



Child Rights And You

July 23 to March 24 Report
&
Planning for Next year

D1 - Narmada (Gujarat)

Annual report on Basic Level and Malnutrition Performance in 15 Villages of Dediapada Taluka of Narmada District of South Gujarat Tribal Area and activity wise detailed planning for next year.

➤ **Village Distribution:-**

CRY DI Narmada has selected 15 villages that are in need of essential health and nutrition services of Dediapada taluka under CRY project. These villages were lacking Anganwadi and health services, These 15 villages were selected for the purpose of availing health and nutrition facilities.

➤ **Villages of intervention area:**

Dandawadi
Samarghat
Ghanpipar
Bantawadi
Vechha
Zadoli
Fulsar
Duthar
Tekwada
Gadh
Pinglapada
Rambhva
Kanbudi
Ralda
Mediyasag

➤ **Head wise Activity, Target and Achievement for the period July to March**

	Activities	Target	Achievements
H1	% of villages/communities where community meetings/events were organized in the last 3 months	100% Villages (15 villages) 15 mother group	135/135 (100%) Khana khajana meetings done with Preg womens. 15/15 (100%) group participated 86/135 meetings done with preg women,49/135 home visits only Total achievement- 135/135 meetings/home visits
H2	Number of sessions organized with mothers' groups	100% Villages (15 villages) 15 mother group	125/135 (93%) sessions with Lact. Mothers
H3	% The proportion of adolescent groups that organized sensitization sessions on SRH and/or Anaemia in the last quarter	95% Girls	95/135 (70%) sessions done with Ado. Girls 404/449 (90%) ado. Girls attended the sessions
H4	% of hamlets/ slums with 90% HH having access to safe drinking water	100% HH Target (15 villages and 1110 households)	28/135 (21%) meetings were particularly on safe drinking water, 49/135 home visits only Total achievement- 77/135(57%)meetings/home visits done
	50% of HHs drinking filtered and boiled water (555/1110)		942/1110 (85%) housholds are drinking filtered and boiled water.
H5	No of girls got tested on Anaemia, HB	70% girls	441/441 (100%) adolescent girls had undergone anaemia testing
H6	The proportion of villages where VHNDs were organized during the last quarter	100% Villages (15 villages)	131/135 (97%) VHNDs were organised in 15/15 (100%)villages
H8	% of target schools that received RBSK visits in the last quarter	100% Schools (14schools)	14/14 (100%) schools received RBSK visit
H9	% of mothers of 0-36 months children attending at least one Village Health and Nutrition Day (VHND) in the last 3 months	90% mothers(422 mothers)	424/424 (100%) mothers of 0-36 months children attending at least one Village Health and Nutrition Day per quarter

H10	The proportion of pregnant and lactating mothers linked to one or more existing health schemes	Total 56+ new	139/187 (74%) pregnant women are registered under KPSY 139/168 (82%) lactating mothers have got the benefit of JSSY/PMMVY scheme.
	Mothers getting THR		176/187 (94%) preg. mothers getting THR 168/168(100%) Lact. mothers got THR
H11	The proportion of women in the 2nd or 3rd trimester registered in the first trimester	95 % Pregnant Women	130/148 (88%) women of 2nd or 3rd trimester registered themselves in the first trimester
H12	The proportion of women in the 2nd or 3rd trimester received 2 TT Injections	95% Pregnant	89/148 mothers got 2TT 55/148 mothers got booster dose Total achievement 144/148 (97%) PW complete immunization
H13	The proportion of women in the 2nd or 3rd trimester received 100 IFA tablets	100% women PW 56+ new Lactating 127	148/148 (100%) pregnant women received 100 IFA tablets 168/168 (100%) Lact. Mothers received IFA tablates
H14	The proportion of women that delivered their baby at an institution	95% from 15 villages	82/86(95%) women delivered their baby at an institution
H15	The proportion of adolescents provided with IFA tablets	100% Adolescent from 15 villages	449/449 (100%) adol. Receiving IFA tablets
	Adol. girls(15-18Y) Receiving THR		199/199 (100%) adol.(15-18Y) Receiving THR
	Workshops/sessions done with adol. Girls Total adol. Attended the sessions.		95/135 (70%) workshops/sessions done with adol. Girls 412/449 (92%) adol. girls participated in the workshops.
H16	% of children 9-12 months old completely immunized	90% children (112+new) immunized from 15 villages	112/125(90%) completely immunized 9-12M children
H24	The proportion of children 9-12 months that received 3 doses of Hepatitis B	100 % Children from 15 villages	125/125 (100%) children had received 3 doses of Hepatitis B
H25	The proportion of children 9-12 months that received one dose of Vitamin A	100 % Children from 15 villages	112/125 (90%) children of 9-12 months had received dose of Vitamin A.

H26	Number of Neonatal (0-28 days) deaths	All deaths	2 Neonatal (0-28 days) death witnessed 1 Still Birth witnessed 1 Abortion
H27	Number of Infant (1-12 months) deaths	All deaths	2 infant (1-12 months) death witnessed
H28	Number of Child (1-5 years) deaths	All deaths	0 Child (1-5 years) deaths witnessed
H29	Number of Maternal Mortality deaths	All deaths	0 maternal mortality death reported
H32	Re-enrolment of dropout girls in education system Ensuring 0 Child Marriage	75% targeted 20 Ado	7/20 (35%) adolescents dropout girls are re-enrolled
H33	District Level workshop with ICDS department on modern anganvadi	2 Workshop at district level on Schemes.	1 block level workshop done on modern AW. 1 Dist level program done on increasing beds in CMTC.
H34	Advocacy on Capacity Building of Mothers group on developing kitchen garden in Households, AWC and Community level , supplementary food issue with icds and health department, advocacy on anaemia kit with icds and health department	100% activation of Mothers Groups	15/15 (100%) mothers groups participated in capacity building on kichen garden meetings
H35	Capacity Building of adolescent group on developing kitchen garden in Households, AWC and Community level, capacity building on CMTC bed and health service with leaders and health worker	100% activation of adolescent Groups	11/17adol. Girls groups & 405/449 (90%) adol. Attended the sessions
H36	No of Food bank maintained in the community	100% implementation of food bank in 2 villages.	2/2 (100%) grain bank established

