

‘A CHANCE FOR GIRLS’

JANUARY’2020 – DECEMBER’2020



SUBMITTED TO:

ROTARY CLUB OF LIPPETAL AND BECKER-CORDES STIFTUNG

SUBMITTED BY:

WATERSHED ORGANISATION TRUST (WOTR)



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ANNUAL REPORT

| | | |
|-----------------------------|---|--|
| Project Name | : | A Chance for Girls |
| Project Period | : | January 2018 – December 2020 |
| Implementing Partner | : | Watershed Organisation Trust (WOTR) |
| Funding Support | : | Rotary Club of Lippetal & Becker Cordes Stiftung |
| Reporting Period | : | January 2020 – December 2020 |

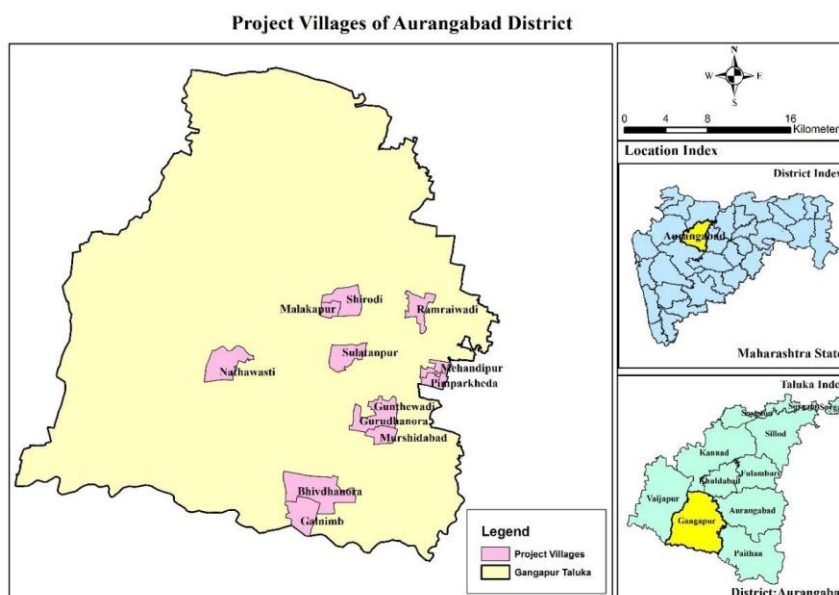
Introduction:

The project '**A Chance for Girls**' is a collaborative effort of the **Watershed Organisation Trust (WOTR)** the implementing agency, with the financial support provided by **Rotary Club of Lippetal** together with **Becker-Cordes Stiftung**. Its primary goal is to build a society which is conscious of gender concerns. Various activities are planned in steps towards meeting the objectives of the project, with a focus on issues related to gender, targeting different sections of society. The project envisions a society that gives equal rights and status to both women and men, girls and boys.

This report presents the work carried out in Phase III of this project, the reporting period being **January 2020 to December 2020**.

Project Area:

The map below identifies the **12** project villages of the Gangapur block of Aurangabad district.



| Sr. No | 1 | 2 | 3 | 4 | 5 | 6 |
|----------|-------------|------------|------------|-------------|-------------|------------|
| Villages | Pimparkheda | Mehandipur | Ramraiwadi | Gurudhanora | Sultanpur | Gunthewadi |
| Sr. No | 7 | 8 | 9 | 10 | 11 | 12 |
| Villages | Murshidabad | Malakapur | Shirodi | Nathawasti | Bhivdhanora | Galnimb |

Goal:

The goal of the project is **“to make community gender sensitive, improve the status of girl child and women and contribute to the reestablishment of a balanced sex ratio”** in the project area.

Objectives:

The objectives of the project are-

1. To enhance status of women and girl child by involving men in reducing gender based violence.
2. To improve the health status of women in the child bearing age and reduce maternal morbidity.
3. To improve the nutritional status of children between 0-5 years of age.
4. To promote awareness on reproductive and sexual health of adolescent boys and girls.
5. To increase awareness among young girls in the age group of 14-45 on menstrual hygiene along with correct usage of sanitary napkins.

Target Groups:

Women, men, adolescent girls and boys, youth and children in the age group of 0-5 years.

WOTR's Approach

WOTR has adopted an '**Inner Life Integration and Healing**' approach particularly for addressing this deep rooted cultural bias against women. It is an introspective process, which make individuals (women and men) reflect upon their lives, giving them clarity in thought and ability to view things from an unbiased perspective.

Through Atmadarshan/ inner healing meditation, individuals in a group process get connected with the Deep Within, keeping thoughts aside, to make sound choices in life.

Prior to the review of activities and inputs given on health topics, the training always begins with a session on **Atmadarshan (inner healing meditation)** which helps participants channelize their energy and focus better. This has helped them to reflect upon their lives and has given them clarity in thought thus enabling them to view things from a depth perspective. A positive response is received from the women, as this has helped them to get connected with the 'Deep Within' and has enabled them make important choices in life.

This is the keystone of WOTR's approach where interventions aim at a change from within. This approach is present throughout the project and every activity will begin with this session.



Implementation Strategy:

- 1. Village Health Promoters:** There are a total of **24** health promoters, **2** from each village in the project area.
- 2. Village Health Committee (VHC):** A total of **12** VHCs (one per village) has been formed in the project area. The VHC consists of 11 -13 members from various sections. The committee majorly is involved in planning and executing of activities for the village (anemia detection camps, community meetings, monthly meetings, health camp, gram sabha etc.) and monitors the activities with the support of Gram Panchayat and WOTR staff. Regular VHC meetings are conducted.
- 3. Peer Educators:** In each project village, Peer Educators comprising of about 4 adolescent youth (2 girls and 2 boys) has been formed in the village. They work in collaboration with the Mahila Pravartaks.

