conducted in 3 cases village Machakhurd and the Taparpura Tola of village Nonhetkala.
- d. Petition for Complaint Box in Schools has been given.
- e. Meeting for right to food campaign has been held.
- f. Monitoring of PDS, MDM, ICDS is being pursued.
- g. Support for National Immunization Programme is being continued.
- h. Application had been given for appointment of Anganwadi Worker at Macha Khurd. The incumbent was appointed on 4<sup>th</sup> April 2018.
- i. Applications related to water problem / CM Help Line were made for Jakhnod Patwai, Mahra, Dang Verve villages.

### **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 project’s overall objective of bringing about reduction in child mortality through implementation of the Right to Food in vulnerable communities of Madhya Pradesh. Towards this end, it pursues the **specific project objective** as below:

“The supply with sufficient food and health services is sustainably ensured for 4674 children below 6 years and 3000 pregnant women and nursing mothers across 4200 Adivasi households through linking to and implementation of respective government support programmes.”

The sub-goal-wise progress of the project activities during the year have been as below:



**Sub-Goal 1: Community members from 100 project communities engage for linking with and improved implementation of government support programmes in the area of health and nutrition and work actively towards alternative models to ensure livelihood.**

**Progress:** Under the project, intensive efforts have been made to increase people's participation to understand the rationale and scientific use of traditional food, nutrition and health practices, education for every child and special care for infants and nutritional care for women. Community and Statutory Committee members have developed their capacities for development planning and collective decision-making processes.

The community has also started monitoring the functioning of rural-local level public institutions and through this process, improvements in the service delivery of schools, Public Distribution System (PDS) ration shops and Anganwadi Centers have been increasingly becoming more visible. Further, the community has also undertaken renovation of the local water structures in the wake of low rainfall in last year (2017) and has sought to cope up with the problem of availability of drinking water. The Participatory Learning and Action (PLA) exercises (participatory process for community learning and action planning) too were taken up to build informed women leadership amongst the women's groups.

It may be mentioned here that the TDH-BMZ supported project has been named as "Dastak" ('Knock at the Door') across the project area districts. The name Dastak connotes the project objective of knocking at every door in the project villages with regard to addressing the issue of food and nutritional security and the concomitant need for bringing about desired social change.

Some notable activities during the year are as follows:

- A 50-day long Dastak Yatra (Journey) was planned by the project team from 2<sup>nd</sup> October 2017 (Birthday of Mahatma Gandhi) till 20<sup>th</sup> November 2017 (International Day for Child Rights). The core objectives 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 materials have been developed by Vikas Samvad Samiti related to the roles and responsibility of the statutory committees SMC, VDC, GSGTS, FRC and MGNREGA Committees. This material has been prepared for the purpose capacity building of the members of the all statutory committees.
- Community driven Village Information and Resource Centres (VIRC) are operated in all 100 villages of the project area. The youth groups have an active role in the operation of these centres. They run the centres with a strong sense of belongingness. The demand for referencing to these resources has been rising. Now, the community has also asked for some other contextual materials such as story

books and knowledge content etc. This information is not only useful for the leadership development of the youth, but it is also a source of utility information for the village level community institutions. Further, materials pertaining to games and sports are also available, maintained and distributed. Total 3210 children and community members (Umaria-345, Panna-1540, Satna-568 and Rewa-757) have accessed the resource centre books and materials 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. On 12<sup>th</sup> February 2018, on the occasion of Red Hand Day, a campaign to stop using children as a soldier was organised. In this event, 22 villages 636 youth and children from 22 villages participated for showing their stand against children's deployment in violence and war.
- Youth groups continue to strengthen their leadership position being endowed with credible knowledge and skills in health, environment and development issues and are 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's groups with membership of 1149 women and adolescent girls (Panna-350, Umaria-275, Rewa-284 and Satna-240) in 100 villages are operational. These groups pursue the objectives of increasing women's participation in accessing government services related to health, nutrition, monitoring, early childhood care and livelihood. In all 4 districts, 100 village of the project area, total 1092 meetings (Panna-393, Umaria-190, Rewa-293 and Satna-216) have been conducted with women groups on aspects across the canvas of 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. On 8th March 2018, 'International Women's Day' was celebrated in Panna, Umaria and Rewa districts. Total 540 women (Panna: 400, Umaria: 84 and Rewa: 56) participated in the event and raised the issues related to wages, inequality in the society, domestic violence; and employment and equal work opportunities were discussed. Also, the issue of Maternity Entitlement (ME) was discussed at length.
- 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 Acute Malnourished

(SAM) 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 (ECCD), where growth monitoring is being done every month.

- Women's 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 Umaria 23 village women have visited their area anganwadi and number of visits 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 preparing and celebrating recipes made from local foods) 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. Due to this intervention, 42 children have recovered from Severely Acute Malnutrition. This winter therapy is adopted from the month of December in the project villages of all districts. Till now, 147 children have recovered from the problem of Severe Acute Malnutrition and the process goes on, with due acceptance of the community.
- 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 have been developed and are being used in the community level activities. In 96 project villages, PLA trainings have started and 203 meetings under 4 sessions have been completed thus far. As many as 3290 women have

attended the training in 4 districts Satna, Panna, Rewa and Umaria. Average 2-3 meeting have been done per village.

