



ANNUAL REPORT

2021-2022

INDIAN INSTITUTE OF YOUTH WELFARE

1. General information

1.1. Project summary/project objective

[Take from the approved project application; approx. 10 lines]

Overall Objective (Impact):

The NCD project (WLV-5717) aims to spread knowledge and awareness about NCDs within the target group of Urban and Rural Nagpur (villages and slum communities) from the year 2021 to year 2024. As the project aims to raise awareness and sensitisation about the prevalence of NCDs, it is expected that the project will eventually bring about a behavioural change in the target group to detect symptoms early so that the more severe NCDs are curable and risk factors can be largely reduced in advance. The positive effects of the project will be sustainable, especially through the sensitisation of the students and the women's self-help and youth groups, as they can continue to disseminate the knowledge gained beyond the project period independently of the project partners. Furthermore, the development of the knowledge base of the target groups will also lead to a change of perspective and a change in the mindset of the target group. For this reason, the main focus is on the younger generation. Once they adapt to these changes, the positive changes will eventually spread to the older generations. IYW has already worked in various health-related projects in the region, they are already well connected to the local target groups. Thus, the project will be impactful and will cover a population of around 1,50,000 souls including urban and rural Nagpur in a period of 4 years.

DIZ shall co-operate with IYW over a funding period starting on 01/02/2021 and ending on 31/12/2024.

The expected project outcomes with respect to the objectives are as under –

- The population in the target area is more sensitive to non-communicable diseases (NCDs) and can make better use of the public health services.
- The direct target group understands that unhealthy living conditions are one of the main causes of non-communicable diseases and that COVID-19 may make it even more vulnerable.
- Village and slum dwellers use the state health facilities. • School children and college students are sensitised to NCDs and can pass on this knowledge to their families.
- Mediators in the educational institutions, paramedical staff of the NCD cells in the Primary Health Centres (PHCs) as well as members of the women's self-help and youth groups are sensitised and educate the population in the target area, including school children and students, about NCDs.

Sources of information -

[approx. 10 lines]

The data regarding NCDs is being collected from various primary as well as secondary sources. Primary sources involves collection of data through questionnaire surveys from the beneficiary households by personal visits by team of IYW. The secondary data is procured from the PHCs at the villages and the PHCs from the slum zones and the sub centres in project intervention areas. The required information is also obtained from the Assistant Director Health Service Office (ADHS) of the Nagpur Municipal Corporation (= NMC) and from other hospitals in the blocks of Nagpur.

IYW has taken the permission from the Health Department of Zilha Parishad (District Government). The Health officer has given acceptance letter for the NCD project and have instructed the medical officers to support the NCD team of IYW for all kinds of interventions through the NCD project.

The block development officers have been approached and their permission is also sought for the implementation of project activities. In addition, data on the initial situation of the population and the available health facilities, such as the urban and village health centres and their outposts has been obtained in order to implement the planned project and to be able to measure the results of the project. Schools and colleges principals and teachers have been contacted and their permission is sought for project implementation, The information on health schemes, village level information has also been collected from Gram Panchayats and Anganwadi workers and ASHA workers, for the purpose of early detection, diagnosis and treatment of NCDs. IYW has chosen three blocks in Nagpur Rural and two Zones in Nagpur Urban and data on NCDs will be collected , collated and analysed through these areas.

RAPID NEED ASSESSMENT SURVEY BY INDIAN INSTITUTE OF YOUTH WELFARE

NAGPUR



IN 3 BLOCKS OF NAGPUR DISTRICT JULY 2021



OVER CAB AND VACCINATION MYTHS/EAGERNESS

UNDER UNICEF FUNDED **CO-MARG PROGRAMME**



Introduction-

Indian institute of youth welfare-Nagpur has chosen three blocks namely Kalmeshwar, Saoner and Kampthee for the CO-MARG (MAHA PECONet) programme towards covid awareness and vaccination facilitation. IYW has initiated the work in July 2021 with the Rapid need assessment surveys in 17 villages of 3 blocks. The study has been successfully completed from 17th July to 2021 to 26th July 2021 by 6 volunteers under the supervision of Block coordinator and District Coordinator. The blocks known as Talukas are in Nagpur District with rural population ranging from 82,000 to 1,40,000 souls as per 2011 census.

IYW will be covering 50 Gram Panchayats in three block covering 15- 20 villages in each block covering a population of around 60000 souls in a period of 6 months.

The activities covered under PECONet project will be awareness at various levels of stakeholders, vulnerable groups like children and women, elderly population etc. IYW has initiated various activities like short trainings of ASHA workers, Anganwadi sewikas, PRIs, mass awareness through miking, AV aid, displays, demonstration of hand washing practices etc.



District Specific Context-

About Kalmeshwar Taluka - Kalmeshwar is a Taluka in Nagpur District of Maharashtra State, India. Kalmeshwar Taluka Head Quarters is Kalmeshwar town . It belongs to Vidarbha region . It belongs to Nagpur Division . Kalmeshwar consist of 100 Villages and 52 Panchayats . Dorli (bhodji) is the smallest Village and Bamhni is the biggest Village . It is in the 336 m elevation(altitude) .

Demographics of Kalmeshwar Taluka- Total population of Kalmeshwar Taluka is 114,400 living in 24,857 Houses, Spread across total 100 villages and 52 panchayats . Males are 59,490 and Females are 54,910. Total 24,399 persons lives in town and 90,001 lives in Rural.

About Saoner Taluka -Saoner is a Taluka in Nagpur District of Maharashtra State, India. Saoner Taluka Head Quarters is Saoner town . It belongs to Vidarbh region . It belongs to Nagpur Division . Saoner consist of 139 Villages and 76 Panchayats. Jaitgad is the smallest Village and Chandkapur is the biggest Village . It is in the 329 m elevation(altitude)

Demographics of Saoner Taluka- Total population of Saoner Taluka is 223,165 living in 47,025 Houses, Spread across total 139 villages and 76 panchayats . Males are 116,020 and Females are 107,145. Total 79,381 persons lives in town and 143,784 lives in Rural.

About Kamptee Taluka - Kamptee is a Taluka in Nagpur District of Maharashtra State, India. Kamptee Taluka Head Quarters is Kamptee town . It belongs to Vidarbh region. Kamptee consist of 81 Villages and 53 Panchayats . Powari is the smallest Village and Koradi (N.V.) is the biggest Village. It is in the 290 m elevation (altitude).