During the reporting period, MPs monthly meeting trainings were conducted wherein all the MPs from the 12 villages participated. In COVID-19 pandemic online meetings were conducted.

CAPACITY BUILDING:

SHG Formation:

Meetings have been undertaken in order to form the Self Help Groups (SHG). The importance of the SHG formation was discussed in detail with the women.

A total of **30** SHGs have been formed involving **333** members.

SHG's formation and bank linkage has encouraged the people's participation:

Overall loan disbursed till date is of **Rs. 14, 69,000/-** to **12** SHGs involving **144** members.

| SHGS FORMED AND SAVINGS DONE | |
|------------------------------|----------------------|
| No. of SHGs formed | 30 |
| SHGs members | 333 |
| Total Savings till date | Rs. 12,29,027 |
| Loan amount disbursed | Rs. 14,69,000 |
| Internal lending | Rs. 9,32,600 |

The women are using this financial support for various purposes such as farming, business etc. The loan instalments are regularly repaid by the women.

In the monthly review cum meeting conducted during the reporting period following topics were covered:

1. Child Care & Growth Monitoring
2. Introduction to 'Balkopra' (Nutritious Food Corner for children)
3. Information about Farm Precise App.
4. Online meetings for information on Covid-19
5. Online meeting-CBO Migrant Workshop
6. Medicine distribution to Quarantine villagers
7. Feedback session on medicine distribution
8. Safe drinking water
9. Pregnancy health care
10. Information on kitchen garden and seeds distribution
11. Planning - Adolescent girls melawa
12. Planning- Health Melawa, Health camp, Anemia Detection Camps etc.

Online meetings-Information on Covid-19

To make the people aware on the symptoms, remedies and preventive measures of COVID-19 online meetings were conducted. Also, this helped in reducing panic situation among the people and provide mental support to the villagers.

The topics such as Awareness and training on Hand wash use and its proper steps and awareness on use of mask & social distancing were covered in the Mahila Pravartaks meetings and the same information was passed on by the mahila pravartaks in their respective villages. Mahila Pravartaks did time to time social survey on phone calls and also helped the gram panchayat in maintaining the records.

Online meeting-CBO Migrant Workshop

An online CBO meeting on the topic, how to take care in Covid-19 crises was organized through the zoom app. An online meeting of Gram Panchayat members, Asha worker, Mahila Pravartaks was conducted through WOTR to guide them on what to do to prevent the spread of Covid-19 virus.

They were made aware regarding the do's and don'ts during the crises in the lockdown and the spread of Corona Virus. The gram panchayat were told to maintain all the records of the migrants. Our Mahila Pravartaks have actively helped the gram panchayat in maintaining the COVID-19 records. Weekly data of the Covid-19 is collected by the Mahila Pravartaks and given to WOTR for maintaining its records.

Training to Trainers (TOT) Four Days Residential Training at Darewadi:

Four days residential training was organised for the Mahila Pravartaks and Cluster level promoters of Gangapur block from 20th November 2020 to 23rd November 2020. The training program was on the overall all 3 years project review and Atmadarshan Inner Healing Meditation (AMR) Workshop. On all the 4 days the training program began with early morning physical exercise.

The main topics for the training sessions were:

- Body, mind and spirit integration
- Awareness Meditative Relaxation Therapy

Body, mind and spirit integration: Body, mind and spirit integration input session was conducted with the group of women and young boys. This session discussed the ultimate reality. Humans have several components within- body mind and spirit. This session taught the integration of these three components to guide one's action. The aim behind this session was to make the participants understand the logic behind meditation. Emphasis was laid upon the need to let the spirit guide human action. In times of distress, the spirit acts as a constant source of positive energy and helps overcome hurdles in life.

Awareness Meditative Relaxation Therapy: Sudden death of a family member can cause mental and emotional stress. The participants were going through such stressors. This exercise was aimed at enabling them cope with such stress. The reaction towards death was divided into fear, sadness and anger and on this basis participants were divided into groups. Each group took up one of the reaction. The exercise encouraged participants overcome the depression they were going through and channelize all negative energy into activities to improve their future. The participants were also urged to accept death as a part of life in order to move past the grief associated with it. The transformation of these women was visible on their faces after this exercise. They were brimming with confidence. It was reflected in the manner they spoke about their experience of the session.

Atmadarshan Inner Healing workshop helped a lot to all the participants in focusing and channelizing their energy better. The transformation of the women was visible on their faces after this exercise. All the participants were brimming with confidence. It was reflected in the manner they spoke about their experience of the session. All the Mahila Pravartaks confidently presented their village data of the activities done, their confidence was visible through their presentation.



Exposure Visit:

In the exposure visit to Sinnar the women got to witness all the ongoing work such as enterprise set up the women, goat farming, dairy business, dairy products business etc. They visited Farmer Producer Company and its details were noted down by them. The women were self-motivated, they all observed the things keenly, interacted freely and asked queries.



Information about Farm Precise App.

There is a need to provide farmers with a dynamic decision support system that is tailored to their specific farm and provides them weather-responsive advisories across key aspects of agricultural operations. This will help them mitigate weather-induced risks, reduce losses and costs of production, increase productivity and improve incomes.

In order to address this need, the Watershed Organisation Trust (WOTR) has developed FarmPrecise – a mobile application that generates dynamic weather-based, crop management advisories that are tailored to crop and farm-specific conditions. This enables a farmer to make appropriate and beneficial farming decisions.

Initially meetings were conducted to make all the Mahila Pravartaks aware regarding the use and importance of this application. Later on Mahila pravartaks have passed on this information to the villagers. Now, both men and women farmers have started using Farm precise app.

Around **403** villagers from **12** villages have downloaded Farm precise. Remaining are in process.