H38	Sustainability plan for the Health	ensure that the group of girls, Mother and AWC will do the advocacy at district level and the process will be led by the community itself	4 new CMTC beds are added in SDH Dediapada
H39	Exit Plan for 5 villages		5 new village base line study has been done.
H40	GPDP		children participated in Maha Gram Sabha In 2 Gram Panchayat (Fulasar,Morjadi) on 2 Oct. Borewell done and water tank will be built in fulsar school
N5	% of mothers of 9-12 months children who initiated complementary feeding in the 7th month	100% Children 13+new child *Target 318+new child in 6 month 3 year &434+new child in 3-6 age child got a hot meal in AWC.	112/125 (89%) children (9-12M) got supply food from 7th month
	children (6M- 3Y) got THR.		334/334 (100%) children (6M- 3Y) got THR
	children(3Y-6Y) got hot cooked meal.		321/337 (95%) children(3Y-6Y) got hot cooked meal.
N6	% mothers of 6 to 60 months children who reported that their child was weighed at the AWC at least once in reporting quarter	318+new child	623/623 (100%) children's (6M-60M) weight and growth monitoring is done
N7	The proportion of 6-36 months children enrolled at AWC		334/334 (100%) children (6M-36M) enrolled in AWC
N8	% of identified SAM children referred to NRC by AWW	100% children	33/33 (SAM)children reffered 6/33 children admitted in CMTC

N10	% mothers of SAM or MAM children who reported receiving advice from service providers in reporting quarter	95% 61 mam 24 sam	33/33 mothers of SAM children(100%) received advice from service provider 54/54 mothers of MAM children received advice from service provider(100%)
N11	% AWWs / ASHAs who can identify common symptoms of malnutrition	100% 13 out of 13 asha and 16 AWW from 15 villages	13/13 Asha & 16/16 Anganwadi worker can identify common symptoms of malnutrition (100%)
N12	% of AWWs who know the correct home management of MAM children	100% AWCs (16 anganwadis)	16/16 AWW know correct home management of MAM children (100%)
N13	% of AWCs organizing nutrition-related events at their AWC at least once during the reporting quarter	100% AWCs (16 anganwadis)	15/15 (100%) AWC organizing nutrition-related events
N15	% of AWWs who can plot the weight of the child on Growth Chart to identify SAM or MAM children	100% AWCs	16/16 AWW (100%) can plot the weight of the child on Growth Chart to identify SAM or MAM children
N16	% of AWCs with the functional weighing machine for infants and kids	100% AWCs	16/16 AWC (100%) have infant/ kids and adult weight machine
N17	% of AWCs with Growth Charts	100% AWCs	16/16 AWC (100%) have growth chart
N29	% of 0-5 years children who are SAM	24/700	31/630 (5%) 0-5 years children who are SAM
N30	Model AWC	50% Demand for 3 model AWC At least 2 AWC need to be upgraded to Model AWC	-Application for new AW in Vedchha submitted to CDPO -Saparate toilet for girls and boys is being built in pinglapada -Dilapidated AWC demolished and new AW is being build in Kanbudi
Child Centre	Concept building of children/ parents on "The Child Center Concept"	5 modules to be delivered, per month at least 3 session per group to be conducted. 20 Collectives (493+ new children)	93/135 (69%) Child center sessions were conducted 1010/1038 (97%) children attended child center module training

❖ Health

We are doing work on health and nutrition of child, Mother and adolescent girls' groups in 15 villages of our area of operation since 2011 under the guidance of CRY Mumbai. In these 15 villages, 98% people are engaged in farming, and the economic situation seems a little weak. Majority people of all communities are involved in farming, and entire farming here is based on monsoon. Even in farming, one does not get enough income to provide good food, nutrition and education to one's family for the whole year, and this issue can be seen more in Narmada and Panchmahal districts of Gujarat. Due to such conditions, the prevalence of anemia and malnutrition is high in the entire Narmada district. According to some surveys and data the major reason for this situation is that, the whole community people repeatedly eat same type of food everyday as they do not have proper knowledge of nutritive food and it's health benefits. They mostly do outdoor work all day unaware of "What is the importance of nutritious diet? And why is healthy diet important?" People don't know anything about it so, they do not change their food habits even after seeing others. As Narmada is declared 'very backward district' many schemes and campaigns are run by the Government regarding nutrition and health care but, because of typical system and lack of frequent follow-up, many schemes remain on paper. One more major issue in this rural area is if anyone including health department or non government organizations organize any meeting or session for pregnant women, lactating mothers or adolescent girls about their health and nutrition than apart from women and girls, male of the house do not join due to shyness and male dominant mentality. One more major reason is low literacy rate in entire community. Because of such certain reasons, different kind of deficiencies can be seen in family members. Due to lack of knowledge and care, the issues of nutrition and health remain the same in pregnant women, lactating mothers, adolescent girls and children. Also because of all those deficiencies, evidence of malnutrition and anemia is seen in most of the mothers, adolescent girls and children in this area.