Demographics of Kamptee Taluka - Total population of Kamptee Taluka is 209,003 living in 39,639 Houses, Spread across total 81 villages and 53 panchayats. Males are 108,779 and Females are 100,224. Total 126,097 persons lives in town and 82,906 lives in Rural.

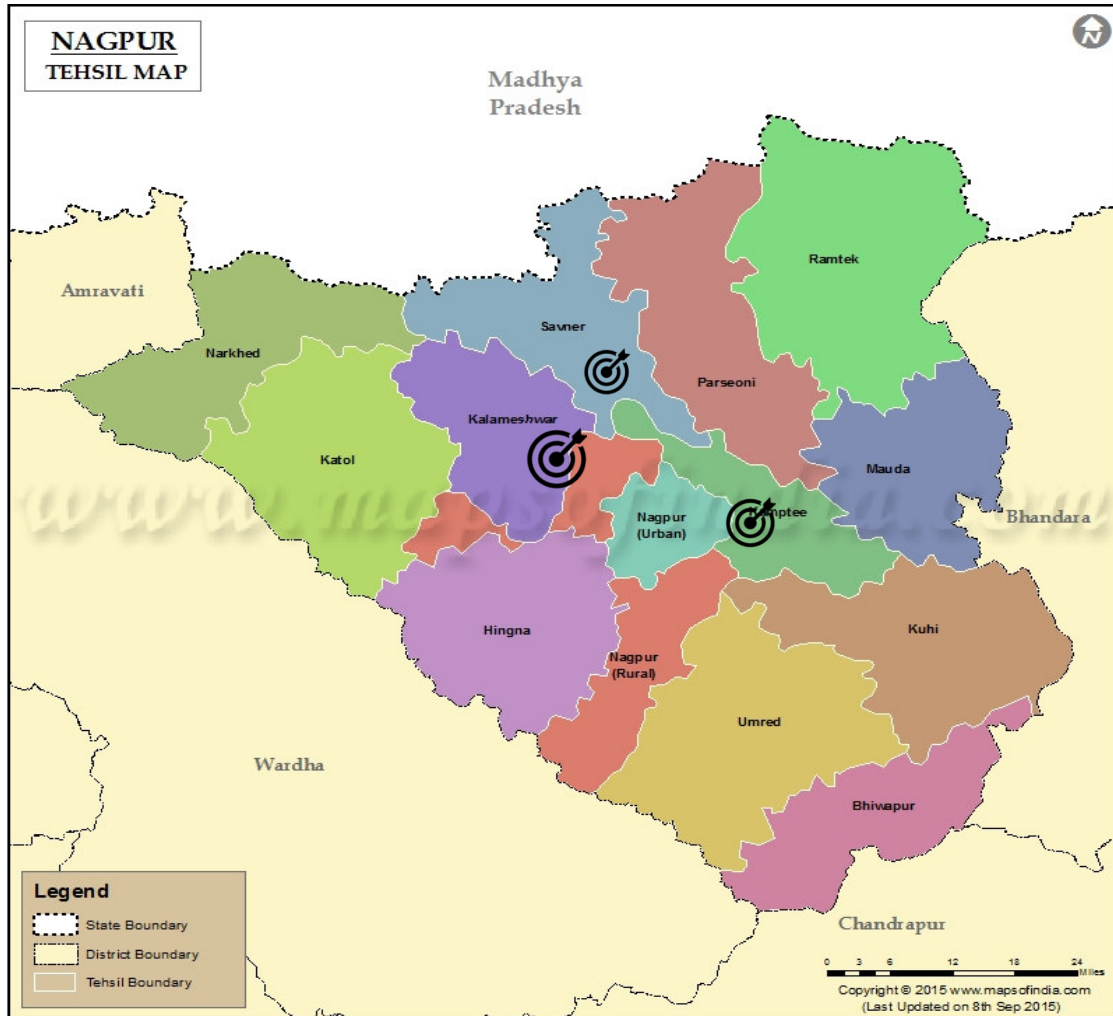
Block and Gram Panchayat level Context-

Following gram panchayat / villages have been covered during the survey –

Saoner :-	Champa, Sawarmendha
Kampthee :-	Bhokhara, Gumthala, Gumthi, Kadoli, Lonara
Kalmeshwar :-	Khapri, Mohgaon, Koholi Mohali, Paradhe, Susandri, Mohpa, Savli khurd, Ubali, Zunki, Sawangi

Objectives-

- To assess the awareness level of villagers pertaining to Covid appropriate behavior and vaccination related eagerness/myths etc.
- To wide spread proper education and awareness through various innovative social tools in different sectors, across gender and all stakeholders.
- To get participation of GO-NGO and community in village level CAB and 100% vaccination target.
- To distribute the WASH kits to the poor and needy and install hand wash equipment etc at various location in 3 blocks of Nagpur District covering 50 Gram Panchayats.



Map of Nagpur District and Blocks selected under PECO net project by Indian Institute of Youth Welfare

Block name	Sample size	Percentage of samples
Saoner	66	11.5%
Kampthee	159	27.60%
Kalmeshwar	342	59.37%

Total	576	
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Samples collected from 3 blocks - RAPID NEED ASSESSMENT SURVEY IN 3 BLOCKS

Methodology

Data Collection – The data in form of RNA questionnaire survey has been collected by IYW team from 576 villagers/ respondents covering wide range of participants/respondents.