Medicine Distribution to Quarantine villagers & feedback:

In the month of July 2020 Medicine distribution was carried out by WOTR for the quarantined villagers. The tablets such as of B complex, Vitamin C, and Calcium etc. have been distributed to the villagers along with the proper medical guidance on how and when to take the tablets through online platform. Record keeping is done.

The feedback received from the beneficiary after the completion of tablets course is very good, they are feeling refreshed and energised.



Peer Educator Training:

The peer educator training was conducted, in which the range of age group was from 15 to 18 years. This training program prepares young people to use the positive power of peer pressure to motivate other students to reflect upon their stereotypes and assumptions and take action against prejudice and biases in their schools and communities.

After peer training there is peer to peer training. This peer-to-peer training allows others to learn from those who have been where they are, without the fear of being judged or ridiculed for their inexperience. In all from **12** villages **108** students



participated.

Adolescent Training:

Adolescents are considered to be the productive members of a society due to their physical and intellectual capacity. Life skills enable individuals to translate knowledge, attitudes and values into actual abilities – i.e. what to do and how to do it at the right time, right age with right guidance.

Adolescent's trainings were conducted for adolescents group of project villages where **132** youth participated from **12** villages.

A combined session for boys and girls was conducted on Life Skill Training. It was explained through small games. All the adolescents enjoyed the life skill training which was very useful and informative.

The main points covered in the life skill training are as follows:

- Self-Awareness
- Interpersonal Relation
- Stress Management
- Creativity
- Problem solving
- Communication skills
- Goal Setting
- Empathy
- Critical Thinking
- Coping with emotion



➤ Dissemination

The Couple Training Program:

The couple training program is a series of sessions designed to help any married couple strengthen their relationship. The training program was arranged in the month of December 2020, for married couples of Gangapur.

The resource person Mr. James Ausarmal and Mrs. Vandana conducted the session. Mr. Ausarmal gave the introductory part of the couple training program and then discussed the topics in detailed depth.

The topics covered in the training program are:

1. Building Strong Foundations
2. The Art of Communication
3. Resolving Conflict
4. The Power of Forgiveness
5. The Impact of Family-Past & Present
6. Love in Action

The topics explained in the training session were well received by the couples. The resource person made it more of a friendly interaction while explaining the topics.

Small games were arranged during the session, making it more interesting and interactive.

Also, they were given some exercises to perform in the format of question answers which was specially designed for this training. Later on the couple exchanged these forms with each other, it helped them in better understanding their partner.

In all total **125** participants from **12** villages participated in the training program.

This training program have help the couples' in building strong relation foundations. Participants have become aware regarding all the topics covered in the training program.



Adolescent Girls Melawa:

The adolescent girls melawa was organized for the adolescent girls and women on the 7th December 2020.

The program began with Atmadarshan meditation. After meditation the welcome and felicitation was done by the Village Health Committee, Malkapur.

The program was inaugurated by the Chief Guest Dr. Shreya. The adolescent girls and their mothers gave the speech and shared their experience.

Then Dr. Shreya, guided on all the aspects like changes in adolescence, problems and its solutions, care to be taken at this age and career guidance in general.

After the speech the cultural program was held in which dance performance was done by the adolescent girls.

In this program the Saafkins pads distribution along with demonstration was done to the adolescent girls and the women. In all **116** adolescent girls were present.

The program concluded with vote of thanks to all the dignitaries and participants.



MAHILA MELAWA

Mahila Melawa was organised for all the **12** project villages in Sultanpur village, where women from different SHGs' gathered together for the Melawa with great enthusiasm.

The event was attended by a total of **478** project participants, including men, women and children. The officials and dignitaries from WOTR were present.

Atmadarshan:

The program started with Atmadarshan (inner healing meditation) which helped the participants to channelize their energy and focus better.

After the inner healing meditation the event had a series of performances lined up. It began with the song and dance performance of adolescent girls.



Welcome Song:

All the guests and participants were welcomed with the song presented by adolescent group.

Inauguration & felicitation:

The inauguration was done by the Chief Guest, Kiran Shelke- Manager WOTR, Dilip Salve- Sarpanch Gurudhanora, Sambhaji Bankar- Gram Sevak Gurudhanora and WOTR officials.

The gram panchayat members and WOTR staff were present. After inauguration ceremony, the felicitation of the Chief Guest and all the dignitaries was done.



Project Summary & review:

The overall project review and summary of the health project was given by Aparna Kavthekar.

Felicitation & welcome of new born girl child:

During the year 2020, **50** girl children were born and welcomed; the parents and the girl child were felicitated in the program.

Also, as part of the project, to celebrate and welcome the new born girl child we gifted every new born girl from the villages of Gangapur, their family picture. It had an inspiring and positive line printed on the photo which said, “मुलगा मुलगी एक समान; आमचं मुल आमचा अभिमान”, to which the response was very good and over whelming.



Experience sharing by the villagers:

Project participants shared their experience of being a part of this project. The villagers Mr. Ashok Wagh and Mrs. Sakshi Lavghale expressed their views on project activities and its overall impact in 3 years span of the project. They were happy with the project activities implemented in their village.

Experience sharing by Mahila Pravartak:

Mahila Pravartaks came upon stage to share their experience. They spoke about the things which they learnt through this project, changes in their perceptions and future expectations. The Mahila Pravartaks, Sheela Janjale, Baby Chide, Kavita Tatu and Rukman Dane shared their experience and views.

Experience sharing by Cluster Level Promoter:

All the cluster level promoters viz., Anita Chandwade, Savita Gaikwad and Sunita Pardeshi shared their experience and thoughts on all the project activities. All the cluster level promoters were confident and happy.