Considering Malnutrition and Health issues in society we are doing awareness activities like awareness meetings, sessions and capacity building workshops with mothers groups and adolescent girls groups. In this discussions some of the following topics are being covered:

- **Malnutrition:-**First of all what is Malnutrition? What are the causes of malnutrition and its effects? What adverse effects Malnutrition can have on your body? What are the measures and how to prevent it? Points like that were discussed,In which Adolescent girls, pregnant and lactating mothers take part.How it affects mothers and children was discussed in detail.Also What adverse effects can have on children's physical, mental and intellectual development due to malnutrition was discussed in information sessions.
- **Nutrition:-**Most of the community's occupation here depends on rain-fed agriculture,So most of the people in the community always focus more on work due to poor economic conditions,And most people eat the same type of food,So no increase in nutritional level is observed, instead the level of malnutrition increase. By doing meetings and sessions, every member of mothers group was advised to change their diet habits as well as diet food. Our team, Health team and ICDS team jointly prepared and distributed diet charts. By which community members can get information about what and how to have a nutritious and balanced diet by using locally available grains, pulses, green vegetables and seasonal fruits. What and how different dishes can be made using Anganwadi snacks? Which nutritious food one can make and consume it three to four times a day is also being explained in our khana khajana program. Discussions such as what kind of diet should be consumed? And some basic local food items like Dal, millates, drumstick, pulses, vegetables, eggs, meat and fish can be added in day to day diet is also being discussed in meetings, workshops and sessions.
- **Basic Village Facilities:-**The development of any village depends on its basic facilities and public awareness, like electricity in any village,roads,Education Regular health services and ICDS Services as well PDS Services must also be there,So these services also play an important role for the development of the village.We do awareness about diff. govt schemes and services given by ICDS and health department.

- **Child marriage:-** In India true marriageable age of a boy and girl is after 21 years. When a girl marries at a young age and get pregnant then both the mother herself and her child become victims of malnutrition and in such circumstances, the chances of maternal and infant mortality increased. In sessions on Child Marriage prevention, we also discuss "Prohibition of Child Marriage Act-2006",In which the person conducting child marriage or aiding and abetting child marriage shall be considered as an offender and shall be punished with rigorous imprisonment for a term which may extend to two years or with fine which may extend to one lakh rupees or with both.Such discussions are being held and proper knowledge on child marriage we are giving to community members.
- **Guarantee employment at local level:-** The occupation of most of the people here is related to agriculture and labour,And the development of small and big industries is not seen here,small-Even small odd jobs and errands become difficult to keep up with,And due to the poor economic conditions of the people here, they have to migrate to big cities or far away from their hometowns with their families for work or employment, Such migration for employment sometimes creates issues of education, Health and Nutrition,also issues like protection and accommodation also arise,So if all these problems are kept in mind, if everyone gets employment at the local level, then all the above problems can be seen solved. Therefore, in community meetings, the emphasis was laid by us to ensure that every person gets employment at the local level.

Activity wise Achievement Report

- **H1- Meetings/ workshops conducted with preg. mothers groups**

- Total 86/135 meetings were organized by team with preg mothers of all 15 villages, in which issues like sanitation, Safe drinking water, benefits of colostrums, benefits of exclusive breast feeding, Superstitions about vegetables and food were discussed separately with the mothers each time.
- 49/135 were home visits done as, there are less then 4 mothers in the village then team members do their personal home visits only.

The following issues were discussed in workshops/meetings with pregnant women and their families.

- (1) A pregnant mother should registred herself within three months of her pregnancy. Importance and benefits of registration within three months.
- (2) To attend Mamta Day Regularly, so their Height, weight can be measured regularly also Vaccination, blood pressure, Hemoglobin can be measured time to time.
- (3) Importance of vaccination and its benefits were discussed.
- (4) IFA and the importance of calcium pill and its benefits were discussed.
- (5) What and how much nutritious and balanced diet should be consumed during pregnancy.
- (6) Gynecologist should be examined at least four times during pregnancy.
- (7) Pregnant women should not do heavy and strenuous work after the 6th months of pregnancy.
- (8) Discussion about benefits and importance of hospital delivery.

- **Capacity building meetings with mothers groups on Khana Khajana**

- **Achievement-** 135/135 (100%) meetings done on Khana Khajana in all 15 villages
- Total 135 meeting were target out of which 135 meetings were conducted.

- In khana Khajana program Mother groups of 0-5 years' children of every 15 villages are being gathered and then our team members teach them with live demonstration how to make various nutritious varieties like laddoo, shiro, chikki, thepla etc using THR, drumstick and drumstick leaves.
- **H2- Number of sessions organized with Lactating mothers' groups**
 - 125/135 sessions were conducted with Lact. Mothers group & their family members. In which topics such as benefits of colostrum, exclusive breast feeding, supplementary Food from 7th month, immunization were explained by team members.
 - The following topics were discussed during the session
 - (1) Within half an hour after birth, the mother should give the first milk (Colostrum) to the baby.
 - (2) Only mother's milk should be given to the child till first 6 months.
 - (3) After 6 months, the baby should be given complementary foods along with mother's milk.
 - (4) Getting the child vaccinated regularly from 0 to 1 year.
 - (5) Keeping a gap of three years between two children.
 - (6) Foods that are taboo in society, All of which should be eaten. (Ex- Eating papaya causes the baby to fall.) etc
- **H3- Adolescent girls' groups that organized sensitization sessions on SRH and/or Anaemia in the last quarter**
 - Total 135 sessions were target out of which 95 sessions were conducted by Team members with adolescent girls in 11 villages in which Reproductive health, Anemia, HB and sanitation related topics were covered.
 - In 4 villages (Ghanpipar, Samarghat, Zadoli, Pinglapada) there are no Ado. Girls- $4 \times 9 = 32$ sessions cancelled and 8 sessions were cancelled in between festive time. Total 40 sessions were cancelled.

In sessions with adolescent girls, team members discuss topics such as:

- (1) What is HB? What happens if HB level decrease?

- (2) What are the common symptoms of low HB.
- (3) How to increase HB levels by eating nutritious food
- (4) Benefits and importance of IFA tablets
- (5) Importance of Education.
- (6) Discussed the correct age of marriage and the harm caused by early marriage and its legal provisions.
- (7) Knowledge of physical and internal changes in puberty and its cleanliness.

- **H4- HH having access to safe drinking water**

- In regular awareness sessions/Meetings with mothers and Adolescent girls groups AVT team has done awareness about safe drinking water/boiled water/safe water drinking practice etc. HH data Source- Acquired information through household visits.
- 28/135 (21%) out of total meetings, 28 meetings were particularly regarding safe drinking water.
- 49/135 home visits done as in some villages for particular months there were less than 4 mothers, so team members do individual home visits only.
- 942/1110 (85%) households are drinking filtered and boiled water.
- In these meetings/ home visits, issues such as safe water drinking habits, healthy cooking habits , symptoms of water borne disease, usage of chlorine tablets for prevention from water contamination such as diarrhea, typhoid , malaria etc were discussed.