Limitations of the study (if any)-

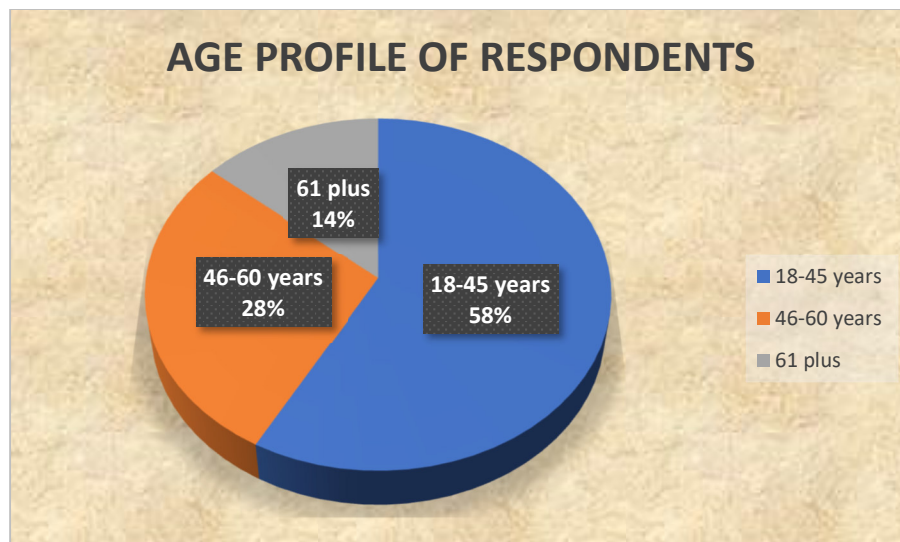
It is a quick online survey and sample size is small. Thus, it can be treated as an indicative reference for planning further interventions of the programme. During rainy season, team there was a some restricted to travel long distance and the sample selection is not equally spread up over blocks.

Findings

Demographic Details -

The age profile of the respondents is a under -

Age	Number of samples collected	% of samples collected
18-45 years	329	58%
46-60 years	160	27.80%
61 plus	78	13.54%
Total	567	100%



The sample selected for RNA covers different age groups which includes 58% respondents in the age group of 18-45 years, 27.80% respondents in the age group of 46 -60 years and about 13% respondents in the age group above 60 years. Thus, a wide range of age groups are surveyed. The total number of respondents are 576 and are spread over 3 blocks of Nagpur district namely Kalmeshwar, Kampthee and Saoner.

Sampling –

Distribution of sample by gender-

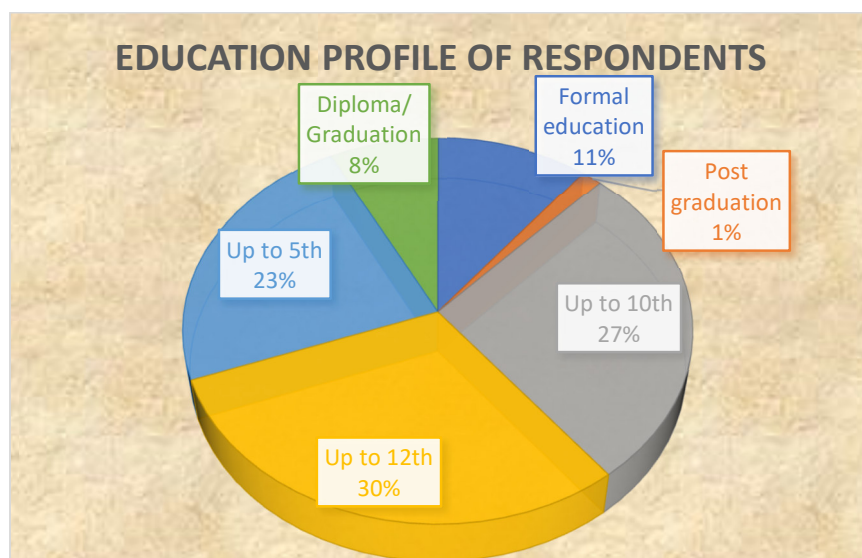
The gender distribution of the respondents were 48.5% female and 51.50% male.

Occupation profile of the sample-

The occupation profile of respondents as analysed through survey is that - 36% are engaged as labours in agriculture -farming and 22% are engaged in domestic work. The rest of the 42% respondents are engaged in occupation like – daily wages, small shops, labour work, vegetable vending, small entrepreneurship. A few are in banking, plumbing, carpentry, construction work, tailoring, teaching etc. Few Anganwadi Sewikas and Asha workers are also interviewed. About 36% respondents are involved in farming and the rest are in petty labour work, they continue do the same work after lockdown and 2nd wave of covid-19.

Education profile -

Education level	Percentage within the sample
Formal education	10.58%
Post graduation	1.41%
Up to 10 th	27.33%
Up to 12 th	30%
Up to 5 th	23%
Diploma/ Graduation	7.58%

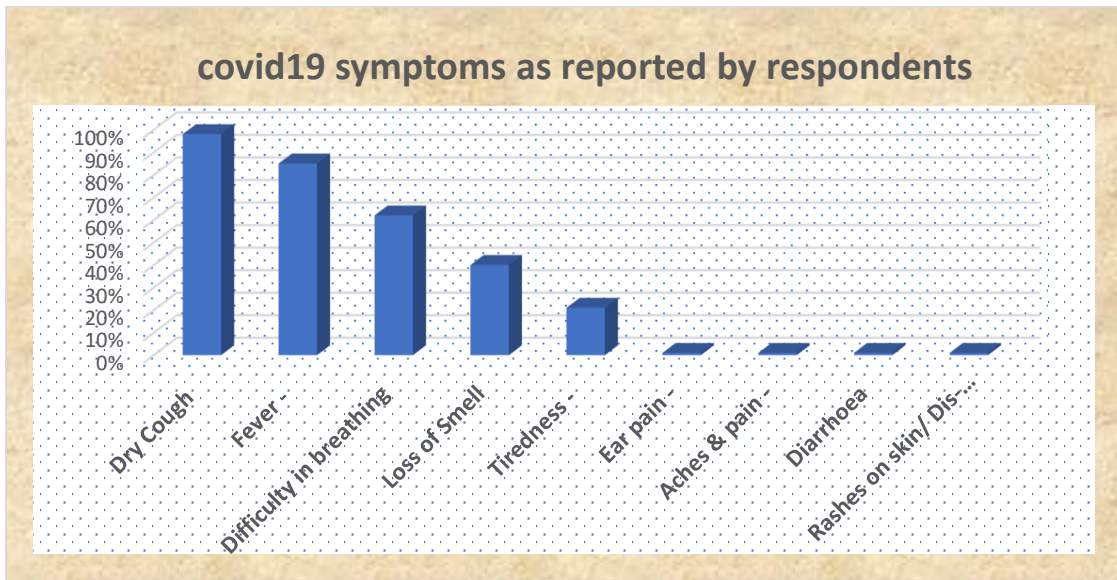


It is observed through the RNA survey that most of the respondents were literate in these 3 blocks of Nagpur. About 23% respondents are educated upto 5th standard, 27% have undergone schooling till 10th standard, 30% upto 12th standard. Only about 7.58% are educated up-to diploma or graduates. Majority of such population is mainly undertaking unskilled work, daily wage work or domestic work.