- The Madhya Pradesh Panchayat Raj Avam Gram Swaraj Adhiniyam, 1993 stipulates that the Gram Panchayat shall, for discharging its functions and duties, constitute two standing committees of Gram Sabha, namely, Gram Nirman Samiti (Village Construction Committee) and Gram Vikas Samiti (Village Development Committee). The Act provides for a Gram Sabha for every village. At present, apart from the Village Development Committee (VDC), the standing committee, there are 4 ad hoc committees for each Gram Sabha. These are:
  - Madhya Pradesh Gram Sabha Swastha Gram Tadarth Samiti (MPGSSGTS)
  - Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)
  - Forest Rights Committee (FRC)
  - School Management Committee (SMC)

Thus, across the 100 villages under the project, there are 5 statutory committees for each village. These 500 statutory committees include 4486 members as provided under their respective statute. These committees have been constituted under different Acts, including 'The Panchayat Raj Avam Gram Swaraj Adhiniyam, 1993', 'The Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006', 'Mahatma Gandhi National Rural Employment Guarantee Act-MGNREGA 2005' and 'Right of Children to Free and Compulsory Education Act, 2009'. a total 577 meetings were conducted in year 2017 with facilitation of the project team.

### ***Sub-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. 'Vyanjan Divas' has been extensively observed to promote use of local unutilized food resources. The main objective of the celebration is to make recipes from local food resources which are available in homes. Different varieties of fruits such as Mulberry and bel Tendu which are found in the forest have been used in ECCD centres. Whilst the community used to consume these forest fruits earlier, now their availability and accessibility has become a challenge. The project team is endeavouring to see that the challenge is mitigated to the advantage of the local community by promoting its rights. The FRCs are being encouraged to recognise the challenge and secure the availability of forest fruits to the local population for its use.
- 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 the processes of Kitchen Garden.

- Construction and revitalization of water structures in the 'Dastak' project area has not only resulted in the problem of drinking water being mitigated but also ground water level has increased in many villages. Further, irrigation facilities have also improved.
  - Total 20 NADEP Compost Pits have been constructed in selected 5 villages of all 4-district village of project area. Community is planning and organising to use the manure from these compost pits in their farming.
  - Kharif crop seed distribution has been planned in the monsoon for selected farmers across all 4 project districts.
  - During the year 2017, 12622 kg Rabi crop seeds were provided to 151 farmers of 3 project districts (Panna: 2000 kg, Satna: 3500 kg and Rewa: 7122 kg). Three types of seeds, namely, Wheat, Gram and Mustard. The endeavour has yielded total production of 57213 kg.
  - In district Rewa, 7122 kg indigenous seeds of Rabi crop - Wheat, Gram and Mustard - have been distributed to 62 families resulting in a production of 7113 kg valued at about INR 193698. The quantum of production has not been higher than the seeds input because of acute shortage of rainfall coupled with drought in 2017.
  - In district Satna, total 3500 kg indigenous seeds of Rabi crop - Wheat and Gram - have been distributed to 69 families resulting in a production of 30100 kg valued at about INR 485500.
  - In district Panna, 2000 kg indigenous seeds of Rabi crop – Wheat - were distributed to 20 families resulting in a production of 20000 kg valued at about INR 300000.
  - 6 farmers and project team members participated in "Beej Mahotsav" (seed festival event) which was held in Nagpur. The theme of the event was based on organic and sustainable agriculture where the expert oriented the participants about organic farming, seed preservation, importance of diversity and local seeds, bio-fertiliser and bio-pesticides. The orientation was followed by a cultural programme.
  - Kitchen Garden is becoming a source of inspiration. Till now, the project has been involved in promoting family-based kitchen gardens. However, now efforts are being made in district Panna to develop community-centric collective kitchen gardens. In 2 villages in district Panna, community kitchen gardens have been taken up. These are slated to render availability of vegetable for villagers whilst complementing their livelihoods. In these 2 villages, 17 families are involved in the process of developing the community kitchen garden in 1 Bigha (0.2529 ha or 2529.3 m<sup>2</sup>) of land in Kotagunjapur village and in another village, Pati 12 families

are participating in developing the community kitchen garden in a land of around 0.5 acre. Both the land pieces have been contributed by the community itself. Different varieties of local vegetable seeds have been provided such as Spinach, Lady Finger, Amaranth Leaves, Bitter Gourd, Black Pepper etc.

- In all villages across the project area, the farmers are trying to make organic manure after having attending training in Jhabua and are also promoting the concept amongst the fellow farmers.
- 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. Operated by the Women's Group, these 8 ECCD Centres across the 4 districts are vibrant and functional with help of and engagement with the community.
  - A total of 238 children are accessing the facilities in these 8 ECCD Centres. It is observed that 15 (6.3%) children are suffering from Severe Acute Malnutrition (SAM), 47 (19.7%) are inflicted with Moderate Acute Malnutrition (MAM) and that 154 (64.7%) children are free from malnutrition. The data about the remaining 22 (9.2%) children is not available as they have migrated out.
  - Currently, 2 ECCD centres are working in each district where there is no Anganwadi Centres and where the working parents have limited time to take care of children who are under 3 years age. Thus, the ECCD centres serve as the crèche too for the younger children. Regular nutritious food is being provided thrice a day in these centres - breakfast, lunch and some snacks at the end of the day. These ECCD Centres have locally sourced supplementary nutrition (nutri-corner) for children. Which is made by using locally available food resources such as 'Mahua' (Mahua Longifolia – Mahua flower is an edible food item for tribals -), 'Til' (Sesame), jaggery, groundnut, puffed rice and 'Kodon' in the form of laddu.
  - The centres render holistic developmental (physical, cognitive, social and emotional development) services to the younger children through a host of activities including games, puzzles, story-telling, songs etc. In addition, the centre provides parental guidance and counselling for child care, particularly with regard to those children who have developmental delays.
  - Growth monitoring of the children is regularly undertaken every month by taking the measurements of weight and height vis-à-vis their age. Also, Mid-Upper Arm Circumference (MUAC) is measured using the MUAC tape. This