- **H5- No of girls got tested on Anemia, HB**

- Total 135 sessions/meetings were the target. Out of which 95(70%) sessions/meetings were done with adolescent girls.
- In awareness sessions/meetings about Anemia and HB , team members explain what is anemia, what are the causes of it? And how to prevent it etc.
- 441/441 Adolescent girls got tested for anemia.

- **H6 - The proportion of villages where VHNDs were organized**

- 15/15 (100%) villages had organized VHNDs.
 - Total 131/135 (97%) VHNDs were organized.
 - Village health and nutrition day is organized regularly every month by Department in all 15 villages of the work area.
 - Pregnant women, lactating women, adolescents and children aged 0 to 5 years participate in the village health and nutrition day, and are provided with facilities like health check-up, immunization, weight-height, hemoglobin (HB), blood test (BP), vitamin tablets and syrups. We keep record if the services have been taken regularly by the community people.
 - Our team members, Health and ICDS Departments together spread 'Village Health and Nutrition Day' awareness and explain the importance of Village Health and Nutrition Day and services given to the beneficiaries and their family members through home visits, monthly sessions, workshops or meetings. So now they attend Mamata Day regularly.
 - In VHND services given by ICDS and health department such as pregnancy registration, ANC checkup, new born registration, THR, Vaccination, health check up, weighing etc is happening regularly.
 - In meetings with mothers groups information about benefits and services they can get by regularly attending VHND was given. Team members also attend VHNDs regularly and do home visit of that mother who is not present and convince them to attend VHND.
- **H9- Mothers of 0-36 months children attending at least one Village Health and Nutrition Day (VHND) in the last 3 months**
 - 424/424 (100%) mothers of 0-36 months children attending at least one Village Health and Nutrition Day per quarter.
 - By doing regular meetings and sessions with mothers groups. Mothers are encouraged to attend VHND regularly.

- In meetings with mothers groups information about benefits and services they can get by regularly attending VHND was given. Team members also attend VHNDs regularly and do home visit of that mother who is not present and convince them to attend VHND.
- **H10- The proportion of pregnant and lactating mothers linked to one or more existing health schemes**
 - By doing regular meetings and sessions with mothers groups, Mothers are being aware of different govt. schemes like JSSY & KPSY that can be beneficial to them when they are pregnant or after delivery.
 - **Achievement-** 139/187 (74%) pregnant women are registered under KPSY
 - 139/168(82%) lactating mothers have got the benefit of JSSY/PMMVY scheme.
- **Pregnant and lactating Mothers getting THR**
 - THR is one of the services that ICDS department give from AWC. All the registered Preg and Lact. Mothers are eligible to get THR every month from AWC.
 - Team member keep record if mothers are getting THR and also regularly consuming it or not by doing home visits, meetings, attending mamta divas. We are also doing “Khana Khajana” programs with mothers groups in which we teach them how they can make various items using THR.
 - 176/187 (94%) preg. mothers getting THR.
 - 168/168(100%) Lact. Mothers got THR.
- **H11- Proportion of women in the 2nd or 3rd trimester registered in the first trimester**
 - 130/148 (88%) women of 2nd or 3rd trimester registered themselves in the first trimester.

- By doing regular meetings and workshops with mothers groups and doing home visits team members do awareness of registration within first 3 months. For confirm data we coordinate with ASHA worker and match the data with their register.
- **H12- proportion of women in the 2nd or 3rd trimester received 2 TT Injections**
 - T1 and T2 injections are given to pregnant women who are pregnant for the first time or who have minimum 3 years gap between deliveries. Mothers who are pregnant again within the period of 2 years, then they are given booster dose. TT injections are being given in VHND. Team members regularly attend VHND and maintain "Gruh Mulakat Registers" in which, vaccination status of mothers and children is recorded. So by tracing that register we ensure that every mother get vaccinated time to time.
 - 89/148 mothers got 2TT & 55/148 mothers got booster dose.
 - Total achievement- 144/148 (97%) PW complete immunization
- **H13- Proportion of women in the 2nd or 3rd trimester received 100 IFA tablets**
 - IFA tablets are given to every pregnant and lactating mothers. After 1st ANC 60 tablets per month are given to pregnant women. 60 tab/month are also given to lactating mothers. Mothers get IFA tablets but we ensure if they are consuming or not by doing home visits and meeting with their Mother in law or husband. We also follow up with ASHA worker.
 - **Achievement-** 148/148 (100%) pregnant women received 100 IFA tablets
 - 168/168 (100%) Lact. Mothers received IFA tablets and regularly consuming.

- **H14- Proportion of women that delivered their baby at an institution**

- 82/86(95%) women delivered their baby at an institution.
- By doing workshops and meetings team do awareness with Preg. Women and her family members about benefits of Institutional delivery.

- **H15- Proportion of adolescents provided with IFA tablets/ THR**

- 95/135(70%) sessions were done with adolescent girls in which total 409/449 (90%) adolescents girls participated.
- 449/449 (100%) adolescent girls of age group 10-18 got IFA tablets in school and in AW also.
- 199/199(100%) adolescent girls got IFA tablets. Out of total 449 (10-18Y age) adolescents, 199 adolescent are of 15-18Y ages that are eligible for THR. Girls of 10-14Y age group do not get THR because they get Mid Day Meal benefit in school.
- We do workshops with adolescent girls regarding sanitation, benefits of IFA/THR, HB level and anemia. We ensure if they are getting IFA/THR and if they are consuming it or not by doing home visits, school visits, and meeting with their teachers and parents. We also follow up with ASHA worker and AWW about their IFA/THR status.

- **H16- Children 9-12 months old completely immunized**

- 112/125 (90%) completely immunized 9-12M children.
- Community Mobilizers regularly track and keep record updated of vaccination. For that we have "Gruh Mulakat Registers" in which we record vaccination detail of each child and mother separately. By tracking that register we can ensure the immunization details. AWW and Asha worker have also their register of vaccination. So that we can identify which child is on which vaccination stage.

