CHILD RIGHTS AND YOU
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Ensuring lasting change for children

AER REPORT

2021 -2022

Contents

CONTEXT

CRY has partnered with BPCL Foundation in 2020 to enhance the lives of children through working on Health and Nutrition theme in 15 villages (10 old villages & 5 new villages) of Narmadadistrict, Gujrat. To target the most marginalized and vulnerable children within a village and for doing that a baseline study (BLD) is done at the beginning of the intervention period. Once the BLD is completed, the targeting as well as monitoring of the implementation of the interventions is ensured to measure movement towards the targets which are set based on the baseline data

PROJECT REPORT

2.1 Project Background

The founding member of Adivasi Vikas Trust, MrIshwarbhai Pawar has worked as CRY Fellow for two years (2010 and 2011). With guidance from CRY Development Support Team, Ishwbarbhai contacted like minded friends and peer group members and expressed his desire to register a non-government Organization and desire to work for in the area. AdivasiViaks Trust was thus registered in the year 2012 and since then receiving CRY support to run child rights program and activities in 20 villages block of Narmada district. AVT with the support of CRY is working towards strengthening of health services, addressing malnutrition issue.Project Holder of the organization has over twenty years' experience of working in the area which helps in Identifying and working in the most unreached and marginalized area of the block. Adivasi Vikas Trust is registered under the Bombay Public trust Act 1950 and Gujarat/687/Narmada under Societies Act 1860 on 8th September 2011.

Until the year 2014-15, organization was working for all five rights of the children as CRY partner. Since the year 2014-15, organization has started focusing on health and nutrition towards pregnant women, lactating mothers, adolescent girls and children. They are also focusing on bringing a change in the KAP among the communities and demanding and strengthening health infrastructures.

2.2 Issues existed in the operational area

1) Lack of understanding of the importance of balanced & nutritious food,
2) None of availability of all kinds of nutritious food,
3) Poor purchasing power to buy all kinds of food,
4) Unsupervised home delivery,
5) Lack of access on diverse food basket
6) Lack of knowledge on exclusive breast feeding,
7) Imposition of superstitious practices particularly on colostrum feeding,
8) Poor hygiene practices,
9) Seasonal diseases,
10) Unavailability of timely and quality health services,
11) Lack of spacing between two pregnancies,
12) Lack of awareness on schemes and entitlements etc.

CRY is working to address the issues of malnutrition in the Dediapada block of Narmada district in Gujarat through partner organization AdivasiVikash Trust.

2.3 Key Achievements

In summary, the key achievements for the year i.e. from 19th march 2021 to 18thMachr 2022 are as following:

Identification of new 5 villages for implementation:-

- A V T team had conducted the survey on the basis of Malnutrition, Health Services, Connectivity, transportation facilities and availability of education in the villages. After the base line survey of both 10 old villages and some new villages, the team narrowed down to 5 villages i.e 1) Rambhava 2) Pinglapada 3) Ralda 4) Kanbudi 5) Media Sag. The Team has identified targeted beneficiaries in these newly identified villages.

Reduction of child malnutrition in operational areas from 20% to 10%

- During this pandemic situation team has ensured the regular THR distribution for the targeted 730 Children from the age group 0-5 years through regular follow up with the AWCs. Team has also ensured the health checkups for the children with the support of Anganwadi Workers and ASHA workers in the implementation area. Below table is showing the data of Children as per their nutrition status.

- Basic data 2021(April to June-2021-22)

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	Village	Basic Data					
		NOR		MAM		SAM	
		M	F	M	F	M	F
1	Dandawadi	17	18	05	04	01	01
2	Samarghat	13	12	03	01	01	01
3	Ghanpipar	14	11	02	01	01	02
4	Bantawadi	30	18	07	08	03	03
5	Vedchha	44	36	06	03	02	03
6	Zadoli	08	07	05	02	02	01
7	Fulsar	32	34	05	07	03	02
8	Duthar	07	07	02	03	01	01
9	Tekwada	21	17	03	04	01	02
10	Gadh	41	44	03	04	02	04
11	Pinglapada	05	05	01	02	00	01
12	Rambhava	18	19	03	03	03	01
13	Kanbudi	16	10	06	02	02	01
14	Ralda	11	10	03	04	02	02
15	Mediyasag	22	14	06	05	04	03
	Sub total	299	262	60	53	28	28
	Grand total	561		113		56	

19 Dec to 18 Mach 2021-22 mal nutrition data

VILLAGE	NORMAL		MAM		SAM		5 YEAR ABOVE	
	M	F	M	F	M	F	M	F
DANDAVADI	20	19	02	02	02	01	01	00
SAMARGHAT	13	14	04	01	00	01	00	00
GHANPIPAR	15	14	02	01	00	02	00	00
BANTAVADI	23	19	09	08	06	03	01	01
VEDCHA	42	30	05	04	02	04	01	05
ZADOLI	09	05	03	03	01	00	00	00
FULSAR	34	38	05	05	02	02	00	00
DUTHAR	12	06	03	03	00	01	00	00
TEKVADA	20	20	02	02	03	01	01	00
GADH	42	40	02	04	02	03	01	03
PINGLAPADA	04	05	00	02	00	00	00	00
RAMBHVA	20	20	05	04	01	00	00	00
KANBUDI	16	10	02	01	02	01	00	00
RALDA	12	10	03	03	02	01	00	00
MEDIYASAG	23	24	02	02	02	01	00	00
TOTAL	305	274	49	45	25	21	05	09
GRADN TOTAL	**579**		**94**		**46**		**14**	

SAM TO NOR.: M+F= 00+00 = 00	NOR. TO MAM: M+F= 06+04 =10
SAM TO MAM: M+F= 03+04 =07	MAM TO SAM: M+F= 01+01=02
MAM TO NOR .: M+F= 10 + 05 =15	NOR. TO SAM: M+F= 02+01=03

Team has continued follow up with all the target children and provided required support to them. Due to AVT team are home tracked 15 villages SAM children was admitted in the NRCs. AVT team has continued supporting the SAM children family by preparing diet chart for children with locally available ingredients and continued regular follow up with the families through different mediums. Through this process 07 SAM children moved to MAM and 15 MAM children moved to normal in the implementation Area

Ensuring that all the government services for children such as the Integrated Child Development Scheme (ICDS), Public Distribution System (PDS), malnutrition Treatment Centre (MTC) are fully functional in the intervention areas.

- During in the year period Integrated Child Development Scheme (ICDS) Centres and malnutrition Treatment Centre (MTC) was fully functional due to regular service give to all family. But team has advocated with thedifferent departments like ICDS, Education and Health to ensure provide THR from AWC for children, pregnant women and lactating mothers, DRY Ration from PDS for all families and IFA tablets for 319 adolescent girls from 15 villages adolescent girls from received, MDM ration for school children Etc. Team has also identified 1273 most venerable families preganant mothers and MAM child were distributed nutrition releated kits to then with support from CRY.

- AVT team has also supported families from other areas to avail government scheme benefits as they were not aware to avail the services like ration from PDS without Ration cards.

Linkage of beneficiaries in MGNREGA Employment scheme.

- The Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) was envisaged to provide minimum employment to labours in unorganized sectors in rural parts of India. During this year pandemic situation employment increased in the area and this impacted to our targeted beneficiaries in many ways. Through this MGNREGA schemas partner supported 2355 beneficiaries to get employment through this schemes. All the beneficiaries received Rs. 225 on daily basis as wages. Till now approx. Rs. 2,46,54,375 leveraged to the community through this process.

To support health department in tracking of 15 village families and suspected to ensure less cases of heath and malnutrition issues in the area.