helps in screening the children who are suffering from SAM and MAM so that they may be tracked for improvement with a regime of appropriate feeding and treatment.

- Women group visits the home of undernourished children to counsel and demonstrate essential early child care and feeding practices with whatever they have in their home so that their nutrition level may improve.
  - A 4-days training was organised in Rewa district on knowledge and skills in improved childcare practices. It was attended by 36 participants (comprising project team members and childcare workers).
  - “Vyanjan Divas” (Recipe Day) based on locally available foods was observed in the ECCD Centers in the project districts Rewa and Satna. Total 235 women participated in this event. More than 20 dishes were prepared from the locally available food resources. The women also contributed various food items in this event. They used locally available vegetables, including Brinjal, Tomato, Potato, Bathua, Rice, Wheat, Pumpkin, Cabbage, Coriander, Cauliflower and Drumstick tree leaves etc.
- 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.
- In district Satna, community has raised quite some demands to the respective Gram Sabha. These include 7 demands for construction, 1 for an Anganwadi Centre building, 1 for Samudayik Bhawan (Community Hall) and electricity connections, amongst others. These demands were incorporated by the Gram Sabha in the respective Village Development Plans thereby signifying perceptible community participation.
  - In district Rewa, demands for social security, playground, road, Nal Jal Yojana (Piped Water Scheme), deepening of ponds, Med Bandhaan (Soil Conservation), construction of drains and Anganwadi Centre were placed before the respective Gram Sabhas.
  - In district Panna, demands for playground, road, new ponds, Panchayat building, Anganwadi Centre building, weekly market area, check dam, sewage cleaning, electricity and the PDS shop were placed before the respective Gram Sabhas.
  - Exercise for preparation of Village Development Plan was organized in 75 villages of 3 districts. These plans include the various demands which were made by the community as submitted to the respective Gram Sabhas and were considered in the VDC meetings.

### **3. Theme 2: 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 advocacy, construction work of 5 new toilets and bathrooms has been started in Shelter Homes for girls in Bhopal.
- 3.5** On 14<sup>th</sup> 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.

#### **4. Theme 3: Digital Democracy**

A two-year Ford Foundation–VSS Consortium Project on Community-based and Research-oriented Intervention for Universal Access to Digital Technology”, styled as “An initiative for Digital Democracy” has been started from 1<sup>st</sup> June 2017. The project will conclude on 31<sup>st</sup> May 2019. The project is being implemented in 4 districts, namely, Panna, Jhabua, Khandwa and Bhopal.

##### **4.1 Conceptual background**

This project has been formulated keeping in view two independent concepts- ‘Digital Technique’ and ‘Being in Sync with Democracy’. It is to be recognised that the digital platform is not a one-sided entity in the arena of communication. Rather, it is endowed with immense potential for multi-pronged communication across multiple layers. Every person can choose to define his own sense of information and news, assess its utility and determine to share it with the world at large. It is now recognised that the digital technique is being utilised in monitoring the deliverance of public services and transparency is being sought in an authorised manner. Thus, inequalities are bound to be removed by ensuring that the fruits of development are equitably available to all sections without any favour or fear. Likewise, digital techniques offer significant opportunities to highlight any irregularities



when the grievances are raised and addressed in a transparent manner. Digital Democracy provides the means for voicing call to action for securing sustained equality whilst seeking to repel discrimination in all its forms. The project addresses to benefit a number of persons across the 4 districts: 3363 persons in Panna, 2591 in Bhopal, 2161 in Jhabua and 1787 in Khandwa.

#### **4.2 Project Objectives**

- a. Ensuring equal access to digital technique and its allied tools for the community, particularly for the marginalised, across both the areas – rural and urban.
- b. Develop community's technical knowhow and skills so that not only it can use the digital technique in accordance with its own needs but also it can participate in the development of plans for better, transparent and accountable governance in an informed manner.
- c. Bring about inclusive digital literacy across all significant stakeholders, using differentiated and yet intensive advocacy.

#### **4.3 Key Strategies**

- a. Training and capacity building of project teams.
- b. Training and capacity building of e-volunteers drawn from the community.
- c. Capacity building of select-community members.
- d. Formation/development of Training and Resource Centre on Universal Digital Access and Human Development Issues.
- e. Establishment of a community level e-learning resource centre and Digital Social Action Lab (e-Dastak Kendra).
- f. Development of a platform for sharing community information and perceptions and demands (development of website(s) by community in support with field team).
- g. Support for decentralized planning.
- h. Process documentation and research.
- i. Dialogue with the authorities and government representatives at the district and state level using experiences from community-based interventions.
- j. Proactive measures for the inclusion of differently abled persons, women and marginalized sections under the programme.