- **H24- Proportion of children 9-12 months that received 3 doses of Hepatitis B**
 - 125/125 (100%) children had received 3 doses of Hepatitis B
 - Community Mobilizers regularly track and keep record updated of vaccination. By coordination with AWW and ASHA worker we ensure that every child get fully vaccinated.

- **H25- Proportion of children 9-12 months that received one dose of Vitamin A**
 - 112/125(90%) children of 9-12 months had received dose of Vitamin A.
 - Community Mobilizers regularly track and keep record updated of vaccination. For that we have "Gruh Mulakat Registers" in which we record vaccination detail of each child and mother separately. By tracking that register we can ensure the immunization details. AWW and Asha worker have also their register of vaccination. So that we can identify which child is on which vaccination stage.

- **H26- Number of Neonatal (0-28 days) deaths**
 - 2 Neonatal (0-28 days) death witnessed
 - 1 Still Birth witnessed
 - 1 Abortion at 3rd month was witnessed.
 - By conducting workshops and meetings with mothers groups we do awareness about institutional delivery, benefits that are provided to preg. And lactating mothers by govt. So by promoting institutional delivery, we try to reduce maternal and child deaths.

- **H27- Number of Infant (1-12 months) deaths**
 - 2 infant (1-12 months) death witnessed.
 - Coordination with AWW and Asha worker + Doing home visits + by the registers maintained by team members, we regularly follows up with preg. Mothers. & insist them for Institutional deliveries.

- **H28- Number of Child (1-5 years) deaths**
 - Coordination with AWW and Asha worker + Doing home visits + by the registers maintained by AVT team, we regularly follow up with preg. Mothers. & insist them for Institutional deliveries.
 - No child death recorded during reporting period.
- **H29- Number of Maternal Mortality deaths**
 - By conducting workshops and meetings with mothers groups we do awareness about institutional delivery, benefits that are provided to preg. And lactating mothers by govt. So by promoting institutional delivery, we try to reduce maternal and child deaths.
 - No maternal death reported during reporting period.
- **H32- Re-enrolment of dropout girls in education system Ensuring 0 Child Marriage**
 - 7/20 (35%) identified adolescents dropout girls are re-enrolled in school during reporting quarter.
- **H33- District/Block Level workshop**
 - 1 block level workshop has been conducted with ICDS department renovation of existing Anganvadi.
 - 1 district level advocacy program with Health department done with demand of CMTC bed issue.
 - Achievement- 4 new CMTC beds increased in SDH dediapada
- **H34- Advocacy on Capacity Building of Mothers group on developing kitchen garden, supplementary food issue with ICDS and health department**
 - In workshops and Meetings done with mothers groups, we have spread awareness about benefits of kitchen garden and how to maintain it. As we have no budget for seeds distribution in 23-24' ,

we have done awareness sessions with mothers groups that they can demand seeds/Plants from Gram Panchayat (GPDP). We have done capacity building meetings with mothers groups to demand

- Supplementary kit for SAM children, Nutrition kits for Preg. Mothers(God Bharai), Drumstick plants and seeds for sustainable kitchen garden. Now they will do advocacy on block level, Taluka level and Dist. Level themselves.
- As per the planning 23-24' we distributed Supplementary syrup kit (Multivitamin syrup , B complex syrup) to all 31 SAM children.

- **H35- Capacity Building of adolescent group on developing kitchen garden**

- 31/57 sessions (57 total sessions conducted) done particularly on kitchen garden with 11/17 adol. Girls groups.
- 405/450 (90%) adol. Attended the sessions.
- In sessions done with adolescents groups, we have spread awareness about benefits of kitchen garden and how to develop and maintain it. As we have no budget for seeds distribution in 23-24' , we have done capacity building sessions with adolescents on sustainable kitchen garden.
- Co-coordinators from adolescent girls groups are placed to ensure sustainability of kitchen garden in different households of the village. 2 coordinators from every village of adolescent girls groups are selected and given responsibilities to maintain and monitor kitchen garden by themselves.

- **Grain Bank**

- 2/2 (100%) grain bank established (In Gadh and Kanbudi village)
- According to planning for 2023-24 we have to establish Grain bank in 2 villages out of total 15 villages of work area. The main motive of Grain Bank is to provide safeguard against starvation during the period of natural calamity or during the lean season when, some of the households in village do not have sufficient resources to

purchase rations. Such people in need of food grains will be able to borrow food grains from their Village Grain Bank. Repayment of the grain is to be done after the harvesting season. Main targeted beneficiaries of grain bank are pregnant mothers, lactating mothers, adolescents and SAM-MAM children and their mothers.

- Grain bank has been established in Kanbudi and Gadh village in October 2023. Mothers of malnourished children are now able to take benefit of Grain bank and needy families are also taking the benefit of grain bank. Now, mothers are taking grain from grain bank and consuming nutritive grain in their daily diet.

- **H40- GPDP**

- As per the planning 23-24' Information session about GPDP with Panchayat members, Mother's group and Adolescent girls to be organize. In which "Child friendly village" and "Healthy village" subtopics of "Gram Panchayat Development Plan" will be covered.
- As per Child friendly village concept, the village should be safe for any child so that no child is abused or put to any hardship. The panchayat members and the community peoples will be sensitized on the right of the child so that they can prevent any violation of the child right.
- **Process-** Team took initiative and make efforts for childrens' participation in Gram sabha in their own respective Gram Panchyat. Children of almost 5 villages of 2 Gram Panchayt were approached and they participated in 'Maha Gram Sabha' organized on 2nd october on the occasion of Gandhi Jayanti. Child friendly village concept of GPDP was introduced by team members to children and in Gram sabha also. Children presented their issues and demands in Gram Panchayat.
- **Achievement-** In School of Fulsar village, digging of borewell is done and water tank will be built for clean drinking water.