Covid-19 Related Awareness – symptoms, transmission and recovery

Symptoms of Covid 19 :-

S. No	Symptoms of covid which the respondent felt as the symptoms	% of respondents	Remarks
1	Dry Cough -	98%	98% respondents are aware that dry cough is the main symptom of covid 19. 85% feel that fever is one of the symptoms of covid-19. 62% feel that difficulty in breathing, and 40% feel that loss of smell, taste are symptoms of covid 19. Only 1% respondents think that ear pain, aches and pains, diarrhoea and skins rashes are symptoms of covid19. Thus, it is a felt need that more awareness pertaining to symptoms of covid 19 be generated amongst the target beneficiaries.
2	Fever -	85%	
3	Difficulty in breathing	62%	
4	Loss of Smell	40%	
5	Tiredness -	21%	
6	Ear pain -	1%	
7	Aches & pain -	1%	
8	Diarrhoea	1%	
9	Rashes on skin/ Dis-coloration fingers & toes.	1%	



Vaccination -

Overall impact of the current situation -

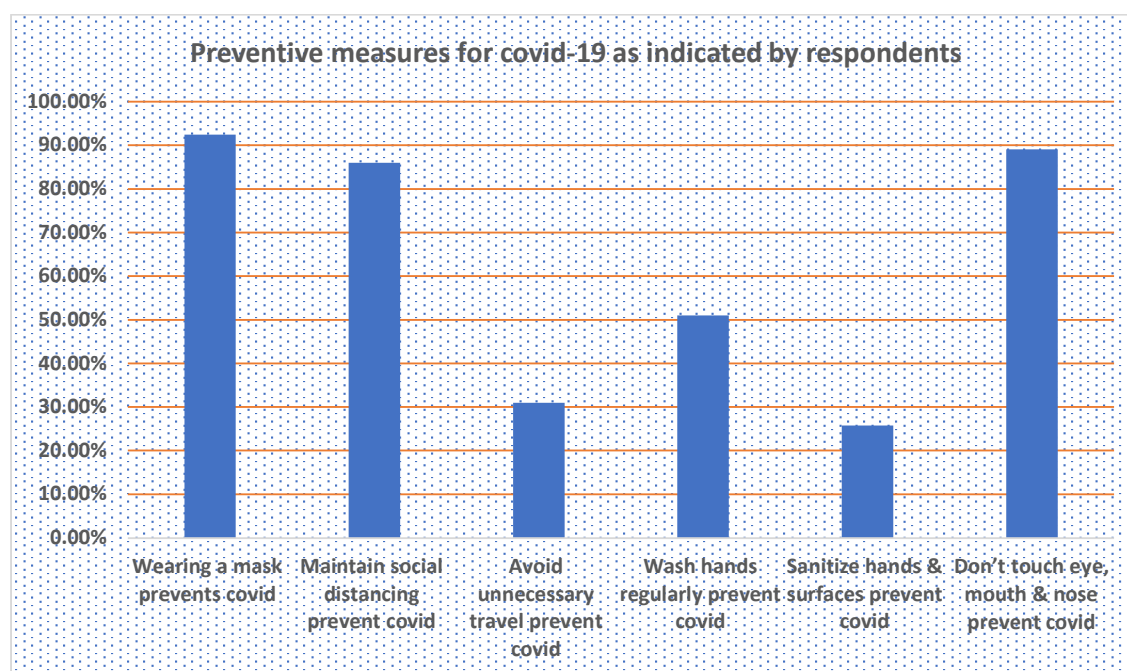
Covid life threatening	% of respondents	Remark –
Yes	35%	35% respondents think that covid 19 is life threatening. While 65% answered that covid-19 is not life threatening. It is observed (through volunteers) that about 50% villagers were not using the masks during our visits to villages. Villagers were seen to be less serious about corona.
No	65%	

WASH practices followed at the Village level –



COVID APPROPRIATE BEHAVIOUR-

S. No	Covid Appropriate Behaviour	Perception of respondents		Remark
		YES	NO	
1	Wearing a mask prevents covid	524 (92.4%)	43 (7.5%)	The respondents reported that -wearing a mask, touching mouth, eyes and nose, maintaining social distance are high priority issues towards prevention of covid19. Next in priority is -washing hands regularly, avoiding unnecessary travel, sanitising hands and surfaces. The respondents are aware of the main preventive measures but they are required to follow up it meticulously.
2	Maintain social distancing prevent covid	488 (86%)	79 (14%)	
3	Avoid unnecessary travel prevent covid	177 (31%)	390 (69%)	
4	Wash hands regularly prevent covid	289 (51%)	278 (48%)	
5	Sanitize hands & surfaces prevent covid	146 (25.75%)	421(74.25%)	
6	Don't touch eye, mouth & nose prevent covid	510 (89%)	57 (11%)	



PERCEPTION ABOUT VACCINATION -

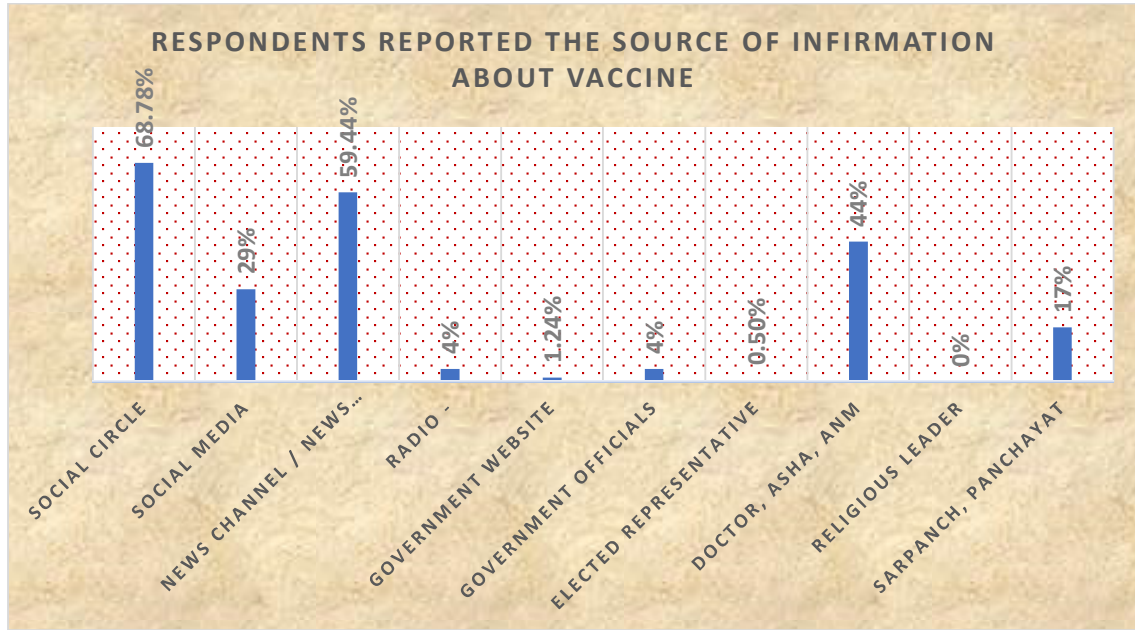
S. No	Perceptions about Vaccination	Yes	Remark