- During the year period partner has ensured the tracking of health and malnutrition issues families and also informed the health department to conduct their health checkups. AVT team also supported the families who were quarantined through basic living nutrition food facilities like cooked meal and beddings as they were staying in the school.

2.4 Impacts

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Impact areas	Achievement
Tracking of all children from birth to 1 years and ensure complete immunization of children as per schedule	100% (122) children in implementation area got tracked and 92 % (112/122) children tracked with 100% immunization in 15 villages and during the reporting period.
Promoting early initiation of breastfeeding/colostrum feeding and exclusive breastfeeding up to 6 months	95% (137 out 130) children have received colostrum feeding. 83% (109 out of 90) children have received exclusive breast feeding in the implementation area of 15 villages.
Facilitating Post-natal check-up of newborn and mothers through institutional settings, early detection of any sign of danger for further referral services	100 %(137 out of 73) newborn and mothers gone through regular checkups as per plan in 15 villages.
Regular growth monitoring of children to track nutritional status, individual care plan for low weight babies as well as referral service for sick children to combat neo-natal/infant mortality	In current situation when AWCs and health centers are not fully functional. Team has ensured growth monitoring for 100 % children through door to door visits in 15 villages.
• Tracking of all children under 3-5 years and assess nutritional status of children as per World Health Organization (WHO) norm. Counseling of parents/care givers on nutritional gap as per growth monitoring of children	Team has continued tracking through Door to door visits in this pandemic situation along with ANM and AWWs in all the 15 Villages on monthly basis. Provided inputs on nutrition through diet chart and monitored the diet of each pregnant and lactating mother through food diary through regular home visit.
Facilitating referral services to severely malnourished children to Nutritional Rehabilitation Centre (NRC) for immediate care and treatment.	Growth Monitoring done for the children to identify SAM and MAM. During the reporting period 9 children (2 old and 1 new cases of SAM) admitted in CMTC from 15 villages and 140 SAM and MAM cases were identified in 15 villages out of which 2 children were admitted in NRC. Due to the covid situation the CMTC was notfully functional, after the intervention with health department it got activated.
Orientation of children through game/pictorial and group discussion on children issues, hand-	Orientation of children done through door to door visits for Hand washing and awareness regarding personal safety from COVID 19 during the year in both old and new villages

washing, personal health and hygiene and nutritional etc.	
Facilitating health check-up through National School health programmes through schools	As National School Health Programs conduct health checkups in the schools and during reporting period due to COVID 19 pandemic situation schools are not functional so the health checkup was not conducted.
Facilitating conversation and action with children and their parents/ caregivers on importance of deworming tablets (Albendazole),	Not done in current reporting period due to COVID 19 pandemic situation. During this period major focus of partner was to towards provide ration supplies, supporting people in getting their jobs and health checkups for children and their mothers.
Formation of adolescent groups and grooming their confidence through life skills programs	Adolescent girls 15 groups are formed and 319 girls are covered and inputs on importance of IFA tablets, importance of nutritious food, hygiene and issues related to child marriage was provide in 15 old villages.
Orientation on child rights and their role and responsibilities and facilitating interface with adult community for sharing of views/opinion and issues	Orientation done for 100% households through door to door visits in 15 village in last year.
Training programmme on Reproductive Maternal, Newborn, Child and Adolescent Health (RMNCH+A) which includes awareness on menstrual hygiene, seasonal diseases etc.	Awareness programme conducted for adolescents ,In which the importance of hygiene ,cleanliness and safety.
Empowering adolescent through tools like Theatre-in-Education (TiE) and Sports in Education (SiE)	Not conducted due to COVID 19 pandemic situation.
Sensitization meeting with community to break prevailing myths and superstitions on immunization, breastfeeding and other maternal and child care issues	Continues effort taken by the partner and also by the anangwadi worker sensitization to break the myths and superstitions through sessions and workshops has created some awareness on immunization, breastfeeding and other maternal and child care issues in 15 old villages.

2.5 Achievements againsttargets

Currently partner is working in 15 villages (10 old and 5 New). Achievements against target are given below for old and new villages separately.

- **Activity planned for the year with target and quarterly breakups along with achievements**

c . Target for next year (15 villages)						
point reference number	log frame indicator		activities to achieve		whole year's achievement or	Process
		Target (2021-2022)	Activities	target		
Goal 1 : Education						
Goal 2 : Health and Nutrition						
H 1	Those villages / communities % of yes _ last 1 year in community Meetings / Events Held done Went were	100 % Village 15 villages	Full year meetings in all 15 villages	1 meeting every month in all the villages	127 meetings in 15 villages 10 Meeting s per 5 villages 71% of the	13 Meeting With adolescent groups . Meeting with

					meetings took place. As per the availability of Anganwadi workers the meetings are scheduled yes	38 pregnant women. 30. Meeting with lactating mothers. 28 community meeting. 9 meeting covid 19 vaccination and its importance. 4 gram sabhas, 5 meeti

						ngs were held regar ding the rights of the childr en.
H 2	Number Of sessions organized with mothers' groups.	100 % Village s 15 mothe r group	15 per Month Held Meetings / Workshops - • 12 month Of inside Registration in 15 villages • institutional delivery Of Importance • nutritious Meal Ready to do Feather a demonstration session • pregnancy Of During Different vegetables And fruits Feather blind faith Feather session • Safe Drinking Water	One Month in To Group 1 Worksh op)	90 workshop 15 villages. 9 Village 6 workshop and 6 in the village 6 Workshop with the pregnant and her family. One Village in 1 meeting 15 villages in 74 sessions 1 village in 2 Sessions and 5 Sessions in 14 Villages	Trans port restric tions and sudde n heavy rains and in the fields More work The numb er of meeti ngs held is less due to this, which reduc es the trans port facilit

						y to connect the villages. Anganwadi workers and Asha workers, meeting organized by visiting families
H3	% mothers attending sessions with mothers' groups	90 % Women (504 / 573) Members - 89 %)	Will add 100% remaining 504 Mothers to be included in the groups		5 73 Mother in a group of 15 villages . 35 to 38 on average in a group Mothers . 503 mothers were present	Home visit , assistance of ASHA worker and Anganwadi worker. The sessions

					78 % women who attended the session	included importance of vaccination , breastfeeding , filtered water , COVID 19 awareness , importance of THR benefits.
H 4	Proportion of adolescent groups that organized sensitization sessions on SRH and/or Anaemia in last 1 year.	95 % girls	Meetings / Workshops Held Meetings / Workshops 10 per Month Held Of gone Workshops - Reproduction health Issues Vaccine Of Importance hemoglobin Of information	One Month in To Village 1 Worksh op)	15 groups , 13 are active and 2 are inactive, in this 3 19 adolescent girls Of Build has done. 100% group Build	Adolescent groups in each Group in One leader Happen is the leader Team Of Other memb

					1 5Group active because _ girls school go Of for House from Outside lived Huh By which Team girls from meet in Unable Ho caste Is. AVT Team And nurse , hope worker By SRH And anemia Feather 82 session Held done Went. 1 village in 7 sessions 11 villages in 6 session. and 3 sessions in 3 villages. 86% of the group active	ers Of With Coord inatio n does is And Then sessio n And Works hop Of Plan made caste Is. sessio n And Works hop IFA Tablet Of Impor tance And Benefi ts , THR, Healt h And nutrit ion Impor tance , COVID Vaccin es Of impor tance , hair