- **NUTRITION**

- **N5- Mothers of 9-12 months children who initiated complementary feeding from the 7th month, 6M-3Y children got THR, 3Y-6Y children Hot cooked meal**

- 112/125 (90%) children (9-12M) got supply food from 7th month
- 334/334 (100%) children (6M- 3Y) got THR.
- 321/337 (95%) children(3Y-6Y) got hot cooked meal in AWC.
- Total 125 sessions that were done with lactating mothers' groups in which topics like benefits of colostrums, benefits of exclusive breast feeding for first 6 months, supplementary food from 7th month were discussed.
- Total 135 workshops were done with mothers groups on khana khajana. In which services mothers can get from anganwadi, Benefits of THR and how to make various items from THR was taught by our team members.

- **N6- Mothers of 6 to 60 months children who reported that their child was weighed at the AWC at least once in reporting quarter**

- 623/623 (100%)- 6M-60M children total enrolled in AWC.
- 623/623 (100%) registered children weighted at AWC during the reporting period.

- **N7- Proportion of 6-36 months children enrolled at AWC/ weighed and growth monitoring is done/ SAM children referred to CMTC/NRC**

- 334 total 6M-36M children are enrolled at AWC.
- 334/334(100%) children of 6M to 36M age weighted and their growth monitoring was done during reporting time period.
- Children who are in their age of 6-36 months should be enrolled in AWC. So that the child can be benefitted of services like regular

health checkup, regular growth monitoring, vaccination, hot cooked meal etc.

- For tracking of such data/activity we are maintaining “Gruh Mulakat Register” in which we keep record of children age wise and track them regularly
 - Total 33/33 SAM child referred to CMTC.
 - 6/33 child admitted in CMTC during reporting period.
 - Out of identified SAM children, highly needed child was brought to focus by field staff member, he/she then approached health team to convince mother and her family members to admit the SAM child to CMTC. For that we have done home visits along with health team.
 - **Reasons for no achievement-** Parents are not ready to admit their child for days and also don't agree to stay with their child leaving their farming or labour work. Another reason is that there is no enough beds in block level CMTC center.
- **N10- Mothers of SAM or MAM children who reported receiving advice from service providers in reporting quarter**
 - 33/33(100%) SAM children received advice from service provider.
 - 54/54 (100%) MAM children received advice from service provider.
 - Team members do home visits, coordinates with AW, Asha and Health team so that mothers of SAM MAM children can receive regular advice about health check up, vaccination, govt. benefits they can get etc from service provider.
 - **N11/12- AWWs / ASHAs who can identify common symptoms of malnutrition**
 - As AWW and ASHAs are given training by govt. on how they can identify common symptoms of malnutrition and after identifying malnourished child how they can do proper home management of that child to move out that child from malnourished status to healthy. Team members do home visits, coordinates with AW, ASHA and

Health team so that we can ensure that every AWW and ASHAs can identify and manage malnourished child.

- 13/13 (100%) ASHAs & 16/16 (100%) Anganwadi workers can identify common symptoms of malnutrition and know proper home management of MAM children.
- **N13- AWCs organizing nutrition-related events at their AWC at least once during the reporting quarter**
 - 16/16 AWC celebrated VHND, Purna day, Suposhan day every month.
 - Poshan sudha is also being implement in which each registered preg and lact mothers get hot cooked meal in AWC.
 - In October month, Breast feeding week was organized in all AWC.
 - Apart from govt. organized events, we have done “Khana Khajana” programs every month in all 15 villages. In which team members go to villages and gather mothers and adolescent girls groups and teach them how they can make different nutritious varieties from THR.
- **N15/16/17 - AWCs with Growth Charts/ functional weighing machine for infants and kids/ AWWs who can plot the weight of the child on Growth Chart to identify SAM or MAM children**
 - As to record Height and weight every anganwadi is equipped with different weight machines and stadiometer. We ensure if every AWC have that equipments and is in working condition.
 - 16/16 (100%) AWC have separate infant weight machine, kids weight machine, adult weight machine.
 - 16/16 (100%) AWC have growth chart and ensure regular updating of growth charts. And 16/16 AWW can plot the weight of the child on growth chart to identify SAM /MAM children
- **N29- 0-5 years children who are SAM**
 - Team members regularly track and keep record updated of height and weight status of registered children. For that we have " Gruh

Mulakat Registers" in which we record SAM-MAM status of each child as per the guideline. Also AWW and ASHAs maintain their register so, by tracking that register we can ensure SAM-MAM status of every child. We do height- weight every month of 0-5Y child and keep record in our register.

- 31/630 (5%) Out of total 630 children of 0-5Y children we have identified 31 SAM children in our work area.

- **N30- Model AWC**

- Model anganwadi is the concept where every anganwadi center facilitate with modern infrastructure, enough staff, world class toys and activity equipments, separate toilet for girls and boys etc. As per the planning 23-24' we are given responsibility to demand at least 3 model anganwadis from ICDS department.
- 1 block level workshop has been conducted with ICDS department renovation of existing Anganvadi.
- **Achievement-** Separate toilet for girls and boys is being built in pinglapada
- Dilapidated AWC demolished and new AW is being build in Kanbudi
- Application for new AW in Vedchha village submitted to CDPO by community members themselves.

- **Child Center**

- "Child center modules" is the activity in which we are given 5 modules like identify yourself, self confidence, positive thinking, understand emotions and feelings, verbal communication. In each module we do different activities so that children can learn from activity.
- 1 session per month per village on child center was the target that is 135 in total for the reporting time period.
- Total 93/135 (69%) sessions were conducted.
- 1010/1038 (97%) children attended child center module training during reporting time period.