#### **4.4 Progress in year 2017-18**

##### **❖ E-Volunteers**

- Overall, 179 E-Volunteers have been added by project. As many as 62 (35%) of them are the regular ones. Out of these, 22 E-Volunteers have been trained at the state level workshop and have been imparted a range of skills.
- They are accessing government portals at Digital Social Action Labs (DSALs) for their own use as well as for helping the community to make use of the same.
- The female E-Volunteers have demonstrated confidence in making use of the Toll-Free Number '1090' which is dedicated as the Women's Helpline No.

- They are also educating the community about cybercrimes, cyber frauds and alerting them to exercise necessary safeguards in availing the digital technology.
- The E-Volunteers are also actively using the WhatsApp groups for instant information sharing and in keeping themselves updated with the project and allied activities.
- Apart from entertainment, YouTube is now being used for self-learning about various subjects and topics.

#### ❖ **E-Dastak Kendra Operationalisation**

- Knowledge and Skill of E-Volunteers is increasing.
- Community's access to government schemes and its use of the same is getting expanded.
- Awareness about the helpline number and their utilization has increased.

#### ❖ **State Level Training and capacity Building**

- 20 participants attended the 4 Day Workshop on Digital Device and Tools was organized in Bhopal from 22 to 25 November 2017.

#### ❖ **Baseline Research**

- From November 2017 to February 2018, the baseline survey has been carried out so that database for the project area can be determined and consequently monitoring and evaluation of the project is facilitated.

#### ❖ **Conduct of Community Monitoring Meetings**

Community meeting is a village level activity. These are a set of general gathering of community people facilitated by field staff which works as tool to collect ground information about the present conditions and happening in the village and its surrounding. Sometimes not everyone reaches at DSAL due to barriers like unavailability of time, weather, climate etc. Thus, the need of community meetings becomes important with objective to motivate community people to participate in the DSAL activities. Community meetings are conducted in open areas which are commonly accessible point of villagers. To organize community meetings, field staff teams decides few subject or topics related to village and community issues. The date and time accordingly and community E mobilizers inform about the meeting to the community people one day prior to it. It also supports the action-based research and documentation of the project. Major outcomes of community meetings are as follows-

- ✓ Trust in the field staff has been built up amongst the communities.
- ✓ Awareness and promotion of DSAL has been increasing over time.
- ✓ Community has started identifying the common problems and their solutions collectively.
- ✓ Data and information for research and documentation has been generated.
- ✓ Identification of E Volunteers has been done.
- ✓ Information has been shared about Toll free numbers for emergencies with different community segments.

## ❖ Focused Group Discussions

Specific groups like youth groups, women's groups, adolescent girls' groups were identified by field staff during community meetings and baseline survey. Later, these groups were targeted for the focussed group discussions across the topics and subjects of their common interests. A checklist was prepared for the FGDs by the Core Team of Vikas Samvad and shared with district level teams. After scheduling the FGDs, the district teams conducted the FGD meetings. The mobilised groups were informed one day prior to the discussions by the Community E-Mobilizers. The topics at the FGDs included:

- Introduction of the project and its objectives with focus on importance of Digital mediums and E-Resources.
- Introduction about government schemes and unorganized labor and its registration process.
- Discussion on '1098' Child Helpline, '1090' Women Helpline, '100' Police helpline, '108' Ambulance and '181' CM helpline number.
- Discussion on PMVVY scheme, especially for women groups
- Discussions on natural resources of village, history, culture and geography.

The major outcomes of the FGDs include the following:

- ✓ 179 community people with different age category registered themselves as the E-Volunteers under the project.
- ✓ 446 people registered themselves as the unorganised worker at the Labour Ministry through online process.
- ✓ Awareness about the helpline numbers has increased. Fear and hesitation for using helpline number decreased among community people, particularly amongst the women.

## Some Case Studies

### 1. Vinita Fights with Malnourishment and Wins Life

**Name: Vinita Gond D/o Bitwa Gond**

**DOB: 25/01/2018**

**Village: Manki**

**Gram Panchayat: Manki**

**District: Panna**

**General information about the settlement:** Situated at just 10 km from the district and Janpad headquarters Panna, Village Manki falls in the jurisdiction of Panna Tiger Reserve. In all, 92 tribal families live in the village and their total population is 491. Of these, 259 are males and 232 females. Livelihood for most of the families is dependent on manual labour and selling minor forest produce and firewood. Due to lack of enough opportunities, some families migrate out to other states like Delhi, Rajasthan and Gurgaon (Haryana) in search of work. Whilst some families have limited agricultural land, the same is not enough to sustain them. Further, due to lack of irrigation facilities and prevailing drought conditions, people also are not able to grow adequate crops.

**Health conditions:** As the economic status of the villagers is deprived, their health condition is also rather poor. Another major factor which is rampant amongst the community's men is addiction to alcohol which further impacts their economic condition. This means that people are not able to take care of their children properly and families do not get balanced diet. The insensitive attitude of the concerned government departments is also one of the factors for their poor health. All this has led to worsening of malnutrition situation in the village. It is also observed that the rate of institutional delivery is low, thereby reflecting poor health seeking behaviour on the one hand and neglecting stance of the health service delivery system. Whilst there is an Anganwadi Centre in the village and women and children avail its services, the Primary Health Centre (PHC) is 8 km away at Jarupur and that there is no transport facility in accessing it. Consequently, the village community gets deprived of the PHC's services.