						Marriage Feather awareness , personal hygiene Feather Held Of caste Huh. CHC " Lining Ben " Counselor has 8 villages in SRH Feather session took
H 5	% of hamlets/slums with 90% HH having access to safe drinking water 50% of HHs drinking filtered and boiled water(636/1273)	100 % (15 villages) (90% 11 55 /1273 families) 50 % HH	Ensure annual water quality checks of hand pumps based on physico - chemical parameters / mother group on safe drinking water - discussed about boiled water and filtered	all 10 villages	Safe drinking water is available to 1273 families , 1273 houses in 15 villages	The government conducted water tests in all

		(6 52 /1273 HH)	water		Huh 100 % HH has safe drinking water twice a year during TDS	15 villages in the months of June and December . Go home and tell the families and panchayats about it and ask the conscious people to drink boiled water .
H	Proportion of villages where	100 %	AVT employees By	food	VHNDs	Asha

8	VHNDs organized during the last year.	Village (15 Villages)	Maintained Meal diary (50 women Of for - per employees) and Consumption Feather Ready Report last years Of Report Of according to diet Chart Of according Meal Of intake Ongoing keep Of AVT team for moms Of With follow up action will do AVT Staff All pregnant women and Food diary maintained by lactating mothers and report prepared after 6 months	diary _ Photos of VHNDs	monthly in all villages . 173 VHNDs in 15 villages pregnant women 189 Lactating mother 137. 100 % villages have VHNDs _	worker and AVT team make home visits for VHNDs . VHNDs include vaccination to pregnant women , routine check -up of BP , height , IFA tablets.
H 9	% of target schools that have received RBSK visits in the last year	100 % Schools (14 Scho	Continue ensuring to visit RBSK twice a year Ensure that the referred cases are	Half Yearly Tracking	0	School closed due to

		ols)	taken to the hospital by their parents for check - up and treatment			COVID restrictions
H 10	% of Mothers of children 0 -36 months who participated in at least one Village Health and Nutrition Day (VHNDs) in the previous year ,	93 % mothers	95% PW to 10 villages from THR / Ration found.	Photo	522 0 -36 months mother 488 Mothers participated in VHNDs , did not attend VHNDs because of other agricultural work or water on bridges . 94 % of mothers participate in VHNDs	Home visit , ASHA worker coordination , keep an account of the number of pregnant and lactating mothers in the register .
H 11	The proportion of pregnant and lactating mothers connected to one or more existing health schemes		15 villages of 9 4 % pregnant women Of vaccination 90% PW to 1 5villages from THR / Ration found to 90% PW found plans Of Benefit	Monthly Tracking	KPSY and PMJY schemes are linked 4 8 out of 32	About Card and THR Home visit

			9 9 % to PW found love of a mother card And Update		pregnant . 89 out of 137 lactating Women o got the benefit of governme nt schemes , and 56 women are getting themselve s registere d . 12 due to incomplet e documen tation Women are not associate d with any scheme . Women were vaccinate d twice . TT 1 09	and VHN D check .

					women TT2 98 Females Booster 80 189 getting THR. 189 mamta card update 100 % women are associated with government schemes , and Mamta card is updated .	
H 12	Proportion of women in the second or third trimester registered in the year	95 % pregnant women	Pregnant women Of Regular tracking	Monthly Tracking	second trimester 31 women third quarter 19 women	Tracked regularly. with Anganwadi help in

					139 in the first quarter Woman 100 % Regular Tracking	tracking pregnant women properly.
H 13	Proportion of women in 2 nd or 3d trimester received 2 TT Injections	95 % pregnant women 141 old + 48 new = 189	95% handicapped has Regular delivery east Test Of	Photo	98 Women got 2 TT injections 80 women got booster injection 2 Immunization pregnant mothers No done. 94 % vaccinated . _	VHR NDs registered and home visits for vaccination checks .
H 14	Proportion of women in 2nd or 3rd trimester received 100 IFA tablets	100 % women	80% pregnant Women ifa tablet Of intake does Huh 80% breastfeeding to make Wally Mother ifa tablet Of intake does Huh	Monthly Tracking	31 women in the second and third trimester .	Home visits , packet check

					189 women received and consumed IFA tablets 73 out of 137 lactating mothers received and consumed IF tablets 64 women are consuming IFA tablet regularly due to farm and other work . 80 % of women use Ifa Tablet consume	ing , checking anganwadi register to cross check the number of tablets received.
H 15	Proportion of women giving birth to their own child in an institution	95% from 15 villag	15 villages and 1273 HH in All delivery And new Birth To track Did go is (home / institutional ,	Pregnant women Of list ,	116 women has Institution in Our Children	Pregnant And Feeding The

		es	what First milk gave Went Was) 100% Delivery track 15 villages 92 percent in _ institutional delivery.		To Birth gave. 21 women Of home delivery in Transport Of Lack , waterloggi ng on 108 women To pick up in delay. 8 5 % Institution Baby	Beast to make Wally wome n Of tracki ng.
H 16	Proportion of adolescent provided with IFA Tablets	100 % Kisho Ri from 15 villag es	1)All adolescent girls 319 in 15 villages are tracked form 127 3 HH(100%girls) 2) 90% girls received THR,IFA and training from anganvadi. 3) 13 adolescent girls groups are activated from 15 villages. 4) workshops conducted with adolescent girls (15 workshops per month in 15 villages). 5) 81% girls participated in training	reports Photos of meetin gs with Angan wadi worker s and worksh ops , 1 5 1 per month for villages	3 19 adolescent girls. 313 girls received THR and IFA training. 6 girls stay in the hospital so they did not get THR and IFA tablets . Training once a month.	VHN D , home visit

					82 Sessions and 45 Workshops 2 57 girls participated in the training 98 Percentage girls get THR and IFA tablets. 81 % girls regularly participate in VHND.	
H 24	% of children 9 -12 month old completely immunized.	15 villages Of 92 % childrden i.e. 122 childrden Of vaccination	9 2 % children Of vaccination AVT employees 100% Tracking by Children Of according And vaccination War tracking register make up kept Go	12 months	From 122 children 112 children were vaccinated . 10 children were not vaccinated because the children were ill.	VHND Visit , Registered Escort ,

					92 % of children vaccinated	
H 25	Proportion of children of 9 - 12 months that received 3 doses of Hepatitis B	100 % children from 15 villages	Tracking of all eligible children to ensure immunization	List of children and photos	3 doses of hepatitis B 100 % immune	To visit ICDS and Anagwadi Center regularly.
H 26	Proportion of children of 9 - 12 months that received 1 dose of vitamin A	100 % children from 15 villages	Tracking of all eligible children to ensure immunization	List of children and photos	From 122 children 112 children were vaccinated . 10 children were not vaccinated because the children were ill. They will be released in April/May. Will be given in the month of 2022 . 92 %	To visit ICDS and Anagwadi Center regularly.