Guidance by Chief Guest:

The Chief Guest, Kiran Shelke- Manager WOTR, Sambhaji Bankar- Gram Sevak Gurudhanora addressed the crowd. All of them gave their regards and best wishes for the ongoing work which is carried out by the Gangapur team.



Felicitation of Mahila Pravartaks: The Mahila Pravartaks were welcomed and felicitated with bouquets. Each Mahila Pravartak was given gift as a token of love and appreciation for their dedicated work.



Prize Distribution & Cultural Program:

The prize distribution ceremony was carried out for the following:

Best Project Village:

- 1st prize was given to Malkapur village
- 2nd prize was given to Ramraiwadi village
- 3rd prize was given to Gunthewadi village

Prize distribution was followed by the cultural program of dance and singing.



The program concluded with a vote of thanks to all dignitaries and project participants.

HEALTH & NUTRITION

Child Care & Growth Monitoring:

This activity is conducted in all project villages each month, to trace the health trajectory of children in the age group of 0-5 years. Their growth assessment (weight and height of target group) and monthly documentation on charts are displayed in *Anganwadi* centres of the villages for the parents and villagers to visually observe their child's growth. This data is also recorded in registers and fed into WOTR's Growth Monitoring assessment system for monitoring purpose and future reference.

This activity is in collaboration with the *Anganwadi*. As on December 2020, a total of **137** children (**Girls: 76, Boys: 61**) from the **12** villages participated.

In April 2020 the Child growth monitoring activity could not take place due to the COVID-19 pandemic. The gram panchayat did not allow to conduct the child growth monitoring because of the Corona crises and it's wide out spread.

Mahila Pravartak measuring weight & height



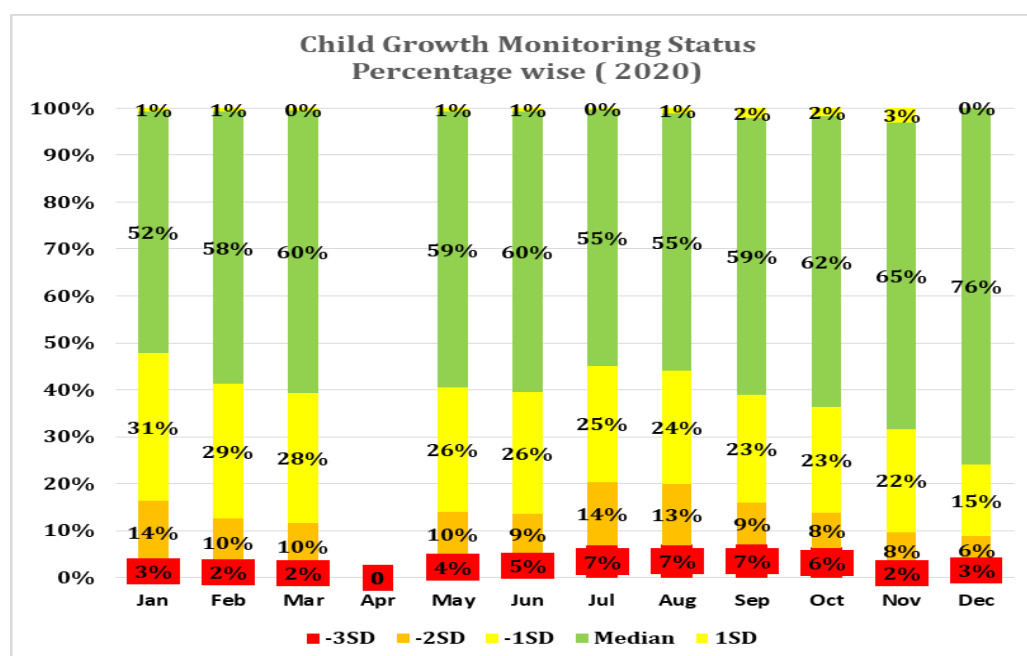
Impacts of Child care growth monitoring:

- ✓ The child care growth monitoring has helped in improving the health conditions of the children from 0 to 5 years.
- ✓ The parents are now paying attention towards the health of their children whereas vaccinations and nutritious diet is given key importance.

The CGM analysis for the reporting period January 2020–December 2020 according to the WHO norms is as follows:

Graph 1 Period-wise consolidated growth monitoring data (January 2020 to December 2020)

Source: CGM data received as of December 2020



(Note: In April 2020 the Child growth monitoring activity could not take place due to the COVID-19 pandemic)

| Grade | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| -3SD | 12 | 10 | 8 | 0 | 18 | 20 | 26 | 29 | 32 | 26 | 7 | 4 |
| -2SD | 59 | 45 | 42 | 0 | 39 | 35 | 52 | 54 | 40 | 31 | 31 | 8 |
| -1SD | 136 | 124 | 120 | 0 | 107 | 105 | 94 | 101 | 104 | 93 | 87 | 21 |
| Median | 223 | 252 | 260 | 0 | 238 | 242 | 209 | 228 | 267 | 256 | 258 | 104 |
| +1SD | 3 | 3 | 2 | 0 | 3 | 3 | 1 | 5 | 10 | 7 | 12 | 0 |
| Total Children | 433 | 434 | 432 | 0 | 405 | 405 | 382 | 417 | 453 | 413 | 395 | 137 |

Table 1: Period-wise growth monitoring data (January 2020 to December 2020)

Source: CGM data received as of December 2020

In **January 2020**, the children belonging the normal category i.e. Median (denoted in green color) were **223** children, the ones belonging to the -1SD i.e. lie nearly in the normal grade were **136**, whereas the children belonging to the -2SD i.e. moderately underweight (denoted in orange color) were **59** and the ones belonging to the -3SD i.e. severely under-weight (denoted in red color) were **12** children.