1	Respondent who showed readiness for getting vaccinated.	84.65 %	<p>Around 85% rural folks are ready for taking a vaccine. However, the rest of the 15% people are hesitant to take vaccine.</p> <p>99% respondents showed willingness to seek medical attention. 97% believe that vaccine can protect them.</p> <p>17.5% have myth that the vaccine can cause corona/covid 19.</p>
2	Respondents who showed readiness for seeking medical attention.	99%	
3	Respondents who reported that the vaccine can protect us.	97%	
4	Respondents who reported that we get covid after vaccination	17.5%	

Concern – 17.5% who feel that a person gets covid after taking a vaccine. We have to reach out to such population who have myths about Vaccination.

15% population is hesitant to take vaccine thus, we will target such population who are still not ready to go for vaccination.

S. No	Where do you get vaccination information from ?	% of respondents	Remark
1	Social circle	68.78%	<p>The vaccination information is mainly received from social circle, news channel, newspaper, doctors, ASHA and ANM.</p> <p>About 29% got information from social media and 17% from sarpanch, panchayat members.</p>
2	Social media	29%	
3	News channel / News paper	59.44%	
4	Radio -	4 %	
5	Government Website	1.24%	
6	Government Officials	4%	
7	Elected representative	0.5%	
8	Doctor, Asha, ANM	44%	
9	Religious leader	0%	
10	Sarpanch, Panchayat	17%	



S. No	Whom the villagers trust for covid related information and vaccination information	% of respondents	Remark
1	Social circle	18.70%	<p>Respondents mentioned that doctors, ANM, ASHA , news channel, social media, local government , government officials are trustworthy information sources.</p> <p>However, the respondents have hardly used sources like radio, government websites, elected representatives etc.</p>
2	Social media	50%	
3	News channel	54.67%	
4	Radio -	9%	
5	Government website	2%	
6	Government officials	18%	
7	Elected representative	1%	
8	Doctor / ASHA / ANM	58%	
9	Religious leaders	Nil	
10	Sarpanch/gram panchayat	31%	

Doctors, AHSA, ANM are trusted by people for information on covid and vaccination.

News channels are seen to be trusted information source.

50% trust social media and 31% believe in gram panchayat.

However, the use of government web sites, radio, elected representatives etc. is much low. We have to focus on bridging the digital gap between urban and rural population.

Affected by Corona -

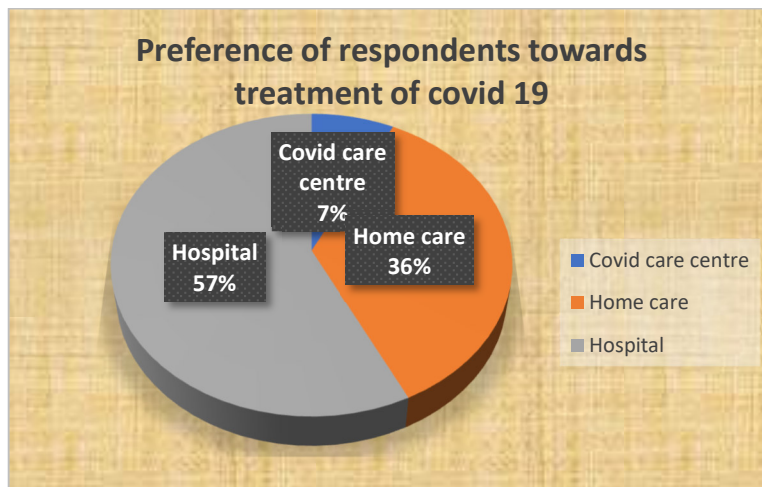
S. No.	Cases of covid 19	Percentage of affected respondents
1	Anybody affected by corona during 1 st or 2 nd wave.	10-11%

62 affected persons out of 576 surveyed were affected with covid-19. (i.e. around 10% of the total respondents). In one family, mostly 1 or 2 members were infected with corona. Percentage wise number of infected persons is given below-

S. No.	Number of family members infected by Covid 19	Percentage of families affected
1	1 member –	67%
2	2 member	20%
3	3 member	6.45%
4	4 member	1.61%
5	5 member	3.22%

Line of treatment –

S. No	Line of treatment	% of respondent
1	Covid care centre	7.29%
2	Home care	35.41%
3	Hospital	57.30%



Respondents who were in home isolation or covid care center as self-isolation were 50% of total infected – total 30 people.