**Details of malnourished children:** The village has six children in age group of zero to six months and 55 children in the age-group of six months to five years. As for malnutrition scenario, the number of Severe Acute Malnourished (SAM) children is three.

**Family situation:** Bitwa Gond is Vinita's father who currently stays in Makri Kuthar in search of work. Her mother's name is Jamuna Bai. Bitwa and Jamuna have three other children apart from Vinita. Jamuna Bai said that the BPL Ration Card and eligibility slip (Token) mentions 20 kg quota of ration, but she gets only 5 kg of ration. When she asked the PDS shopkeeper about her quota and asked for 20 kgs of ration (food grain) as per her entitlement, she was told that she could be given only five kg of ration and not more, because she does not have Aadhar Card for three of the family members. It was only after the intervention of the community supported by the project team members that the shopkeeper agreed to give her 20 kgs of ration.

**Vinita has been malnourished since birth:** Jamuna Bai had two Ante Natal Check-ups (ANC) when Vinita was to be born. Due to unavailability of green vegetables at home, she would eat whatever basic food she could have. She was already weak when she became

pregnant. However, despite the ANC, she did not receive any correct guidance on her diet. Vinita was born at home in unsafe conditions on January 25, 2018. She weighed only 2 kg at birth, although normally the birth weight should be 2.5 kg and higher. Jamuna had received two ante-natal vaccinations and Vinita received BCG vaccine 15 days after birth.

**Vinita' condition:** Vinita is only three months old. As of now (April 20, 2018), she weighs slightly below 2 kg, although the normal weight of a three-month-old child (as per new standards of World Health Organisation) should be 4.5 kg.

**Admitted to NRC:** Vinita's mother Jamuna Bai said that she had got Vinita admitted to Nutrition Rehabilitation Centre (NRC) in the month of March 2018. She was in the NRC for two days for nutritional care and subsequently for 13 days she was in the paediatric ward for her medical treatment. Doctors said that she suffered from anaemia. She was given blood (valued at Rs. 1000/-). However, she did not get better.

**Efforts by the organisation:** The members of the organisation repeatedly counselled Jamuna Bai to get Vinita treated. The mother was also actively counselled for exclusive breastfeeding the child and that the mother must consume green leafy vegetables herself. She was told that the baby's condition was very bad and merited immediate medical attention failing which the child may not survive. They also assured her that no problem would be encountered to get Vinita admitted in the hospital and that the organization would extend all help to her. The director of the organization Yusuf Beg contacted the Block Medical Officer (BMO) of Devendra Nagar Community Health Centre (CHC), Dr. Abhishek Jain about the condition of the child and urged him to get her treated immediately. The BMO assured that he would personally take care of the child.

When the child was admitted to NRC on April 20, 2018, her condition was very bad. The matter was shared with the state level project team too. The State level project team spoke to the Joint Director, Health in the Directorate of Health Services, Bhopal. He also informed about the availability of free treatment facilities in AIIMS, Bhopal and that the same could be availed by Vinita's family. Also, the Joint Director directed the BMO to give personal attention in getting the child treated.

**The BMO Acts:** The BMO and director of the organisation went to Kalyanpur on April 20, 2018 as Vinita's mother had taken the child there to attend her brother's marriage. The BMO ferried Vinita and Jamuna Bai to the district hospital Panna in his own vehicle. After the medical examination, the doctor found that Vinita was suffering from severe anaemia and immediately asked to arrange for AB+ blood. The members of the organization arranged the collection of blood. A member, Vijay Kumar Tiwari, donated his blood and Vinita was transfused with the required blood. Currently, Vinita is undergoing treatment at district hospital Panna and her condition is improving.

### **Evolving Lessons**

- It pays to promote health seeking behaviour.
- Life can be saved if the appropriate medical services are rendered in time and with sensitivity.

- ☑ Community mobilization serves to encourage the family to seek the demand for health and medical services whilst underlining the responsiveness and sensitivity of the service providers at the level of primary health care system.

## 2. Effective Planning and Dialogue Made Life Easy for Vimla and Her Baby

**Name: Vimla W/o Deep Chandra Singh**

**Age: 20 years**

**Child name: Rekha**

**Age: 5 months**

**Village: Tummadar**

**Block: Karkeli, Distt.: Umaria (M.P)**

Deep Chandra Singh is living with his family in village Tummadar of Karkeli block Umaria. He owns 11-acres land but out of this land, 5 acres has turned into barren land. He sows Kodo Kutki (millet) in 7 acres and hardly gets some crop. Since he owns land, his name is also not listed in BPL category. He hardly gets grains from his barren land which suffices purpose family's need only for six months. Remaining six months, he and his wife take to labour work in the nearby villages. Despite working, it becomes difficult to run the family. In between, they planned to have a child.



**Vimla after the delivery**



**Condition of Rekha Then**

Vimla's pregnancy was checked and confirmed at the Aanganwadi Centre.