In **December 2020**, the children belonging the normal category i.e. Median (denoted in green color) were **104** children, the ones belonging to the -1SD (denoted in yellow color) i.e. lie nearly in the normal grade were **21**, whereas the ones belonging to the -2SD i.e. moderately underweight (denoted in orange color) were **8** children and the ones belonging to the -3SD i.e. severely under-weight (red color) were **4** children.

The number of children belonging to the severely malnourished category was 12 in February which reduced down to 4 children in December (Graph and Table.1).

Introduction to '*Balkopra*' (Nutritious Food Corner for children)

Young mothers were introduced to concept of '*Balkopra*' (Nutritious Food Corner for children). In our project villages mostly all of them are involved in farming. After the completion of the morning daily household chores women go in the farms. When the mother goes out in the farm the child is alone at home, so, the concept '*Balkopra* was introduced'. This means to store the nutritious and healthy food in various jars (e.g. sweets made out of jaggery, groundnuts etc.) in one corner of the room at home. The child whenever hungry can grab food from this jars. In this way, the nutritional status of the child will improve and also, the child will learn to eat food on his own.

Prize Distribution

Healthy Baby Competition and Best Kitchen Garden Competition

The prize distribution was conducted for healthy babies and best kitchen gardens. Prize distribution gave the motivation to the participants and works more enthusiastically further.

- ✓ For healthy baby competition **120** children were selected and prizes were distributed
- ✓ For Best Kitchen Garden competition **145** women were selected and prizes were distributed.



Health topic-Safe drinking water:

In the monthly review cum meeting the information was given on safe and clean drinking water. The need and importance of clean safe drinking water were informed in details along with the examples. Inputs were given on the methods that can be used at home to purify the water at household level. Also, various diseases that can be caused due intake of impure water were emphasized and home remedies were suggested.

Health topic- Safe Delivery & Pregnancy Care:

In the monthly review cum meeting the information was given on Pregnancy care. The meaning of safe delivery and pregnancy care was explained to the participants, the main focus was on the personal hygiene. The importance of delivery in the hospital was explained as well as the process of emergency delivery at home was told along with important tips. The health problems which might arise in the future to the baby were explained along with the causes, symptoms and treatments which made the participants aware. Also, what accidents the child might undergo at home were explained and the necessary precautions were told.

Health Camps:

Health camps were conducted in **12** villages. All target groups had participated in the health camp. It was organized with the help of village health committee (VHC) members and Mahila Pravartak. All target groups had participated in the health camp. Medical practitioners were appointed for the generic (diagnostic) health camp. Medicines on all health issues were provided free of cost. A contribution of Rs.5/- was collected from each participant and the total amount collected is deposited in VHC's account of respective villages. In all **1143** participants from **12** villages participated in the camp.



Anemia Detection Camp:

Anemia Detection camps were organized in all the project villages. Haemoglobin level is an important indicator of human health and hence our focus has been on creating awareness and improving the conditions, especially that of women. Awareness on nutritious diet and medication has been given to women.

The weight was checked of all the patients and the blood pressure of adults was monitored. The patients were informed to take diet high in iron-rich foods and vitamin C. Simple home-made recipes to increase the Hb level and medicines were provided where needed. As a token, a local contribution of Rs. 5/- per person was collected from each participant, which was deposited into the Village Health Committee's (VHC) bank account. The remaining camps are in process.

Anemic groups are formed for the people having Hb < than 9 and folic sulphate tablets are distributed to them. In all **986** participants from **12** villages participated in the camp.

Blood pressure Check-up Haemoglobin Detection



According to the **WHO norms**, various categories have been defined such as non-anemic, mildly anemic, moderately anemic and severely anemic based on hemoglobin (HB) percentage. The age-wise classification of the Hb groups is depicted in the table.

| Hb category | Children Up to 5 years | Children 6-11 years | Children 12-14 years | Women | Men |
|-------------------|------------------------|---------------------|----------------------|--------------|--------------|
| Non-Anemic | 11 or higher | 11.5 or higher | 12 or higher | 12 or higher | 13 or higher |
| Mild | 10 to 10.9 | 11 to 11.4 | 11 to 11.9 | 11 to 11.9 | 11 to 12.9 |
| Moderate | 7 to 9.9 | 8 to 10.9 | 8 to 10.9 | 8 to 10.9 | 8 to 10.9 |
| Severe | Lower than 7 | Lower than 8 | Lower than 8 | Lower than 8 | Lower than 8 |

Source: According to the WHO standards

The table below depicts the total number of people belonging to different categories of Hb from December 2020, (According to the WHO norms)

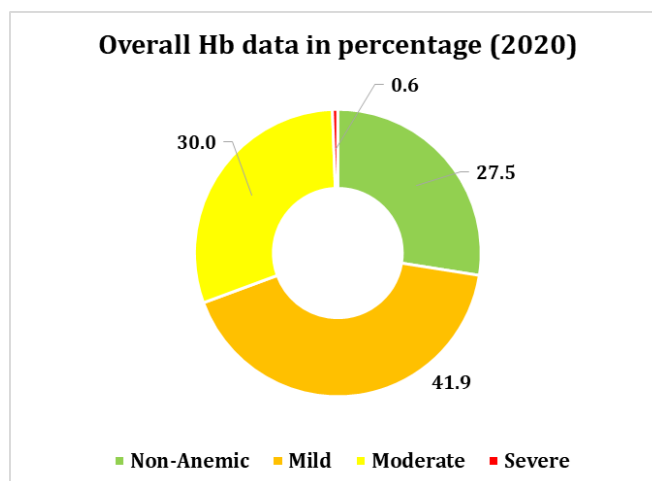
| Hb category | Children Up to 5 years | Children 6-11 years | Children 12-14 years | Women | Men | Year(2020) Overall |
|-------------------|------------------------|---------------------|----------------------|-------|-----|---------------------|
| Non-Anemic | 52 | 47 | 3 | 84 | 85 | 271 |
| Mild | 40 | 38 | 21 | 175 | 139 | 413 |
| Moderate | 3 | 75 | 20 | 188 | 10 | 296 |
| Severe | 0 | 0 | 0 | 5 | 1 | 6 |

| | | | | | | |
|-------|----|-----|----|-----|-----|-----|
| TOTAL | 95 | 160 | 44 | 452 | 235 | 986 |
|-------|----|-----|----|-----|-----|-----|