Planning for next year

Sr. No	Log Framework Indicator	Target	Activities	Target
Target for Next Year				
Goal : Health and Nutrition				
H1	% of villages/communities where community meetings/events were organized in the last 3 months	100% Villages 15 mother group	Meetings/Workshops conducted 15 per month – Registration within 3 months Importance of institutional delivery, Education-out of school. Demonstration session on the preparation of nutritious food Session on superstition on various vegetables and fruits during pregnancy Safe drinking water Advocacy on GPDP Concentration on mother group sanitation and safe drinking water, child marriage and kitchen garden.	1 Meeting per group in a month

H2	Number of sessions organized with mothers' groups	95% women	mothers to be included in the mother's groups	95% women
H3	% The proportion of adolescent groups that organized sensitization sessions on SRH and/or Anaemia in the last quarter	95% Girls 441+new Adolescent *present 398/441 of 11 active group	Meetings/Workshops conducted Meetings/Workshops conducted 10 per month Workshops – reproductive health problems Information on Haemoglobin Info on gpdp	1 workshop per village in a month) 95% Girls (419/441)
H4	% of hamlets/ slums with 90% HH having access to safe drinking water 50% of HHs drinking filtered and boiled water (555/1099)	100% 100% HH Target 960/1099	Ensure yearly water quality check of the hand pumps based on Physico-chemical parameters Meetings with community/mother's group on safe drinking water – boiled water & filter water	In all 15 villages 50% HH 550/1099
H5	No of girls got tested on Anaemia, HB	70% girls enrolled in adolescent tested for Anaemia and HB 70% girls 30 identified anemic of 441 441 target + new ado to be tested and follow-up.	Campaign at District level for ensuring mass girls are getting tested for Anaemia and HB Meetings with girls and their parents and ensure that the girls are tested for anaemia further if detected taking complete medical course. Advocacy program with health department on anaemia and HB test state level HB testing of adolescents twice a year Identified 30 anaemic adol. To be moved out of anaemic condition	In all the 15 villages and 15 groups 100% girls enrolled in adolescent tested for Anaemia and HB 70% girls 309/441

H6	The proportion of villages where VHNDs were organized during the last quarter	100% Villages (15 villages)	<p>Food diaries maintained by team members (for 50 women – per staff) and report prepared on consumption</p> <p>As per last year's report – the team will follow up with the mothers to continue to consume food as per the dietary chart</p> <p>Food diaries maintained by staff members (50 =25 pregnant women & 25 lactating mothers) & reports prepared after 6 months</p>	Food diaries Photographs of VHND
H8	% of target schools that received RBSK visits in the last quarter	100% Schools (14schools)	<p>Continue to ensure RBSK visit twice in the year</p> <p>Ensure referred cases are taken to the hospital by their parents for check-up and treatment taken</p>	Half-yearly tracking
H9	% of mothers of 0-36 months children attending at least one Village Health and Nutrition Day (VHND) in the last 3 months	<p>90% mothers</p> <p>412+new mother</p>	95% PW got THR/ration from 15 villages.	<p>Photographs</p> <p>90% mothers</p> <p>371/412</p>
H10	The proportion of pregnant and lactating mothers linked to one or more existing health schemes	Total 72+ new	<p>95% Pregnant women immunized from 15 villages</p> <p>90% PW got THR/ration from 15 villages</p> <p>90% PW got benefits of schemes</p> <p>95% PW got Mamta card and updated</p>	<p>Monthly tracking</p> <p>68/72 pw immunization</p> <p>65/72 pw got THR</p> <p>65/72 PW got benefit govt. scheme</p> <p>68/72 PW got mamtacard</p>

H11	The proportion of women in the 2nd or 3rd trimester registered in the first trimester	95 % Pregnant Women	Regular tracking of pregnant women	Monthly tracking 48/50+new PW
H12	The proportion of women in the 2nd or 3rd trimester received 2 TT Injections	95% Pregnant	95% PW did regular prenatal check-ups	Photographs 48/50+new PW
H13	The proportion of women in the 2nd or 3rd trimester received 100 IFA tablets	100% women PW 50 Lactating 168	80% of pregnant women consume IFA tablet 80% of lactating mothers consume IFA tablets	Monthly tracking 100% women PW 50 Lactating 168

H14	The proportion of women that delivered their baby at an institution	95% from 15 villages	<p>All deliveries and new births in 15 villages and 1099 HH are tracked (home/ institutional, whether first milk was given) 100% delivery tracked</p> <p>95% institutional delivery in 15 villages.</p>	<p>List of pregnant women,</p> <p>100%</p>
H15	The proportion of adolescents provided with IFA tablets	100% Adolescent from 15 villages	<p>All adolescent girls (441+new) in 15 villages are tracked form 1099 HH (100% girls)</p> <p>2) 90% of girls received THR, IFA, and training from Anganwadi</p> <p>11 adolescent girls' groups are active from 15 villages</p> <p>4)Workshops conducted with adolescent girls (15 workshops per month in 15 villages)</p> <p>5) 60% of girls participated in training</p>	<p>Reports</p> <p>Photographs of meeting with AWW and workshops, 1 per month for 15 villages</p> <p>100% Adolescent from 15 villages</p>
H16	% of children 9-12 months old completely immunized	90% children (106+new) immunized from 15 villages	<p>90% of children immunized</p> <p>100% tracking by staff</p> <p>Child wise and immunization wise tracking register to be maintained</p>	<p>12 Months</p> <p>5 children remaining</p>
H24	The proportion of children 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 & photographs

H25	The proportion of children 9-12 months that received one dose of Vitamin A	100% Children from 15 villages	Tracking of all eligible children to ensure immunization	List of children & photographs 5 remaining children
H26	Number of Neonatal (0-28 days) deaths		100% No of infant death identified and known reasons (verbal autopsy to be done and documented as said by the parents)	
H27	Number of Infant (1-12 months) deaths	All deaths	100% deaths to be identified and recorded and verbal autopsy to be done by staff	
H28	Number of Child (1-5 years) deaths	All deaths	100% deaths to be identified and recorded and verbal autopsy to be done by staff	
H29	Number of Maternal Mortality deaths	All deaths	100% of mothers death identified and known reasons (verbal autopsy is done)	
H31	Linkage with Gujarat Poshan Abhiyan	100% Targeted	1900 children to be enrolled in Gujarat Poshan Abhiyan Poshan abhiyan program with dist level and block level workshop Data collection and study on poshanabhiyan	
H32	Re-enrolment of dropout girls in education system Ensuring 0 Child Marriage	75% targeted 13 Ado	Adolescent girls need to be re-enrolled in school Awareness program on early pragnency prevention with adol. Girls	13 remaining adol. girls
H33	District Level workshop with ICDS department on modern anganvadi	2 Workshop at district level on Schemes.	Meeting with DHO for CMTC beds issue And meeting with icds department on modern AWC	