On 19 September 2017, ANM Savitri Singh did the ANC of Vimla and found that her haemoglobin level was low at 8.6. She brought this to the notice of the Aanganwadi Worker (AWW) and that the AWW advised Vimla to eat Moong dal and green leafy vegetables regularly. The ANM also cautioned that with severe anaemia, she was at risk in her pregnancy and delivery.

The Dastak team came to know about the problem of Deep Chandra's wife.

The Team immediately contacted the family. First the team sought to understand the situation, family income, food habits and the status of pregnancy registration at the Aanganwadi Centre. Then the team explained her about nutrition and dietary intake and counselled her as to why she should eat more and take adequate rest during the pregnancy. During the consultations, it emerged that whilst she was eating food on regular basis, her intake was only limited to rice and daal. In addition, she was not getting rest often making her tired. Vimla said that the vegetables were available only in the Monsoon season as they can grow very little in their kitchen garden. She needs to bring water from remote source and work in the agricultural land. Thus, she is left with little time to rest. The team contacted Dr Deepak Dwivedi of Primary Health Centre, Karkeli and requested and got him to visit the family for check-up and advice. With the help of Aanganwadi Worker, ANM and ASHA she was checked at regular intervals and given Iron Folic Acid tablets course and injection of iron as well.



**Rekha's Condition Now**

On experiencing the labour, Vimla on 2<sup>nd</sup> Feb 2018, assisted by ASHA, she was taken to the PHC, Nigahari by the Janani Express. delivered a baby girl on 4<sup>th</sup> Feb. 2018. The baby was, however, very weak with Low Birth Weight (LBW) – only 1.250 kg -. Consequently, the child was referred to the district hospital Umaria. The baby was kept in the SNCU immediately and was looked after. The baby, named Rekha Bai was discharged after 8 days of treatment. She weighed 1.26 kg at the time of discharge. Her family had assumed that Rekha will not survive as she was too weak and pale. However, with the concerted efforts of the Dastak team, the ANM, ASHA and Aanganwadi Worker prepared a strategy in such a way that neither Vimla nor Rekha should have any problems. ASHA went to see them daily at their home. They took care of hygiene and regular immunization etc., all on time.

Both mother and child are doing well. The child is safe and happy now. Rekha is trying to come out of malnourished status. She was given massage of Mahamash oil and special Kheer also - an innovative initiative of Vikas Samvad team for malnourished children in 100 villages -. Today, after 4 months, Rekha weighs 3 kg and measures 52 cm in length.

### **Evolving Lessons**

- It is crucial to ensure that pregnant women are not anaemic. IFA supplementation with diet rich in iron must be promoted and adopted.
- Home-based care of mother and child is key to child survival and growth.
- Never say die!



### 3. Variety in Food Brought Positive Change and Now No Child is Afflicted with Severe Acute Malnutrition

**Village: Tummadar**

**Panchayat: Mali**

**Block: Karkeli**

**Distt. Umaria (M.P)**

Village Tummadar falls under Mali Panchayat of Karkeli block of Umaria. Umaria is predominantly a tribal district and known for its mines. Livelihood, malnutrition and migration are major problems and since the villages are situated in hilly areas, drinking water scarcity is a persisting problem. Children are the biggest sufferers of these multiple and complex problems.



Dastak team started growth monitoring in June 2016. 11 children were SAM and 38 were MAM, also the rest were weighing low. In Dec. 2017, surprisingly there was no SAM child amongst the 48 children. Only 30 children were found to be suffering from MAM and 15 were weighing low which was quite satisfactory.

This was indeed a miracle which occurred after keen and intensive efforts by the team. The team spoke to the community regularly, monitored Anganwadi's services and the food being consumed at homes. Most important was Dialogue on Nutrition during the Dastak Yatra. The Yatra was marked by a training was organized wherein 34 women, 13 men, 8 adolescent girls and 67 children participated. The team articulated the issue of nutrition. Also, in addition, they explained about the need for regular and adequate dietary intake based on local foods. The major emphasis was on vegetables, millets and variety of foods in daily meals. They should be incorporated in the meals from amongst the locally available fruits like papaya, guava, blackberry etc. to get micronutrients in food. Also, variety of cereals were promoted to enhance the nutrients in body. The advice pertained to children being given the special care and hygiene attention and use of safe drinking water. Every family promised that they will take care of such measures and followed it up in their routine life. The Aanganwadi Centres also joined in this consolidated call to action.



The Aanganwadi Worker Sundari Bai says that she was so busy in administrative works that she was unable to pay attention and that she had been unaware about care for food and its intake in such a simple language. She lamented that the departmental trainings were often about paper work and that they cannot do much there. Now, after her understanding, she can guide and counsel the pregnant and lactating women better about nutrition and food habits.

She advises not to feed anything to up to six months except breast feeding. After six months, people have started complementing soft meal to children, immunization takes place on regular basis with continued breast feeding. Also, the women are putting spoon oil extra in meal. Most of the adolescent girls also help workers in weighing and monitoring children in village.

The most important thing is continuous dialogue with women and community which has brought about the cherished change. The team feels that this regular interaction enhances understanding of issues and help people to take better care of their children and women.

#### **Evolving Lessons**

- Dialogues on dietary intake practices hold the key to improved nutritional outcomes in the village communities.