S. No	Status of patients affected by covid 19	Number of patients who were in isolation at home.
1	Passed away	1
2	Recovered partly	1
3	Recovered completely	60

S. No	Percentage of respondents who has taken vaccine	Percentage of respondents
1	Yes	65%
2	No	35%

S. No.	Percentage of respondents who have taken doses	Percentage of respondents
1	Both doses	44%
2	First doses	57%

Issues & concerns with Vaccination – When asked about whether the vaccine is safe, 97% respondents think that vaccine is safe. All respondents who have taken a vaccine have positively reported that they will recommend the vaccine to others

S. No	Issues with vaccination	Percentage of Respondents

1	Respondents who don't know the process to take vaccine.	18%
2	Respondents who don't have smart phone.	95%
3	Respondents who are concerned about the side effect of vaccine	6%
4	Respondents who are concerned about BP / infertility / other diseases	NIL
5	Respondents who reported that someone died after taking vaccine.	1.9%
6	Respondents reporting that the covid19 vaccine is costly	0%
7	Respondents who are unable to book a slot	8.29%
8	Respondents who don't know the vaccine center	1.06%
9	Respondents who didn't take vaccine because of religious reason.	NIL
10	Respondents who reported that they have not taken vaccine because of Pregnancy or lactation.	0.18%
11	Respondents who are advised by doctor for not taking the vaccine.	1.06%
12	Respondents who told other reasons for not taking vaccine such as had Covid in the past / have Sugar / were Busy /because of Crowd / vaccine not available/inadequate supply of vaccine /No time for vaccination.	4%
13	Respondents who are interested in taking vaccine	88%
14	Respondents who want to take vaccine at Government centre - Private hospital -	88% 11%

IMPACT ON LIVELIHOOD AND QUALITY OF LIVING

S. No	Impact of Covid 19 on lives of people	Percentage of respondents
1	Respondents who showed worry about the future	7 %
2	Respondents who lost employment –	27%
3	Respondents who have lost contact with peer –	3%
4	Respondents having no effect of covid	22%

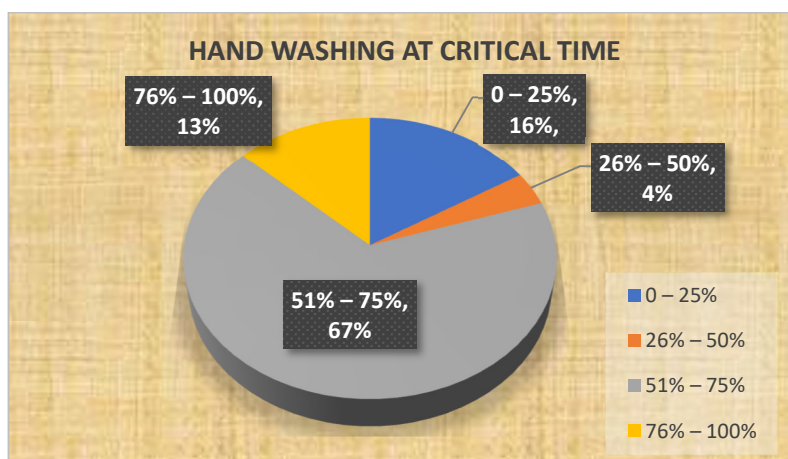
5	Respondents who are dependent on Ration	6%
6	Respondents who reduced intake per meal –	22%
7	Respondents who reduced number of bills –	2%
8	Respondents who reduced number of dishes	1.59%
9	Respondents who are dependent on external support	3.8%
10	Respondents who had no effect on financial status	69%

S. No.	Health related issues	Percentage of respondents
1	Respondent who are unable to get treatment	4.24%
2	Respondents for whom regular treatment was hampered	25.58%
3	Respondent for whom the Prenatal/ antenatal treatment was not accessible	0.36%
4	Respondents for whom Communication was not available	1.24%
5	Respondents for whom the Care for special / specific diseases was not available	3.53%
6	No effect.	70%

From above 3 tables, it is evident that around 25-30% people were severely impacted. As much as 25% people have had hampered regular treatment. About 27% people have lost their employment during covid19 lockdowns. As a long term plan, CSOs and Government need to focus on employment generation and sustainable livelihood options to restore rural families.

HAND WASHING PRACTICES -

Hand wash at critical times	Percentage of respondents	Remark
0 – 25	16%	About 66.50% respondents have mentioned that percentage of people washing hands at critical times is 50-75%. While only 12.87% responded that people washing hands at all evident (at critical times) is 75%-100%. Thus, there is a need to facilitate hand washing practices with various population groups.
26 – 50	3.8%	
51 – 75	66.50%	
76 – 100	12.87%	



MASKING AT PUBLIC PLACES -

Masking at public spaces.	Percentage of respondents	Remark
0 – 25	15.87%	<p>67.54% respondents mentioned that the masking at public spaces is 51-75%.</p> <p>Whereas about 12.89% reported that it is above 75%.</p> <p>``87.84% reported that the social distancing at markets is not followed</p> <p>``About 5 % reported that social distancing is not followed in open spaces or at places of worship.</p> <p>However, the social distancing is maintained at the Gram Panchayat offices and other places such as Pan shops, Bus stand, Ration shops etc.</p> <p>Thus, it is a felt need that people be educated about masking at public places especially wearing a mask properly and its benefits be told to every person.</p>
26 – 50	3.70%	
51 – 75	67.54%	
76 – 100	12.89%	

CLEANLINESS / DISINFECTION OF QUARENTINE HOMES AND TOILET COMPLEXES –

Almost all respondents expressed satisfaction that the Quarantine households have had a proper waste disposal. 97% reported that the waste was regularly collected from Quarantine homes.

S. No	Community Sanitation complex	Percentage of respondents	Remark

1	Respondents mentioned that Toilet complexes are dysfunctional	~10%	Around 10-12% community toilet complexes are disfunctional.
2	Respondents reported that toilet complexes are operational & Clean	~ 90%	
3	Respondents reported that toilet complexes are with proper electricity	~ 89%	
4	Respondents reported that the hand washing facility is available at Toilet complexes	88.39%	
5	Respondents reported that the Cleaning and maintenance of Toilet complexes is done by Gram Panchayat.	89.59%	

HYGIENE PRACTICES –

S. No	Willingness for hygiene practices	Remark
1	99.30% shown willingness to continue hygiene practices, even after covid19 has subsidised.	
2	95.60% respondents reported that the VWSC / VHNSC have done remarkable work during covid 19 ?	

Challenges –



99.30% Rural population is seen to be casual and less serious about severity of the pandemic.

“Rural folk (respondents) though reported that masks, sanitising etc are good prevention for Covid-19, still its proper usage at required places is not followed meticulously.

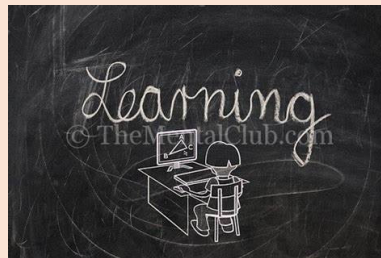
“2nd wave of covid 19 has not severely affected the rural Nagpur but corrective measures are missing for prevention of further waves.