					Vaccination	
H 27	Number of Neonatals (0-28 days) Deaths		*100% no infant death identified and known reasons (verbal autopsy to be done and documented as said by the parents .*		02	
H 28	Number of Infants 1-12 months) Deaths	all deaths	*100% deaths to be identified and recorded and verbal autopsy to be done by AVT staff.*		01	
H 29	Number of Children (1-5 Years) Deaths.	all deaths			1 male child due to jaundice . followed along with the child's family to the hospital to treat the disease , but the family wanted to go for Ayurveda treatment so the disease did not get cured .	
H 30	Number of maternal	all	*100% of* mothers death		0	

	mortality deaths	deaths	identified And known reason (verbal autopsy is done)			
N4_	% of mothers of 6-9 months children who exclusively breast fed their child for 6 completed months	100 % targeted	30 children tracked to know whether they are exclusively breast fed (30 children in each village 30*15=450 children)	Report and list of children	119 mother 6-9 months in 108 Mother breastfed her baby for 6 months. 11 Mothers go for labor so the family gives cow's milk or goat's milk. 100 % tracking of children and lactating women	Home visits and MIS of lactating women
N5	% of mothers of 9 -12 months children who initiated complementary feeding in the 7th month	90%	90%children ate supplement food from 15 villages.	Reports , photos and list of	109 mother with 9 -12 month children.	To visit ICDS and Anag

				childre n	109 children 90 mother started complementary feeding. 8 3 % Tracking and Achievement	wadi Center regularly.
N 6 –	% of mothers of children aged 6 to 60 months who reported their child's weight at the Anganwadi center at least once in the year.	100 % kids	*Regular follow up with Parents from 15 villages and AWCs.* *96% 6 months 3 children* got *THR .* *98% 3-6 age children got hot cooked meal AWCs.*	photo graph	383 months of 6 to 60 months. 6 to 6 O 429 a month Children 378 THR received 3 -6 Age 402 Children 391 Hot cooked food for children 11 Children go to the farm with the	To visit ICDS and Anag wadi Center regularly.

					family. 100 % THR received.	
N 7 –	Proportion of 6 -36 months children enrolled AWCs		100% children enrolled in AWC *90% children* are Regular in AWC	List of children	429 in 6-36 All enrolled in AWC 100 % enrolment	To visit ICDS and Anag wadi Cente r regul arly.
N 8 –	% of identified SAM children referred to NRC by AWW		100% *children*Weight And Growth Of Supervision Of gone (629 Children And new) *100% children added in AWC register.* *100%* SAM children referreed to CMTC / NRC (SAM 49 + NEW) from 15 villages.	Childre n's list and picture s of childre n during admissi on in NRC	4 6 SAM kids 9 Referred to CMTC Other SAM children are not referred due to unavailab ility of beds 168 villages in a block and 1 CMTC of 10 beds hence the issue of	The level of advoc acy submi tted applic ation for incre ase of beds in DHO and BHO and after that they said that

					NRC 14 % referred to CMTC.	new hospital and NRC is in process and will be completed by next quarter. by Anganwadi
N 10	% of mothers of SAM or MAM children who reported receiving advice from service providers in the reporting year.	100 % children	Through regular home visits by AWW and AVT staff	photos during the meeting	SAM 46 MAM 94 SAM mothers 46 MAM mothers 94 140 got advice from service providers	Taking NRC and providing proper nutrition to the child and moth

						er. Take VHNDs day or home visits and then give advice Awareness on nutrition , Feed the child on time , Keep the child active , Provide THR
N 11	% AWWs/ ASHAs who can identify common symptoms of malnutrition	95%	Orientation and training for AWWs/ASHAs	Photos taken during orientation and	15 Anganwadi workers in 15 villages	The training and orientatio

				training.	12 out of 13 Asha Worker 15 Out of 16 Anganwadi workers identified. ASHA worker and Anganwadi worker 140 children identified 93 % ASHA and Anganwadi workers can recognize	n by ICDS and AVT is therefore created for the capacity of ASHA worker and Anganwadi worker to identify malnutrition
N 12	% AWWs who know that correct home management of MAM children.	100 % 16 out of 16 from 15 villages	Regular meeting with AWW and sharing information on correct home management of MAM children. Follow up with last year's anganvadi works on the same (16 AWW)and document same .		16 Anganwadi workers know the home management of MAM .	home visit consultation

					16 Anganwadi worker capacity building by another 16 Anganwadi workers Handling Aww 's 100 % ASHA workers know proper home management	
N 13	Percentage of AWCs conducting nutrition related programs in their Anganwadi Center at least once during the reporting year	100 % AWCs (16 Anganwadis)	Quarterly events nutrition organized by AWCs.	16 Anganwadi Centers	180 events in 16 AWC's 1 program in 1 Anganwadi centre . 100 % event completed	Diet plan for pregnant and lactating mothers , complete nutritional value.

						THR Recipes for Families
N 15	% AWWs who can plot the child's weight on the growth chart to identify SAM or MAM children	100 % Anganwadi Centers (16 Anganwadis)	Ensure regular updating of growth chart by AWWs in all 16 AWCs.	Pictures of growth charts while plotting.	16 Anganwadi centers Can identify 100 % Anganwadi Center	ICDS and Anganwadi Center regularly.
N 16	% of AWCs with functional weighing machines for infants and kids.	100 % Anganwadi Center			16 The weight of anganwadi center is functional , it may stop for a while but anganwadi center restarts the machine as soon as possible can recognize 100 %	Regular visits to ICDS and Anagawad Center.

N 17	% of AWCs with Growth Charts	100 % Anganwadi Center			16 Anganwadi Centers 100%	To visit ICDS and Anagwadi Center regularly.
N 29	% of 0-5 years children who are SAM.	100%	Regular growth monitoring for children.	16 AWCs.	4 6 SAM children SAM to MAM 07 SAM to normal 0 MAM to SAM 2 MAM to NORMAL 15 NORMAL to MAM 10 NORMAL TO SAM 03	• Mamta Diwas Tracking • THR provided to lactating mothers • Co

						unselin g .
Goal 3 : Child Protection						
Hairhub	• step 1 more Phase 2 Training 6 Villages in kids And parents Of With Held Did go is • kids Of cultural groups the 1 5 villages in nutrition , health And Hair Marriage Subject Feather Role played. • health And ICDS Department By teen girls To Training to give Of for 50% villages in child center module Of Use Did go is	**2** training **1 5** At least **1** performance in the village 7 Village	Organizing training for AVT staff at Child Center. AVT will prepare programs and modules for the training of **children and parents.** Children from cultural groups were trained to play on short skits and themes Cultural team performing at village level for the event Providing training to ICDS staff and Anganwadi worker on Bal Kendra module To assist Anganwadi workers in imparting training to adolescent girls.	reports and photos	**2** Play a role on health and nutrition ICDS and CRY Training	planned for the next quarter
PHC	• Demand for staff	**1** PHC **(** Pipolod **)**	Organize and submit applications for seeking employees Regular follow-up with DHO	Copy of applications and photographs	Appointment of **1** doctor and **2 GNM**	• application is sent to

						the DHO and after follow - up one doctor and **2** GNMs are appointed. • April appoint

						ment was confirmed
CMTC	• Follow up with DHO for speedy construction of sub district health centre.	dadiyapada	AVT to follow up regularly with DHO The members of the DHO take follow up action on the same.	Copy of application and photo	1 Sub district health Center with 1 ANM	Sub district health center completed with 1 ANM

2.6 Detailed Project Report

Operational Area:

Location / Coverage Summary of CRY Supported Project:					
Sl.	***Name of the District***	***Name of the Block / Urban Local Body****	***Name of Gram Panchayat / Urban Ward***	***Name of Revenue Village / Urban Mohalla /Para***	***Name of the Habitation***
1.	Narmada	Dediapada	Ghatoli	Zadoli (Forest)	Bhil Vasava (ST)
2.	Narmada	Dediapada	Fulsar	Fulsar (Revenue)	
3.	Narmada	Dediapada	Fulsar	Tekwada (Forest)	
4.	Narmada	Dediapada	Fulsar	Duthar (Forest village)	
5.	Narmada	Dediapada	Fulsar	Gadh (Revenue)	
6.	Narmada	Dediapada	Sukwal	Dandavadi (forest village)	

7.	Narmada	Dediapada	Sukwal	Samarghat (forest village)	
8.	Narmada	Dediapada	Sukwal	Ghanpipar (forest village)	
9.	Narmada	Dediapada	Sukwal	Bantawadi (forest village)	
10.	Narmada	Dediapada	Sukwal	Vedsha (Forest)	
11.	Narmada	Dediapada	Kabripathar	Pinglapada	
12.	Narmada	Dediapada	Ghantoli	Rambhava	
13.	Narmada	Dediapada	Mediyasag	Mediyusag	
14.	Narmada	Dediapada	Kandudi	Kanbudi	
15	Narmada	Dediapada	Nanisingloti	Ralda	
**ULB : Urban Local Body, refers to Municipal Corporation, Municipal Council, Municipality, Town Committee, Urban Panchayat or such local governance institution for urban areas, by any name.*					

Demography and Community:

District Demography

As per census 2011 data Population in Narmada district is 5.9 Lakhs (3.01 Males + 2.89 Females) as per 2011.