H34	Advocacy on Capacity Building of Mothers group on developing kitchen garden in Households, AWC and Community level , supplementary food issue with icds and health department, advocacy on anaemia kit with icds and health department	100% activation of Mothers Groups	<p>Distribution of Local seeds.</p> <p>Agricultural university session with the mothers group about importance of Kitchen Garden and how it can be cultivated effectively.</p> <p>50% drum plants to be demanded from panchayat of 8 villages</p> <p>50% drum plant in 15 villlages</p>	
H35	Capacity Building of adolescent group on developing kitchen garden in Households, AWC and Community level, capacity building on CMTC bed and health service with leaders and health worker	100% activation of adolescent Groups	<p>Distribution of Local seeds.</p> <p>Agricultural university session with the adolescent group about importance of Kitchen Garden and how it can be cultivated effectively.</p> <p>Kitchen garden Coordinators</p> <p>Checking of Kitchen garden by the coordinator and responsible for the implementation of kitchen garden</p>	
H36	No of Food bank maintained in the community	100% implementation of food bank in 2 villages.	Maintaining the food bank in all the villages need to monitor by adolescent and mothers groups/ Community members in 2 village	
H37	IEC material resource bank in AWC	100% implementation of IEC Material in 15 villages.	Develop IEC material (comic book with picture) on Reproductive health/preg. /lact women	
H38	Sustainability plan for the Health	100%	<p>Team will ensure that the group of girls, Mother and AWC will do the advocacy at district level and the process will be led by the community itself</p> <p>Process will be lead and monitor by Community leaders, Mothers groups, Adolescent groups etc</p>	

H39	Exit Plan for 5 villages		The villages where 100% immunization, 100% no cases of SAM and MAM, 0 Mortality rates then team will phase out of those community and take new community accordingly	
H40	GPDP		<p>Child friendly village</p> <p>Healthy village</p> <p>Information session about GPDP with Panchayat members, Mother's group and Adolescent girls.</p> <p>The village should be safe for any child so that no child is abused or put to any hardship. The panchayat members and the community may be sensitized on the right of the child so that they can prevent any violation of the child right</p> <p>Capacity building of team members. Training program for staff to built repo with panchayat members</p>	
N5	% of mothers of 9-12 months children who initiated complementary feeding in the 7th month	<p>100% Children</p> <p>101 Children +new child</p> <p>*Target 334+new child in 6 month- 3 year & 337+new child in 3-6 age child got a hot meal in AWC.</p>	<p>Regular follow-up with Parents from 15 villages and AWCs.</p> <p>Regular follow-up with 9-12 mothers from 15 villages and AWCs.</p> <p>95% 6 months-3 children got THR</p> <p>90% 3-6 age children got a hot cooked meal in AWC</p>	<p>Photo graphs</p> <p>101/101 children</p> <p>317/334 children THR target</p> <p>303/337 cooked meal in AWC target</p>

N6	% mothers of 6 to 60 months children who reported that their child was weighed at the AWC at least once in reporting quarter	629 +new child	100% of children enrolled in AWC 90% of children are regular in AWC	List of children Total 629 child
N7	The proportion of 6-36 months children enrolled at AWC		100% children weighed and growth monitoring is done (334 children and new.) 100% children added to AWC register 100% SAM children referred to CMTC/NRC (SAM 31+ new) from 15 villages	List of children and photographs of children while admitting to NRC
N8	% of identified SAM children referred to NRC by AWW	100% children	Through regular home visits by AWW and team members Advocacy programme with health department on CMTC.	Photographs during meeting
N10	% mothers of SAM or MAM children who reported receiving advice from service providers in reporting quarter	95% 53 mam 31 sam	Advocacy with health and ICDS department for SAM or MAM children to receiving advice from service providers.	Photographs during programme.
N11	% AWWs / ASHAs who can identify common symptoms of malnutrition	100% 13 out of 13asha and 16 AWW from 15 villages	Regular meeting with AWW and sharing information on correct home management of MAM children Follow-up with last year's Anganwadi works on the same (16 AWW) and document the same.	100% 13 out of 13asha and 16 AWW from 15 villages
N12	% of AWWs who know the correct home management of MAM children	100% AWCs (16 anganwadi)	Quarterly event nutrition-related events organized by AWCs	16 AWCs

N13	% of AWCs organizing nutrition-related events at their AWC at least once during the reporting quarter	100% AWCs (16 anganwadis)	Ensure regular updating of growth charts by AWWs in all 16 AWCs. Khana khajana program with mother group	Photographs of Growth chart while plotting.
N15	% of AWWs who can plot the weight of the child on Growth Chart to identify SAM or MAM children	100% AWCs	Advocacy with AWW on plot the weight of the child on growth monitoring	100%
N16	% of AWCs with the functional weighing machine for infants and kids	100% AWCs	Checking all the AWC for the functional weighting machine for infants and kids	100%
N17	% of AWCs with Growth Charts	100%	Regular growth monitoring for children	16 AWCs
N29	% of 0-5 years children who are SAM	31/629	Meeting with SAM children's mothers Home tracking of SAM children and advocacy program with parents	31/629
N30	Model AWC	50%	Demand for 2 model AWC At least 2 AWC need to be upgraded to Model AWC	
Child Centre	Concept building of children/ parents on "The Child Center Concept"	41 Collectives (789+ new children) 1 sessions per village per month with parents and children.	Pre and post assessment of the children through random sampling of at least 50 children to understand the level of life skills imparted within children and parents. 5 modules to be delivered, per month at least 1 session per group to be conducted.	
PHC	Demand for staff	1 PHC in Dediapada	Regularly follow-up with DHO Members of Mahila Mandal to follow up with DHO on the same.	Copy of application and photographs