The Overall Hemoglobin (Hb) Status in 2020:

The Hb status according to the WHO norms is represented in the pie chart below:

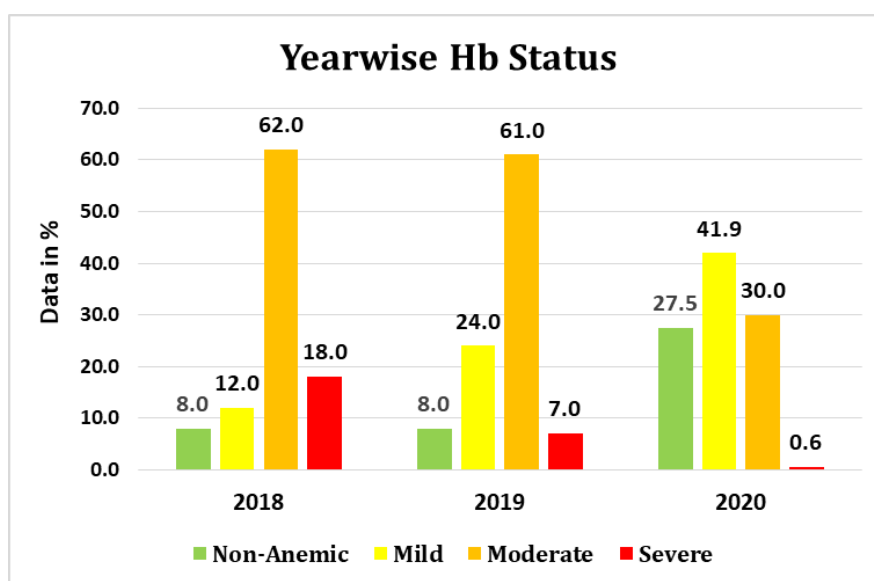
Overall, the people belonging to the non-anemic category were **27.5 percent**, mildly anemic were **30 percent** whereas moderately anemic was **41.9 percent**. **The severe category comprises 0.6 percent of the people**. The counseling for people having Hb less than 9 is done where healthy and nutritious food is advised along with the folic acid tablets.



The anemic groups have been formed of the people having Hb level less than 9 and counseling is done for the same along with the distribution of the iron and folic acid tablets.

Year-wise comparative Hb data

The year-wise Hb data comparative of the year 2018, 2019 & 2020 is as below:



In the year 2018, the people belonging to the non-anemic category were 8 percent, mildly anemic category were 12 percent whereas moderately anemic category was 62 percent and that of the severe category was 18 percent.

In the year 2020, the non-anemic category comprises 27.5 percent of the people, mildly anemic are 30 percent people whereas 41.9 percent of them are moderately anemic and 0.6 percent of them belong to the severe category of Hb.

With yearly comparison, it can be observed that the percentage of the mildly anemic people was 12 percent in the year 2018 which has moved to 41.9 percent, in the year 2020 the percentage of non- anemic people has changed to 27.5 percent, whereas the percentage of moderately anemic is 62 & 30 percent in the 2018 & 2020 respectively.

The major change can be seen in the severe category of status in which 18 percent has reduced down to 0.6 percent in the year 2020. The percentage of the severe category has reduced down almost by 17.5 percent.

Village Health Committee Formation & Training:

The Village Health Committees (VHC) have been formed in all the 12 project villages. Men as well as women form part of this VHC. The VHC consists of 10 to 12 members from each village. The roles and responsibilities of the VHC are explained to the members as a part of capacity building program.

The training was conducted for the Village Health Committee members in the month of December 2020. In all **101** members from **12** villages attended the training program.



AWARENESS COVID-19

The COVID-19 or Corona Virus Pandemic has spread across the length and breadth of the country. Both urban and rural areas are under total lockdown. This has caused hardships to many as most of us were unprepared. Poor and marginalised are particularly most severely affected but, because of lack of awareness and myths floating around the disease, the level of awareness proved one important bottleneck to adhere to preventive measures such as social distancing, ensuring food security to vulnerable households and for providing all possible assistance to the village communities.

FOOD GRAIN/ GROCERY DISTRIBUTION & AWARENESS ON COVID- 19

All the Mahila Pravartaks took the initiative and has done the awareness program on COVID- 19 in our project villages and helped actively in the food grain and grocery distribution.

GROCERY DISTRIBUTION TO 111 FAMILIES:

WOTR had conducted a rapid investigation about impacts of Covid-19 in villages and especially on weaker sessions which include widows, disabled, single old, and very poor families etc. There such **111** families were identified from the **12** villages. It was observed that there is a great need of relief work for these families during this stress period.

IMPLEMENTATION PROCESS:

- ✓ As the Mahila Pravartaks are closely associated with the village and villagers, they were selected as the key person to identify and list out the needy.
- ✓ The Mahila Pravartaks played an important role in identify the poor and needy.
- ✓ 111 such families were identified.
- ✓ After the identification of the 111 needy families the kits of essential grocery items were distributed to them. This has helped in fulfilling their needs for some days.
- ✓ The credits of the work right from helping in identifying the needy to grocery distribution goes to our Mahila Pravartaks and the cluster level promoters.
- ✓ Mahila Pravartaks are playing the role of local leaders.
- ✓ This positive changes and the improved leadership qualities of the Mahila Pravartaks is because of the regular trainings sessions held by WOTR.