Sex Ratio – 961 females for every 1000 males; Child Sex Ratio (0-6 years) – 941 to 1000

Literacy Rate – 73.29%; Female Literacy Rate – 63.09%; Male Literacy Rate – 81.19%

Profile of the Beneficiaries: The Vasavais a clan of the Bhil ethnic community found in the states of Gujarat, Maharashtra and Rajasthan in India. They have scheduled tribe status as per the constitution of India.

CRY's intervention area is spread across 15 villages which covers approximately 1110 households and reached approximately 3000 children from the age groups of 0-18 years. The approximate break up of male and female children in the age group of 0-18 years is as follows:

http://www.census2011.co.in/census/district/201-narmada.html

Age Group	Total
Female	1800
Male	1200
Total	3000

Scenario of Health and Nutrition in District

Health – inactivated PHC, Sub-centers and hospitals resulting into infant mortality, death of pregnant women during delivery

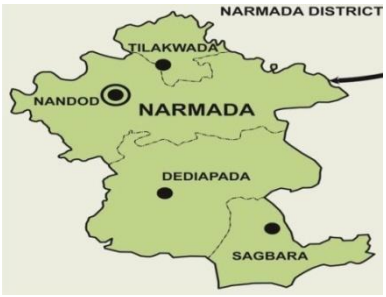
Indicators	NFHS-4 (2015-16)	
Maternal and Child Health	**Rural**	**Total**
Maternity Care (for last birth in the 5 years before the survey)		
1. Mothers who had antenatal check-up in the first trimester (%)	74.2	75.4
2. Mothers who had at least 4 antenatal care visits (%)	69.2	70.3
3. Mothers whose last birth was protected against neonatal tetanus[7] (%)	79.5	80.2
4. Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	46.5	45.2
5. Mothers who had full antenatal care[8] (%)	31.6	30.6
6. Registered pregnancies for which the mother received Mother and Child Protection (MCP) card (%)	93.4	93.3
7. Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	63.0	64.5
8. Mothers who received financial assistance under JananiSurakshaYojana (JSY) for births delivered in an institution (%)	24.4	23.7
9. Average out of pocket expenditure per delivery in public health facility (Rs.)	522	506
10. Children born at home who were taken to a health facility for check-up within 24 hours of birth (%)	6.1	6.0
11. Children who received a health check after birth from a doctor/nurse/LHV/ANM/ midwife/other health personnel within 2 days of birth (%)	19.4	18.8
Delivery Care (for births in the 5 years before the survey)		
12. Institutional births (%)	76.1	77.3
13. Institutional births in public facility (%)	53.9	52.3
14. Home delivery conducted by skilled health personnel (out of total deliveries) (%)	1.3	1.3
15. Births assisted by a doctor/nurse/LHV/ANM/other health personnel (%)	73.3	74.7
16. Births delivered by caesarean section (%)	6.9	9.3
17. Births in a private health facility delivered by caesarean section (%)	19.5	27.7
18. Births in a public health facility delivered by caesarean section (%)	4.8	4.6
Child Immunizations and Vitamin A Supplementation		
19. Children age 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)	69.2	69.3
20. Children age 12-23 months who have received BCG (%)	95.2	95.5
21. Children age 12-23 months who have received 3 doses of polio vaccine (%)	84.1	85.1
22. Children age 12-23 months who have received 3 doses of DPT vaccine (%)	85.4	86.3
23. Children age 12-23 months who have received measles vaccine (%)	82.8	81.9
24. Children age 12-23 months who have received 3 doses of Hepatitis B vaccine (%)	48.8	52.1
25. Children age 9-59 months who received a vitamin A dose in last 6 months (%)	67.6	69.4
26. Children age 12-23 months who received most of the vaccinations in public health facility (%)	98.5	95.3
27. Children age 12-23 months who received most of the vaccinations in private health facility (%)	1.5	4.7
Treatment of Childhood Diseases (children under age 5 years)		
28. Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%)	9.3	9.1
29. Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)	(43.0)	(45.0)
30. Children with diarrhoea in the last 2 weeks who received zinc (%)	(13.4)	(16.5)
31. Children with diarrhoea in the last 2 weeks taken to a health facility (%)	(40.9)	(43.0)
32. Prevalence of symptoms of acute respiratory infection (ARI) in the last 2 weeks preceding the survey (%)	3.7	3.5
33. Children with fever or symptoms of ARI in the last 2 weeks preceding the survey taken to a health facility (%)	(55.8)	(55.8)
Child Feeding Practices and Nutritional Status of Children		
34. Children under age 3 years breastfed within one hour of birth[9] (%)	52.3	51.5
35. Children under age 6 months exclusively breastfed[10] (%)	(60.9)	(62.2)
36. Children age 6-8 months receiving solid or semi-solid food and breastmilk[10] (%)	(30.8)	(29.6)
37. Breastfeeding children age 6-23 months receiving an adequate diet[10,11](%)	2.2	4.3
38. Non-breastfeeding children age 6-23 months receiving an adequate diet[10,11](%)	*	*
39. Total children age 6-23 months receiving an adequate diet[10,11](%)	3.0	4.9
40. Children under 5 years who are stunted (height-for-age)[12](%)	47.9	47.4
41. Children under 5 years who are wasted (weight-for-height)[12](%)	37.2	35.8
42. Children under 5 years who are severely wasted (weight-for-height)[13](%)	13.5	12.7
43. Children under 5 years who are underweight (weight-for-age)[12](%)	55.3	53.6

Source: http://rchiips.org/nfhs/FCTS/GJ/GJ_FactSheet_487_Narmada.pdf

Health Centers in Narmada District, 2014-15

• Sub Centers -	174
Primary Health Centers (PHC)	25

Community Health Centers (CHC)	3
District hospital	1
Ayurvedic Institutions	15
Homeopathic institutions	2
First referral units	4
Mobile medical units	2
AYUSH health facilities	11
Government ambulances	40



Nutrition – poor eating habits, lack of importance given to nutritional and balanced food, not eating nutritional food given by AWC since community find them tasteless

Status of AnganwadiCenters (AWC) in Narmada district

No of AWC Sanctioned –	952
No of AWC Operational	950

Nutrition Status of children in Narmada district:

Normal Healthy children	44,806 (89.22%)
Moderate Underweight	4,978 (9.91%)
Severe Underweight	436 (0.87%)
Total Underweight	5,414 (10.78%)

Block Profile:

Dediapada is a Tehsil and town in Narmada District with a sizable population of Adivasi communities in which Vasava and Tadvi form the majority. This taluka is bounded by Zaghadia taluka (Bharuch), Sagbara taluka, Nandod taluka (Separated by Narmada river), Maharashtra state and Mandavitaluka (Surat district). Dediyapada is well connected with Bharuch, Ankleshwar, Rajpipla, Netrang, Sagbara, Akkalkuva and Shahada by National Highway & State Highway.