#### 4. Thanks to Women Group's Mobilization: Children's Cutlery Builds up and Sight of the Anganwadi Centre Building is Not Far Away

**Location: Kachratola- Barahtola**

**Panchayat: Mali**

**Block: Karkeli**

**Distt. Umaria (M.P)**

In the Barha Tola of village Kachratola, Panchayat Mali, an Anganwadi Centre a year back. However, till now the building has not been constructed and that there are no facilities for children. The children did not have mat to sit. Also, required utensils for eating food are not there. Sensing the situation, the "Dastak Mahila Group" (Women's Group) decided to mobilize the required facilities. They brought plates,



**Barah Tola Women's Group**

glasses, bowls, spoons and mat for children of the Anganwadi Centre by collecting donations in the village. It is known that Barha Tola is the most backward village of Aakashkot area. Government schemes do not reach this village. Educational level in the village is also very low. Incidences of child and women malnutrition and mortality are high. The "Dastak Mahila Group" is continuously demonstrating its collective power in the village. It has also constructed a playground and cleaned up the surroundings of a hand pump.

#### **Secured Sanction for Aanganwadi Centre Building from the District Collector**

Somkali Bai, a member of the village informed that the group had walked to the office of Mr. Abhishek Singh, Collector, district Umaria to demand for construction of the Anganwadi building. He has since sanctioned the amount. However, the Sarpanch and the Secretary of the Gram Panchayat have yet to get it done. She further informs that after discussing the matter with the Sarpanch Baburam Singh, they came to know that there was no government land available within the village to build the Anganwadi Centre. Consequently, one community member expressed his readiness to donate his land for the purpose. However, the land will become available after the current crop grown on the area has been taken. In the meantime, however, the government has asked for return of the allotted money in view of delay in the construction. "We will keep up the follow up and pressure", asserts Somkali Bai. Now the villagers are demanding that the money should not be taken back from the Panchayat.

#### **Evolving Lessons**

- Women's leadership and mobilization can be promising.

## 6. Some Success Stories from the Project on 'Digital Democracy'

### Tobacco to Technology: Struggle of Laxmi Gond

This is a real-life story of will power and keenness to learn and get out of the mental struggle we face from time to time. Dhanoja, a small village in gram panchayat Brijpur, comprises of 48 Gond families, 4 general category and 1 family belonging to the other backward class. Earning their bread by working as labourers in diamond mines and agricultural fields, the education level of the residents of Dhanoja is at a minimum and most families are landless. Working at a bare minimum of Rs 120/day in the mines and the seasonal nature of agricultural activities in India, the residents are dependent for information on outsiders in this age of Artificial Intelligence.



Let us have a look at the life of Laxmi Gond and how she has made efforts to bring about a sea of change.

Laxmi's parents Kunti Bai and Mangal Gond, along with her two brothers, elder one Sanju and younger Narendra, are labourers in the village. Sanju is especially abled and is aged 21 whereas Narendra is 19 and Laxmi, the youngest of all is 17 years old. Owing to the crumbled economic condition of the family, Laxmi had to take up the intermittent daily wage labourer jobs. Usually in a month they get work for about 10-15 days which leaves them with insufficient funds to run a family consisting of 5 adults.

The Challenge – The inquisitiveness of Laxmi arose when she realized PM Aawas Yojana being On Course for some of her relatives along with the campaign to get UID or the Aadhar Card. This led her to the doorstep of Panchayat Bhawan to ask the authorities that why has her father's name not appeared in the list of PM Aawas Yojana. She became a frequent visitor but in vain. Finally, a gentleman saw her and questioned her about the visit to the Panchayat Bhawan. On explaining the details, the gentleman told her that the Secretary had shut the office and the information she is seeking can be collected online via a kiosk centre. The computer centre charged her an exorbitant 50 Rs but she was now happy that she had access to information. However, the intrigued and inquisitive Laxmi on seeing the computer operator use mobile for internet services wanted to know about the mobile phone now.

Change had begun for Laxmi, but she had to take the tests of time again. The mobile would cost her Rs 6000 and that wasn't affordable at all. With this in her mind she started cutting down on her expenses and quit consuming tobacco. She continued saving for 10 months and collected 5000 Rs. Now she was short of 1000 Rs and she turned to her mother for help who

decided to contribute 1500 Rs to her determined daughter. Laxmi had a new friend in her Samsung device now, but she lacked the skills to use it.

As is often quoted, 'Where there is a will, there is a way', Laxmi found a teacher in Reva, her friend who is working with E- Dastak centre working in Brijpur to impart digital acumen. With the help of the E-Dastak centre, Laxmi got connected to WhatsApp, YouTube and the internet giant Google where she can find answers to any kind and any number of her questions. The PM Aawas Yojana list now has her father's name and the construction is Initiated. For there is nothing more important than the zeal to grow and learn, Laxmi has become an example for us all to be a change maker.