Some snaps of grocery distribution



The following activities have been carried out by our Mahila Pravartaks along with grocery distribution:

- ✓ Social survey on phone calls
- ✓ Awareness and training on Hand wash use and its proper steps
- ✓ Awareness on use of mask & Social distancing
- ✓ Sanitizer distribution
- ✓ Sanitising of villages by gram panchayat
- ✓ Meeting with adolescent girls
- ✓ Conducting various types of surveys in villages (maintaining the records of ill people and migrants, if any)
- ✓ Information on health and diet to:
 - 0-5 years children's parents
 - Lactating mothers
 - Pregnant women

In this way the awareness activities on COVID-19 are carried out and all the rules of social distancing are followed and care is taken such as wearing masks, using handwash/ sanitizers etc.

OVERALL RESPONSES:

1. **Mahila Pravartaks:** *Mahila Pravartak says that, I work as a Mahila Pravartak for WOTR. Our Organisation, identifies the need, rightly takes the decision and implements the work immediately, before it is too late. Now, the Sarpanch, Gram Sevak, the gram panchayat members and all the men and women in the villages are very happy. Initially, people did not understand the importance of the work we were doing. All the villagers are now proud of Mahila Pravartaks as we correctly chose the needy and poor families for the grocery distribution. The work of Mahila Pravartaks is given importance and the need of our work is identified. The expectations from us has risen, and we have got more energy to work further. We all the Mahila Pravartaks are blessed that we are the part of WOTR team.*
2. **Sarpanch/ Gram Panchyat member:** *The sarpanch was surprised that he being the part of the village was not aware about the problems that the poor families were facing during the Corona crisis. Sarpanch says, WOTR played vital important role in identifying the needy and implemented the grocery distribution without wasting time. The grocery included the essential items right from salt to Wheat, Rice etc. The needs for the poor families has now been fulfilled at least for 10-15 days. All the villagers are thankful to the Organisation for this help. By taking this as an ideal example the gram panchayat took the initiative of the sanitizer distribution in the villages. Also, 10 families from the village Gurudhanora took the decision of not celebrating the birthdays and instead invested in grocery kits distribution.*
3. **Grocery Beneficiaries:** *Corona pandemic was already widespread all over the world. Due to the lockdown all the shops were closed and we had little or no access to food and grocery. As everything was shut down we had no work and no work thus, ultimately no money. We were surviving just on 'Bhakri' (bread made from cereal Shorghum) and red chilli powder or just use to have rice. The available rice and Shorghum was going to finish in two days. In this crises we had no one to care about and look after us. But, WOTR came in our village and provided us with the grocery of about 10-15 days. We all are thankful to WOTR from the bottom of your hearts. We all are lack of words to thank WOTR.*

SUCCESS STORIES

1. Village Health Committee, Kavita Tatu & Savita Maher

Malkapur

Our village, Malkapur was not aware of, what exactly is the village health committee. The Village Health Committee (VHC) was formed for the first time in our village and the training was given to all the VHC members in Pimperkheda village. In this training program the roles and responsibilities of the VHC were explained and our VHC was named as 'Yuva Shakti', it is because of this training program that we understood the roles, responsibilities and importance of VHC. There are in all 16 members in our VHC, which involves women, men, adolescent girls & boys.



Yuva Shakti Health Committee proves beneficial to the villagers, the villagers have started coming together helping each other and sharing their views and ideas. Let it be any work at village level, all the members from Yuva Health Committee come together and solve the problems together. VHC is involved in various activities such as conducting health camps, anemia detection camps, promotion of soak pits promotion of kitchen gardens, multilayer farming, and adolescent girl's melawa and actively participates in all the training programs.

The leader of the VHC is Mr. Suresh Dongarjal and he is very supportive and helps in taking forward all the decisions of the committee. This VHC was established in our village because of Watershed Organisation Trust (WOTR). We all are grateful to team WOTR for coming in our village and forming this committee because of it all the villagers united and started coming together, respecting, understanding problems of each other. Also, the importance of gender equality in the village have understood.

VHC has helped us in working with more ease, as earlier villagers were not supporting the Mahila Pravartaks and considered us illiterate. But, now the picture is different, the villagers respect us. With the help of 'Yuva Shakti' we are able to conduct all the project activities smoothly.

Also, our village comprises of Rajput community, wherein it was not allowed for the women to go out of the house. I was not aware about the details of my village. But, because of WOTR all the Mahila Pravartaks have become active. VHC members have convinced and told our family members regarding the work we are doing, it for the wellbeing of the villagers. Then our family members have allowed us not only to work in the village but, also have given permission to attend the residential training program at Darewadi. We all are very much thankful to WOTR for giving us this wonderful opportunity.

**2. Kitchen Garden,
Kaveri Santosh Narvade,
Galnimb**

I am Kaveri Santosh Narvade from Galnimb village and member of Chaitanya SHG. In one of our monthly SHG meeting the distribution of seeds packets for kitchen garden was done. I took the packet and sowed the seeds in the surrounding of my house.

I use to carry out the household chores that is washing of utensils and clothes in the same surrounding area. I use to often have fights with my neighbor as the waste water from my surrounding used to flow into her area. But, now as the kitchen garden is formed the waste water is directed in the kitchen garden.



Kitchen garden has proved beneficial, because it requires at least Rs.300 to buy vegetables every day and the monthly expense use to reach to Rs. 1200/- on an average. My children use to fall sick every time and the hospital expense we had to bear was also more. But, now from the kitchen gardens I have started getting fresh and healthy vegetables at home itself. I have started saving the monthly expense of buying vegetables from market as well as the hospital expense has reduced. The neighbor fights no more exist as the waste water goes to the kitchen garden and we have developed friendly interactions with the neighbors. I have got financial support from the kitchen garden and the habit of saving money has inculcated in me through monthly savings in SHG.