PROFILE OF THE AREA PROPOSED TO BE COVERD BY THE PARTNER

Issues in 15 villages of Dediyapada tehsil.

1. Nutrition – nutritional & balanced diet to pregnant women, lactating mothers, adolescent girls and children (0-6), referral of SAM children to NRC and working with MAM children along with AWC

2. Participation – group of adolescent girls to generate awareness on the importance of nutrition

Major achievements and status of malnutrition in 2018-19

1 Nutrition-

Pregnant women- (2021-22)

- There were 189 pregnant women in**2021-22**, Out of them all 189 pregnant women did check-up which comes 100%. Though they have done checkup but it was not regular as they were engaged in another work.
- Out of 189 Pregnant women, total 189 pregnant women received Take home ration (THR) 100%

19 low weight children born.

- 4 miscarriages happened.
- 2 infant deaths identified.
- No mother's death identified
- Government schemes received by 121 women (JananiSurakshaYojana, Kasturba Poshansahayyojana) 65%

Lactating mothers and 0-6 month age children. (2021-22)

- 137 lactating mothers,
- 116 (85%) are institutional Deliveries
- Out of 137 children, total 130, (95%) children were given colostrum.
- 108 (91%) children received Exclusive breast feeding.
- 112/122 (92%) children from 0-1 have been immunized completely.
- Out of 137 lactating women, 131 got THR. 87%

Malnourished children recovered

Some children have been recovered from malnutrition till March 2020.

MAM to normal- 15, which comes 51%

SAM to normal- 0 which comes 9%

SAM to MAM- 07 which comes 85%

Team members have created awareness among parents on feeding to children on regular basis. Some of them are listening following instructions given by health, ICDS and AVT team but some are not following instructions and information given by team. Some of the children fall sick hence they became malnourished and turned from normal to malnourished. Hence their some adverse malnutrition. Some children sometime don't eat at Anganwadi and parents think that they would have had food at anganwadi and hence parents don't give food at home but child remain hungry at anganwadi and at home. Some of the parents still not opted variety of food. Parents go to work for all day and keep child at home so they are not given enough and regular food.

Some parents migrate for 2-3 months and hence children don't get hot cooked meal from AWC. At present data is not available they will collect data of migration this year and engage children at migrated place to anganwadi and health center.

Team did resurvey in the area and updated data of children age between 0 to 6 years as given above

MAM M 49 F 45= 94

SAM M 25 F 21= 46

In the last few decades, covid can be termed as one of the most devastating catastrophic event happened to the human civilization. Many people faced several issues during this period. Even the Anganvadi which plays the radical role in the development of the children in our society is facing plethora of issues due to Covid-19 situation. Let us discuss the issues Anganvadi is facing during current scenario.

To embark upon, there are several problems they are facing in this situation. First and foremost issue is now they are directly delivering the packed foods to the aspirants at their doorstep but it is an uphill task to monitor the way it is served to them or the hygiene they are following to get it cooked. Furthermore, it is difficult to know whether it is served to them or someone else is consuming that food.

ICDS:

As it is belt most of the schemes of government doesn't run properly. It has 16 anganwadi centers in the area but it didn't function well. Some of the anganwadi centers don't have sufficient infrastructure and doesn't provide proper nutritious food to children.

Name of the AWC	Types Of AWC	Pacca Building	Drinking facility	Compound Wall	Toilet facility	Balanced diet as per menu	Playing facility	3 types of weighing scales	Heath check-up	Information on life cycle for adolescent girls	Electricity	Worker	Helper	Plate
Zadoli	Full	Yes	B.m	No	Yes	Yes	Yes	3	Yes	No	No	Yes	Yes	Yes
Fulsar	Full	Yes	Hp	No	Yes	Yes	Yes	3	Yes	No	Yes	Yes	Yes	Yes
Tekwada	Full	Yes	B.m	No	No	Yes	Yes	3	Yes	No	No	Yes	Yes	Yes
Duthar	Full	Yes	B.m	Yes	No	Yes	Yes	3	Yes	No	No	Yes	Yes	Yes
Gadh	Full	Yes	B.m	No	No	Yes	Yes	3	Yes	No	No	Yes	Yes	Yes
Dandawadi	Full	Yes	Hp	Yes(New)	Yes	Yes	Yes	3	Yes	No	Yes	Yes	Yes	Yes
Samarghat	Full	Yes	Hp	No	No	Yes	Yes	2	Yes	No	No	Yes	Yes	Yes
Ghanpipar	Full	Yes	B.m	Yes	No	Yes	Yes(New)	2	Yes	No	Yes	Yes	Yes	Yes
Bantawadi	Full	Yes	B.m	Yes	No	Yes	Yes(New)	3	Yes	No	Yes	Yes	Yes	Yes
Vedchha	Full	Yes	Hp	Yes	Yes	Yes	Yes	3	Yes	No	Yes	Yes	Yes	Yes

New 5 Villages

Name of the AWC	Types Of AWC	Paccа building	Drinking Facility	Compound Wall	Toilet facility	Balanced diet	Playing facility	3 types of weighing scales	Heath check-up	Information on life cycle for adolescent girls	electricity	Worker	Helper	Plate
Pinglapada	Big	Yes	BM	yes	Yes	No	Yes new	3	Yes	No	No	Yes	Yes	Yes
Rambhava 1	Big	Yes	Yes	No	Yes	No	Yes new	Yes	Yes	No	Yes	Yes	Yes	Yes
Rambhava 2(mini)	Big	Yes	BM	No	No	No	No	Yes	Yes	No	yes	Yes	No	Yes
Mediyasag	Big	Yes	BM	no	No	No	Yes new	3	Yes	No	yes	Yes	Yes	Yes
Kanbudi	Big	Yes	BM	No	No	No	Yes new	3	Yes	No	No	Yes	Yes	Yes
Ralda	Big	Yes	no	Yes	Yes	No	Yes new	Yes	Yes	No	Yes	Yes	Yes	Yes

4 PHC:

It has 4 PHC which covers 15 villages. Through PHC pre- post-natal services are provided to pregnant women, lactating mothers, children and adolescents. These PHC does not have sufficient staff and not functioning well. Due to this people don't have faith in them and they prefer to go to private hospital as well as prefer for home delivery.

1 CMTC (Child malnutrition treatment centre)

In the area it has 1 CMTC but it doesn't work properly. It has to be open for 24 hours but parents are not ready to stay over there and health administration is also not willing to keep these malnourished children in the CMTC therefore children don't recover speedily.

CMTC	Doctor	GNM 1 / ANM 1	No. Of Beds	Instruments	3 types Of scale	Toys / TV	Drinking water	Medicine	5 times Food	Transportation	Check up 3 times per days
Dediapada	6	10	10	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Adolescent girls

Adolescent health is very important to tackle malnutrition. From this age they should remain healthy. Therefore government provides free take home ration (THR) to adolescent girls as a supplementary food.

In 10 villages of Dediyapada there are 319 adolescent age between 11 to18. Out of them 296 adolescents got THR which is 96%. This food is not reaching to 4% adolescent girls.

Apart from that it was observed that adolescent girls had become figure conscious hence they do diet. Therefore AVT started educating them about diversified and variety of food. Some of them have started getting variety of food but most of the girls are not following it. AVT need to do more follow-up meetings and explain them and their family about nutritious and variety of food for adolescent girls.