#### ***Kailash Maida has now access to Panchayat and Govt. Schemes***

*Kailash Maida is 32-year-old resident of Deoli village from Jhabua. For his living, Kailash do farming and runs a small general store in the village. Earlier Kailash was using a normal phone for calling and listening to music. After attending a community meeting organised at E Dastak Kendra (DSAL) at Deoli, he got to know about the utility and importance of android Smartphone. Staff team taught him how to access internet and Samagra ID portal. After this meeting he decided to buy a new android Smartphone. On 11th March 2018 he bought the new phone. Now Kailash use WhatsApp, Facebook for connecting and communicating online with others. He uses YouTube to watch religious songs for his own entertainment. Kailash access the internet for information regarding govt. schemes and his panchayat like NAREGA and also helps others who don't have smart phones and internet access. Now Kailash is one of the active E Volunteer of our project.*



**Kailash Maida, Age 32  
E-Volunteer Deoli (Jhabua)**

### ***Jyoti got her new friend: Woman Helpline 1090***

19 Year Jyoti Masani is a member of a local youth group 'SMART YUVA SAMOOH'. She lives in a BDA multi building located in P.C. Nagar Slum at Bhopal. Being an E Volunteer in the project, Jyoti decided to resolve her problem on first hand. From last few days, some anonymous person was calling her regularly at any time of the day. Initially, Jyoti thought and assumed it as wrong number and receiving calls because of mistake or error. She ignored, but after some days Jyoti got frustrated with such anonymous regular calls and got worried. During this period, Jyoti attended a group meeting in which she got to know about 1090 helpline number. She learned that 1090 is 'women helpline number' which can be used by girls and women for various issues and in time of emergencies. Earlier Jyoti have heard about 1090 helpline, but she was sceptical about its use and function. She was scared of being getting in trouble by dialling 1090, thus she didn't attempt to call 1090 for filing any complaint. Manju, who is a part of Digital Democracy project encouraged her to lodge the complaint about those anonymous calls without any fear. Manju convinced Jyoti that there will not be any problem while using 1090 helpline number and she will get support from helpline team. Jyoti decide to lodge the complaint on 1090 helpline, after which she never received any other call from that anonymous person. Jyoti got relief and developed confidence about women helpline number. Now she shares this incidence and educate other girls about 1090. Jyoti encourages all girls and women to take help of 1090 without any fear and hesitation in such type of emergencies and problems.

## E-Volunteers' Coverage in Press Media

### To empower slum area youngsters, 2 NGOs of Bhopal come up with co-working space... *e-Dastak Centre to provide Internet, workstation*

Those not having computers can apply for jobs free of cost

M Poornima @dbpostnews

**Bhopal:** In an innovative way to empower youngsters of slum areas, two NGOs of Bhopal have come up with co-working space - e-Dastak Centre where youngsters will be provided Internet, workstation and other facilities free of cost. Aspiring youngsters from slums who are unable to afford facilities like computer and Internet for applying for a job or building their own start-up will be able to use this space. Initially, this facility

will be available for the youngsters of two slums - Krishna Nagar and PC Nagar of the city. Youngsters can visit this co-working space and can fill up various forms, apply for fellowships and scholarships and even use the space to initiate their own project.

#### Building career

"The motive of starting this place was to help youngsters of slums in establishing their careers. Besides, they will become familiar with technology and use of social media which will definitely help them in providing a new dimension to their careers," said Arvind Mishra, activist of Vikas Samvad, one of the NGOs. He further said they were working with these



#### Training to 100 youngsters

A total 100 youngsters, mostly in the age group of 19 to 25 years of age will be associated with this project. They will be taught to create accounts of various mediums of social media like Gmail, Facebook, Twitter, Instagram, etc. They will also be trained to fill up online forms and make online payments.

youngsters since 2012 and recently felt that there was a need to expose them to technology. So, in January 2018, they decided to develop co-working space for them, Mishra added.

In the past few years, many co-working spaces have come up in the city. However, they all are chargeable and bearing expenses

of such places is almost impossible for youngsters residing in slums.

#### E-volunteers to help

Selected youngsters from these two slum areas have been provided training in the first phase of this project. These trained youngsters are called e-volunteers who will be

responsible to associate more and more people like them to this centre from their locality. Ram Kumar Vidhyarthi of Bachpan who is providing training to these volunteers said a batch of e-volunteers is all set to train others. They have completed their training and will now provide training to others with the help of e-Dastak Centre.

DB POST, Bhopal

## ई-वालेंटियर्स फैलाएंगे डिजिटल जागरूकता

**भोपाल** • बस्तियों में लोगों तक सूचनाएं पहुंचाने व डिजिटल जागरूकता के लिए युवाओं को ई-वालेंटियर्स के तौर पर तैयार किया जा रहा है। इसके लिए 12 नंबर स्थित बस्ती में ई-दस्तक केन्द्र खुलने जा रहा है। इस संबंध में विकास संवाद व निवसीड बचपन द्वारा संचालित डिजिटल डेमोक्रेसी परियोजना के तहत अरेरा कालोनी स्थित एमपीएलएएसएसएम कार्यालय में युवाओं



व महिलाओं के साथ ओरियंटेशन मीटिंग का आयोजन किया गया। परियोजना से जुड़े वरुण नामदेव, रामकुमार विद्यार्थी,

अरविंद मिश्रा ने युवाओं से सूचना संचार के डिजिटल माध्यमों की जरूरतों तथा आवश्यक क्षमता के बारे में बातचीत की। साथ ही युवाओं ने लोकतंत्र पर चर्चा की तथा स्थानीय स्तर पर सूचना की जरूरतों को पहचाना। डिजिटल कार्यप्रणाली, इंटरनेट की दुनिया, सोशल मीडिया व डिजिटल जागरूकता संबंधी पहल के बारे में ई-वालेंटियर्स को जानकारी दी गई।



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