“Correct knowledge and continued medical education is to be institutionalised at village level, block level too.

“Livelihood for the wage earners is an issue and for the future sustenance.

“Rural development models could be comprehensive as water/sanitation and health and hygiene are closely linked.

Learnings-



“Vulnerable groups within rural populations requires comprehensive support in terms of awareness and education

“continued and regular inputs at various levels along with development of infrastructure is a need in villages.

“CAB is known to villages but its actual implementation has several gaps and it could have been structured through continued trainings of beneficiary groups.

“Through RNA, we could assess that the role of local Government as well as anganwadi centres, schools could have been elaborated and they could be capacitated and made responsible for village level CAB and other village action plans.

“Networking and rapport building are key tools for successful awareness campaigns and positive responses.

Recommendations and Conclusion-



1. It is evident from the RNA that more than 90% rural population in above 3 blocks are aware about half of the symptoms of Covid 19 but there is further need to acquaint them with possible symptoms of Covid 19.
2. There is a gap between awareness and its implementation. People who mentioned that masks are necessary for the prevention of Covid are not necessarily using masks. (observation).
3. The know-how about vaccines and its availability has to reach to the grassroots and supply -demand gap of vaccine availability should be minimized or met.
4. The elderly and women would need assistance for vaccination and overall moral boosting is necessary.
5. Livelihood options and financial sustenance is linked up with CAB to some extent and thus, comprehensive plans to mitigate covid19 be structured in coordination with GO-CSO and people themselves. The prioritization towards CAB is closely linked with the resources available to the rural population.

Recommendations for CSOs -

Short term-

``The partners in awareness are PRIs and Anganwadi's and PHCs, thus a systematic action plan for capacitate these networks.

``Children and women as ambassadors for awareness and education will bring about positive changes in CAB.

Immediate-

``To reach out to each and every person to educate them towards CAB. The vulnerable groups and children should be targeted on the priority.

``Simplistic educational manuals for rural folk and action plans be made applicable or developed.

``Promote vaccination so as to protect each and every individual.

``As SOS, kits for prevention be made available to vulnerable population.

Long term-

``CSO should be included in comprehensive planning of micro action plans, block development plans and district development plans so that every individual gets the benefit of development schemes.

``CSO could be involved in data collection and demand assessment surveys at village levels to develop micro plans, considering the pandemic scenario and its continuation for a longer time.

Recommendations for Government agency/bodies-

Immediate -

``Reach out to every household to percolate benefits of health-related schemes to every household by taking support of CSOs/ NGOs.

``CAB specific issues be tackled by levying penalties for non-compliances.

``Awareness and education of various tiers of stakeholders be done in coordination with CSOs..

``Cleanliness and sanitation and water supply is key issue to safeguard the health of rural population.

Short term-

``Basic minimum infrastructure be maintained and sanitation be given priority -solid waste management, sanitation, water supply etc be made available at required locations in villages.

``Health Scheme benefits should be accessible to poorest of the poor. Government should make the schemes accessible through a transparent and accountable system.

Long term -

- Cab specific infrastructure be developed keeping a holistic perspective in mind.
- PRI strengthening and trust of people over PRIs and Government machinery should be enhanced by capacitating them. Gram panchayats to be become Pro-active.
- PRI could act more as pro-people governance model vis a vis a trust building is required.
- Asha Workers and Anganwadi workers be trained in the management covid 19 and vaccination with specific technical knowledge as well skilling to manage critical cases.
- ``livelihood for villages and PRI strengthening is necessary.
- ``Digitisation and technological issues be developed at village level and helpdesk be set up for wider coverage of digital services.



#LargestVaccineDrive

ये हम हैं

ये कोविड का टीका है

ये हमारा टीकाकरण हो रहा है

कोरोना से करनी है अपनी सुरक्षा,
दिल में न रखे कोई भी शंका
अपनी बारी आने पर टीका ज़रूर लगवाएं

COVID-19 टीके के लिए [cowin.gov.in](https://www.cowin.gov.in) पर जाएं और पंजीकरण करें

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From –

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2. Status of the project's implementation

Overall objective (impact):

Project objective (outcome)	Indicators (if possible, also specifying quantity)		
	Actual situation (quantitative and qualitative) <i>Take this from the application</i>	Target situation (objective) (quantitative and qualitative) <i>Take this from the application</i>	Achieved situation (quantitative and qualitative)
The population in the target area is sensitised regarding non-communicable diseases and can make better use of the public health services, and the mediators and duty bearers are trained in this regard.	At the beginning of the project, the target population (694,000 people) and the mediators and duty bearers (57 institutions) have no or only rudimentary knowledge about non-communicable diseases; the government health centres such as PHCs/UPHCs and their NCD cells are not or hardly used regarding NCDs.	90% of the population (624,600 people) in the target area were reached through events and awareness-raising measures. - 90 % of the health-related institutions (19) in the target area, including their mediators and duty bearers - approx. 1,420 - have been reached with training measures and regularly offer medical assistance with regard to NCDs in 75 % of the PHCs/UPHCs, including any NCD sub-cells. - In random samples within the target group (n = at least 5 % of the people reached), 75 % of the people can be said to understand and explain the relations between NCDs and their possible causes and to know where they can get help from the government.	<ul style="list-style-type: none"> In the year 2021 starting from Feb 2021, IYW has reached to over 45000 souls (population) through door-to-door surveys on theme of NCDs. The survey is being carried both in Urban and rural areas and by the end of year 2021- Around 21800 souls (urban population) and 23400 souls (rural population) has been covered through surveys. The survey questionnaires have been developed by IYW and the volunteers have carried the screening of population through personal visits to slum communities and villages in 3 blocks of Nagpur-Rural namely Kalmeshwar, Kampthee and Saoner. The overall target for IYW is to reach 1,50,000 souls , from which IYW has covered 30% of population through surveys. The awareness activities were organised in 55