Thematic coverage:

Nutrition

Goal:

In order to address the issues of malnutrition in the Dediapada region of Narmada district which is one of the aspirational districts as specified by the government in the "Aspirational Districts programme" of NITI AAYOG due to the many challenges faced by this district in the areas of providing adequate health and nutrition services to its under privileged population, CRY intends to run a 3 year programme with its grass roots partner, Adivasi Vikas Trust where the primary objectives to be achieved at the end of the 3 year period will be as follows:

Objectives:

Objective 1: Reduction of child malnutrition in operational areas from 20% to 10%

Objective 2: Ensuring that all the government services for children such as the Integrated Child Development

Scheme (ICDS), Public Distribution System (PDS), and Malnutrition Treatment Centre (MTC) are fully functional in the intervention areas.

Program Review: 2020-2021

Pregnant women and Lactating Women:-

- During the reporting period Anganwadi and health centers was not fully functional due to COVID 19 pandemic situation. AWWS have started the growth monitoring and other services through door to door visits. During this situation partner has ensured regular communication through various communication modes with beneficiaries to provide them any kind of assistance needed to lend a helping hand.

Status of Pregnant Women Data(19th March 2021 to 18th March 2021

Old Village (10)	No. of Pregnant (Targ +New)	T1	T2	Booster	THR	Govt. Benefit	MCH Card Update	Check Up in 3 month	4 ANC Check Up	Food dairy	Early Age Pregnancy	Aadhar card	GODH BHARAI	IFA/Calciu m
Dandawadi	11	00	04	05	11	02	11	09	08	11	00	11	11	11
Samarghat	09	02	03	04	09	01	09	07	05	09	00	09	09	09
Ghanpipar	08	01	06	01	08	02	08	05	05	08	00	08	08	08
Bantawadi	24	01	11	11	24	06	24	17	16	24	00	24	24	24
Vedchha	19	00	12	07	19	02	19	12	12	19	00	19	19	19
Zadoli	04	00	03	01	04	01	04	04	02	04	00	04	04	04
Fulsar	28	00	16	11	28	04	28	21	18	28	00	28	28	28
Duthar	09	00	06	03	09	00	09	07	05	09	00	09	09	09
Tekwada	13	01	06	06	13	01	13	10	07	13	01	13	13	13
Gadh	18	02	06	12	18	03	18	15	12	18	00	18	18	18

New Village (5)	No. of Pregnant	T1	T2	Booster	THR	Govt. Benefit	MCH Card Update	Check Up in 3 month	4 ANC Check Up	Food dairy	Early Age Pregnancy	Aadhar card	GODH BHARAI	IFA/Calciu m
Pinglapada	06	00	04	02	06	03	06	04	03	06	00	06	06	06
Rambhava R1 R&2	09	01	02	06	09	03	09	04	05	09	00	09	09	09
Mediyusag	15	01	08	06	15	02	15	12	10	15	01	15	15	15
Kanbudi	08	00	07	01	08	00	08	06	06	08	00	08	08	08
Ralda	08	00	04	04	08	02	08	06	05	08	01	08	08	08
Total	**189**	**09**	**98**	**80**	**189**	**32**	**189**	**139**	**119**	**189**	**03**	**189**	**189**	**189**

- The above table reflects the status of pregnant women from 15 villages receiving services from AWC's. The organization has done close monitoring, tracking and support to 100% pregnant women, so that they receive all the benefits they are eligible for from the State. AVT team has conducted regular follow ups

with pregnant women, AWWs and ASHA on weekly basis to provide support and tracking of all pregnant and lactating mothers at household level.95% pregnant women were timely covered through immunization (TI, T2 and Booster), 100% women received THR regularly, 67% women received benefits from government schemes,others 12 pregnant are not given from government schemes because there are incomplete documents for these. 100% women have Adhar Card, and 100% women are consuming IFA tablets from 15 villages.189 pregnant were benefits given there nutrition kits by avt in this year from 15 villages.

- There was no occurrence of maternal death in the 15 villages, which is a good sign. The team had maintained food diary for all the pregnant women and through this food diary, inputs were provided on intake of nutritious food and importance of immunization. The organization had also shared the dietary chart with the families and pregnant women and benefits institutional deliveries, all these intervention has helped in curbing maternal deaths in 15 villages.

- 32 pregnant women and 89 lactating mother out of which pregnant women got registered with JananiSurakshaana and Kasturba PoshanSahayYojana(This scheme is to facilitate adequate nutrition during pregnancy, cash support of Rs. 6000/- is given to all the BPL mothers).32 pregnant women received Rs.2000 per pregnant women under KPSY and 89 lactating mother received Rs.4000 per lactating mothers under JSY (Total Rs. 2, 80,000/-) thus a total of Rs.1,26,000/-). Team has ensured this through regular interaction with targeted families with the support of ANM and ASHA worker's. Thus a total of Rs.5,98000/- was received by both pregnant and lactating mothers in the reporting year.

Newborn to 2 year old children:

- In this pandemic situation where everyone is strolling for basic facilities AVT team has ensured 85% institutional deliveries in implementation area. During the year out of 137 deliveries 116 deliveries were institutional deliveries from 15 villages. Partner has ensured this through regular tracking with the families. During this visits team made them aware the benefits of institutional deliveries. 21 deliveries conducted at home, due to lack of support from the family members, especially mother in-laws.

- AVT team did tracking of 1273 households in 15 villages. They had discussion with family members, lactating mothers and Dai on institutional delivery, regular check-up of mothers, regular check - up and immunization of children, diet of lactating mothers, colostrum for new born and exclusive breast feeding unto 6 months. The organization has pasted the diet chart on every house hold and inputs are provided to pregnant and lactating mothers on the diet chart.

- Partner Team has also ensured the regular and timely immunization of 122 out of 112 infants (0-1yr) in 15 villages as per planned schedule. For the same partner has ensured regular tracking with ANM, ASHA and AWWs. AVT has also ensured 100% immunization of children with Hepathis B and Vitamin A from 15 villages.

3 to 5 year old children:-

- During this pandemic situation due to COVID-19, AWCs were not functional during first quarter. So children were not enrolled in AWC and their growth monitoring was also not conducted till dec 2021 in the respective AWCs. But to ensure the nutritional support to the children AWCs has provided THR to 414 children in the age group 6months to 3 years from 15 villages. In terms of 3 to 5 yrs old, the anganwadi worker was provided cooked hot meal, around 305 out of 299 children (97%) in 10 villages and new 5 villages received cooked meal Partner staff has ensured their support to AWWs to ensure proper distribution to the children and conducted tracking at parents and AWCs level on weekly basis through visits and telephonic conversations.

Children 6-36 months reported receiving their full quota of AWC Take Home Ration in reporting period

- In the reporting period as Aanganwadis are not fully functional then also through regular interaction at household level it was observed that100% (out of targeted 414 children 429) children from 15 have received their full quota of THR from their respective AWCs. AVT was also verified this with the parents after discussion with anganwadi workers.

Children 0-5 year who are MAM

- During the year, the partner has ensured the growth monitoring for children in the area with support of AWWs at Household levels, around 734 children (597 old and 137 new children) were covered through regular weight and growth monitoring during regular home visits by anganwadi workers. Through this process team has identified total 94 MAM 15 villages. Staff has provided the diet plan for these children at house hold level and ensures regular follow up with the family about children health. Team also supported distribution of THR for the children as per prescribed norms. In new villages also tracking is started along with ANM and ASHA workers.

All deliveries and new births in 15 villages and 1273 HH are tracked (home/ institutional, whether first milk was given) 100% delivery tracked (116 institutional deliveries and 21 home deliveries).