I am thankful to WOTR for promoting kitchen gardens and introducing us to SHGs.

3. SHG-Health & Financial Empowerment, Anjali Rajale

I am Anjali Vikas Rajale from Galnimb village. Our village was not aware of the fact that what exactly Self Help Group (SHG) is? In the initial phase of the project Ujwala madam and Gopal sir visited our village and guided us on the SHGs need and importance. Madam informed us that to form a SHG minimum 10 women are required and maximum 20 women can become a part of the SHG.



Then me and my partner Mahila Pravartak Mukta we both passed on the same information to the women in our village. We required around 8 days to gather the women to form a SHG. Then a meeting day was decided in which Gopal sir addressed all the women and our SHG was formed on 7th July 2020. Our group was named as 'Chaitanya SHG' and an amount of Rs. 200 was decided for monthly savings. We started saving money, so, accordingly for our group Rs. 3000/- per month is deposited in the bank on the 1st day of every month.

Once I was in need of money for paying my daughters' college fees, so, I asked my husband for the same. He said that, 'we will pay her fees after we receive the money from selling cotton. But, as we did not get the money in the required time, I decided to avail for the loan from the SHG. I took an amount of Rs. 5000/- from the SHG at 2% interest rate and money was within a day. It is because of the support from SHG that I could pay my daughters college fee on time. SHG has not only helped us financially but, also it has helped women in coming together and exchanging their thoughts and views.

Our SHG has taken loan from ICICI bank, this loan has proved helpful for our group in farming, paying school fees, hospital bills etc. Also, women from our SHG are poor and they have availed loan for buying flourmill, for Goatery, cloth shop etc. In this way the SHG has helped women in becoming financially strong and independent.

I am thankful to WOTR for empowering us and making us independent.

4. Child Care & Growth Monitoring

Greetings!

I am Anjali Nitin Bilwal from Ramraiwadi village, Gangapur block of Aurangabad district.

My daughter's name is Mehak Nitin Bilwal and she is 2.5 years old. She is the first child in our house so, she is everyone's favourite.



Mehak's weight was 2 kg 100 grams when she was born, up to some days her weight was constant and no improvement was seen in her weight. She had become weak, we had no idea of what can be done to improve her weight. I think Mehak is lucky because WOTR was working in our village on health. Mahila Pravartak from WOTR guided us on the health and nutrition and were involved in regularly measuring weight and height of 0-5 year's children every month.

Our villages' Mahila Pravartaks (MP), Chhaya and Hira told me that my daughter Mehak is malnourished and belongs to severely malnourished grade. I was tensed on knowing this. The tension was released when our MP guided me on the measures that can be taken at home level to improve the nutritional status.

MP guided us on the concept of 'Balkopra' (various nutritious food items to be stored in one jar in the corner of a room). I followed the same and in one jar kept 10 nutritious food items like jaggery, groundnuts, rice flakes, almonds, cashewnuts etc. The response to this was very good, Mehak started taking the food items from the jar and eating nutritious food whenever she was hungry. Also, along with this in MP guided to include one boiled or roasted potato in every day meal. After regularly following the diet it was observed that weight of my daughter was increasing and from severely malnourished grade III (red color) she had moved to II grade (yellow color). After some months improvement in the nutritional status was observed during regular weight and height monitoring.

Now, Mehak is 2.5 years old and her health has improved, she belongs to normal category (Green color). It is because of the growth monitoring initiative of WOTR that my daughter has been saved from getting malnourished. I have recommended the diet suggested by MP to many of my friend's children and this works from my personal experience.

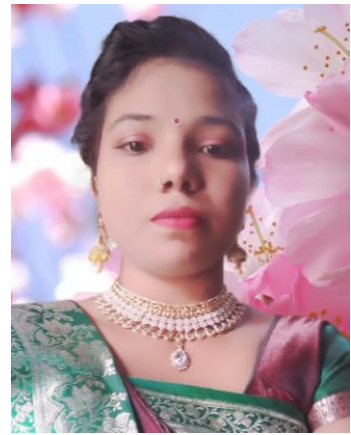
Mehak has received prize in the healthy baby competition conducted by WOTR. I have become aware of the importance of regular weight and height measurement of children.

I am thankful to Ujwala madam, Gopal sir, Mahila Pravataks and entire WOTR team for their guidance and regular counseling.

5. Adolescent Girl sharing her thoughts...

Before WOTRs' intervention, I was not aware on health aspects. I was not aware regarding menstrual cycle. It is since, WOTR came into our village that I have become aware on the health aspects.

I am thankful to WOTR for giving me an opportunity to attend the adolescent training workshop conducted by WOTR. In adolescent training I learnt about human anatomy, emotions, friendship, love, affection and how to control feelings and emotions in this age of adolescence. I liked the session on menstrual health and hygiene the most. Problems aroused when I was going through menstruation, as I was not comfortable in sharing the problems with my mother. But, after attending the adolescent training program self-confidence and daring in me developed. I am now able to freely share my thoughts with my mother and friends.



During menstruation, I use Saafkins sanitary pads promoted by WOTR, because compared to other pads I find Saafkin more comfortable and easy to use.

I liked the adolescent girl's melawa which was held in Malkapur village. In this melawa I shared my thoughts through a small poem on topic a girl talking from mothers' womb. I am grateful to WOTR from the bottom of my heart for giving me an opportunity to address all the pregnant womens' through a poem in adolescent girl's melawa.

I would like to thank WOTR, Ujwala madam, Gopal sir, CLP-Savita madam, MP-Jijabai Chavhan and Kavita Lavhale.

Thank you very much!

Ashwini Janardhan Ghotkar,

Village: Bhivdhanora

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