- In this pandemic situation also partner has ensured the 85% intuitional deliveries in implementation area. 108 ambulance service was continued in the area, as a result of this 95% children were given mothers first milk. Out of the total 21 home deliveries, 21 children out of 14 children were given mother's first milk (83%) All the institutional delivered children were fed with mothers first milk (116 out of 116 - 100%) and out of the 21 home deliveries, 14 children were given mothers first milk (colostrum)

Complementary feeding completed 6 months old children

- During the year, the partner has created awareness on providing complementary feeding to children who have completed 6 months through home visits. Regular meetings with the anganwadi workers and discussion during VHND program, the anganwadi workers have also motivated the mothers and family members to give complementary food as a result of this 109 mothers (83%%) out of 90 & the remaining 19 mothers provided complementary food after 8 to 9 months from 15 villages.

Adolescent girls receiving IFA tablets and information of life skill education

- 319 adolescent girls (100%) out of 319 from 15 villages and 319(98%) out of 319 received IFA tablets from anganwadi centers. The partner had built the capacities of adolescent girls on life skill education through meetings and workshops and the topics covered are as follows – Importance of IFA tablets, hygiene, issues related to child marriage and nutrition in both 15 villages.

2.7 KeyChallenges

The programs also faced some challenges which are as following:

- During the reporting period COVID 19 pandemic has become major challenge for implementing all the programmed activities. As it was nationwide lockdown and implementation area was also considered as Containment Zone for almost more than 5 months. Mobility was stopped in the area.
- The mid-day meal program, which served as the primary source of supplementary nutrition for millions of school-going children in India suffered, had to be put on hold as schools were closed and states have imposed restrictions on the congregation of more than five persons. Overall, severe disruption of these programs serving hot cooked food under the Integrated Child Development Scheme (ICDS) at the village level and in urban slums is bound to worsen both the incidence and magnitude of the acute under-nutrition among children and women in the country. This current pandemic impacted this service in implementation area as the service has been stopped as schools were remaining closed during last year. Children received dry ration in place of cooked meal.
- **Change in priority** –
  From Nutrition to livelihood-The sudden emergence of the Covid crisis altered the priorities of the community to a large extent. Due to economic stress induced by the lockdown, children's education is not a priority issue of rural households - the major concern of parents is to earn a livelihood and sustain life. As an immediate response, ensuring food security, distributing relief materials and catering to the needs of stranded migrant workers became the priority of the partner organizations. There was a need to go out and volunteer in relief distribution work as well as advocating at different levels of government functionary to reach out to the needy people. In this scenario, core activities became secondary and relief operations and health issues became the priority for the community.
- **Dynamic situation of the pandemic**-
  The nature of the pandemic outbreak has been dynamic and unpredictable. During the lockdown period many villages came under curfew due to rise in Covid cases. Some of the partners' staff was at risk. This created a lot of fear in the minds of people. During the relief distribution process the team members had to face uncomfortable questions as there were apprehensions that outsiders entering village could spread Covid infection. It took a lot of effort to engage in a dialogue with the villagers and help them understand the situation and mitigate the atmosphere of fear and mistrust.
- **Disruptions in planned activities**-
  Areas which came under containment zone became difficult to reach out. Movement in the field became a big challenge. Restrictions on mass gathering deterred the partner team members from conducting group/community meetings. Awareness campaigns cannot be carried out as planned.
- **Adapting to new normal ways of functioning, both at the office as well as at the field level**
  There has been an incremental increase of technology in work since the lockdown. This trend is only going to increase manifold in the coming days with less human contact and more tech-based communication. At the organization level, there is a need to re-look at the ways and norms of working, both in the office space as well as in the field in the post Covid world.

2.8 Case Stories

Case story -3/2022 IMPACT AFTER INTERFACE WITH DIST LEVEL

Adivasi vikas trust Dediapada (AVT) works in 15 villages on the issues of health and malnutrition in its field of work . If you want to work on the issues of health and malnutrition , then along with regular services to reduce the health and malnutrition problems in the villages in your field of work, physical facilities are also needed in all the 15 villages , because if there is a need for health services or nutrition. If the services are to be taken regularly , then it is necessary for him to have all the physical facilities in his village from health to a good house and along with it all the physical facilities like water , electricity , rationing , nutrition services , regular staff availability , if the facility is not good. If this happens , then there is an adverse effect on health and ICDS services , it is also necessary to have the right way of coming together , but leaving the facilities of the road and looking at the issue of health and icds facilities, CRY partner organization AVT has Community leader , village headman , Panchyat member , and Anganwadi / Ashabahan and group of mothers of children from 0 to 6 years, they discussed with all the people about the problems of physical facilities of their 15 villages , after that all those people Co Block (Taluka) Level Pay Health and ICDS Department with Officers On date - 14/02/2020 , there was a discussion on the status of health and icds problems , in which the problems of 15 villages in front of the block level officers, out of all the 15 village community chiefs and programs (Health &icds) Some people related to the demand had made some small problem or some problem was about the irregular or lack of work staff , that small problem was solved at the block level itself , but for some big issue then AVT The program was fixed on the date 17/02/2020 at the district level by the AVT , invited the chief officers of the health and ICDS department by the AVT , in his presence he told about the problems of all 15 villages , and whatever in his songs There are problems , he had demanded to remove , since that program has happened , after that the identity of the AVT organization and the officials are also always telling the preparations to work in these 15 villages , in this way now they are providing physical facilities in 15 villages. The shortage may be seen less in the coming time .

Result : - On the status of health and ICDS problems at the district level , which was discussed in the program with the people of the community of 15 villages, the action - response on the issue of health and ICDS , after that the work of AVT is good and the Anganwadi in 3 villages. Immediate approval has been given to build a new house , and AVT has also received feedback from the ICDS department to build a model Anganwadi in a village.

case story CHANGESS WITH DIETARY CHART

Adivasi vikas trust Dediapada's organization is doing its work in such an extension , where there are mostly such villages , in which people are a little worried about getting the facilities of nutrition and health , and this expansion is mostly forest , river - drain , hilly extension , connectivity. And facilities like transportation are less visible , and most of the community there is associated with labor and farming business, there is no business and industrial development on it , and there is no other income other than wages and farming in their business , One has to go to Bharuch , Ankleshwar , Surat or Baroda for work and employment for running his family or some other high cost , and in such a situation there is

a question of health and nutrition in this extension , and in such a situation People find it difficult to get nutritious food in their homes , but in the last two - three years, the CRY partner organization AVT , under the guidance of CRY , along with the AVT team , health department and ICDS department, are expanding their Blessed , legumes , green vegetables. It's all about one source - fruit , There was a long discussion about how people are taking the same type of food by sitting together in the expansion of their field , so how can they take nutritious food in their family by changing the method of taking the same type of food. After that , a nutritional chart was prepared , keeping in mind all of them , including their teenage , pregnant mother , lactating mother and children from 0 to 6 years , a diet chart was prepared , and in it all the cereals in its detail. Dietary chart was prepared with such a method to get nutritious food , and after making that made diet chart was installed in all the houses of his field of work , and it was also told that the diet chart which is in his house was told in it. According to the food, you have to make it in your diet every day and eat it at least four times a day , this message was explained to all the big people in every household , and with it when your AVT team held sessions , meetings , workshops in every village . Even when he used to go to the community meeting or any event organized by AVT , he also wanted to keep the diet chart in his house. There was a discussion about what is the purpose , in this way we tried to bring about a change in the method of taking the same type of food of the people in the villages of AVT's field of work , in the end , we have to take that same type of food. A lot of changes are visible in the practice , today in every village at least 30 to 20 families, according to those diet charts put out by AVT every day , teenagers , pregnant mothers ,lactating mothers and children of 0 to 6 years. Food is cooked in the house , and he is eating his food .