			<p>villages and 5 slum communities so far thus covering following population -</p> <ul style="list-style-type: none"> • Kalmeshwar block – 74804 souls • Kampthee block – 3625 souls • Saoner block =71231 souls • Nagpur Urban ~5000 • Thus, almost entire population from rural areas has been covered through awareness events, small trainings and wash kits distribution. • IYW has used various innovative social mobilisation tools to sensitise the population over the issue of CAB (Covid Appropriate Behaviour) and NCDs. • 10 Primary Health Centres have been contacted and their support is sought over the project activities.
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Sub-objectives (output)	Indicators (if possible, also specifying quantity)		
	Actual situation (quantitative and qualitative) <i>Take this from the application</i>	Target situation (objective) (quantitative and qualitative) <i>Take this from the application</i>	Achieved situation (quantitative and qualitative)
1. The direct target group understands that unhealthy living conditions are one of the main causes of non-communicable diseases and COVID-19 may make them even more vulnerable.	People affected by NCDs and their families are aware that they suffer from certain health problems but are unable to recognise them as diseases that are treatable or whose causes lie	- 75 % of the target group is aware of the connection between the occurring health problems and non-communicable diseases - also in the context of COVID-19. - 25 % of people affected by NCDs change their own behaviour based on this knowledge and minimize personal risk	For the purpose of awareness , various trainings have been organised for different sections of the society- A..PRI (Local Government - Gram Panchayat Members) A. Kalmeshwar block – 08 trainings B. Saoner block – 05 trainings C. Kampthee block – 02 Trainings

	partly in their own actions.	factors. This can be observed through a change in diet, constructional changes in kitchens, planting trees or creating kitchen gardens. (in each case this can be observed through random representative surveys of 5 % of the target group)	<p>B..Training of Self help groups of women</p> <p>D. Kalmeshwar block – 21 trainings</p> <p>E. Saoner block – 30 trainings</p> <p>F. Kampthee block – 20 trainings</p> <p>C.. Capacity building trainings’ Dr Chhabrani - Ophthalmologist Dr Deshpande -MBBS-MD- General Physician</p> <p>D..Trainings of Anganwadi Sewikas and ASHA and self help groups by Dr . P.K Deshpande -MBBS. / MD Training of SHGs – 58 trainings</p> <p>E..Anamia and organic Kitchen gardens developed = 4 numbers NAMELY AT Dahegaon Rangari VILLAGE, Isapur village , Gumthi village , Zunki village , Mohgaon village</p> <p>G..Sensitisation activities ``Puppet shows in 3 villages ``Street plays in 3 villages (More than 120 for puppet show and 190 attended the shows)</p> <p>H..Tree plantation drive – 450 plants have been planted during the year 2021. Development of 4 demonstrative kitchen gardens has been done –</p>
2. Village and slum dwellers use the government health facilities	Treatment options exist but are rarely or not at all used due to lack of awareness. The direct target group is not aware of the public health services and	75 % of the direct target group are aware of the (treatment) options offered by government health facilities and the need to visit them for prevention or early treatment. - 25 % of the people affected by NCDs consult government health	``IYW conducted door to door visits to aware people about the importance of treatment and available options towards treatment of NCDs. For building trust in the system 6 health screenings for women’s HB testing have been organised with the PHCs in respective areas. The NCD cells have also been

	therefore does not use them.	centres regarding NCDs. (in each case this can be observed through random representative surveys of 5 % of the target group)	<p>contacted over the issue of health services to communities. Primary health Centres are in intervention areas are as follows-</p> <p>Kalmeshwar –</p> <ul style="list-style-type: none"> • Dhapewada • Mohpa • Kohli Mohli • Sub centres • Ubali • Sonegaon • Kalambi • Susundri • Waroda • Wadhona • Pardi deshमुख <p>Saoner</p> <ul style="list-style-type: none"> • Patansawangi • Khapa • Saoner • Sub centres – • Waki • Sadbhavna colony • Isapur • Pipla Dakbangla • Ajni • Kodegaon • Manegaon • Sawarmendha <p>Kampthee block –</p> <ul style="list-style-type: none"> • Gumthi • Sub centres • Babulkheda • Gumthala • Mahadula <p>Thus, 8 PHCs and 19 Sub centres have been provided with washkits and information about project objectives. Consent letters have been procured from them towards their future support in the work.</p>
3. School children and students in colleges (36 educational institutions with 10,800 school children/students) are sensitised to NCDs and can pass on this	School children and college students receive little or no information about NCDs during their school and college years or afterwards	50 % of school children and college students (from 36 schools/colleges with an average of 300 persons each) have understood the connection between	39 schools have been reached out through various events. The beginning was with organising competitions for them over Covid Appropriate Behaviour and secondly, involving them in global handwashing day

<p>knowledge to their families.</p>	<p>in their professional lives.</p>	<p>personal behaviour and NCDs and are passing on this knowledge to their (family) environment. (can be observed by school competitions and by random representative surveys of 5 % of the mediators)</p>	<p>(week) celebration in Mid October 2021. ``Around 1678 students have been given information about life style diseases and NCD management through short sessions. NCD related rally has been undertaken in the 2 villages Garla and Dahegaon Rangari with the students. ``Global hand washing day celebration was done in a big way to aware students about CAB and hygiene management. ````Information dissemination workshops in schools in 3 blocks have been undertaken as under- Kalmeshwar block – 19 Saoner block – 20 Kampthee block – 04 ``Other important target groups have been youths namely Students of Tirpude college of social works and Staff from Sanjeevani Sanstha have been involved in trainings on NCD management and disaster management at Lonara Campus.</p>
<p>4. Mediators in the educational institutions (professors, teachers at government schools, approx. 1,080 persons), paramedical staff of the NCD cells in the PHCs (approx. 37 persons) as well as members of the women's self-help and youth groups are sensitised and raise awareness about NCDs among the population in the target area, including</p>	<p>At the beginning of the project, mediators are hardly or not at all able to educate the population in the target area, including school children</p>	<p>90 % of mediators are informed about NCDs - 75 % of the informed mediators are able to educate others about NCDs on their own and 50 % of the educational institutions have addressed the issue of NCDs in extracurricular activities that take place at least once a year.</p>	<p>The schools were reached through the professors and teachers. Thus the first step was to aware the mediators by engaging them in trainings and workshops. Women are the brand ambassadors of change and thus Womens groups mainly self help groups were updated about NCD management through flip charts and expertise training. Global handwashing day was celebrated at school level by teachers and students . awareness on health schemes and available options have been intimated</p>

school children and students.			<p>``Training with SHGs and women's group- 70 SHGs reached covering around 7000 women</p> <p>Training with Panchayat Raj Institutes-43 PRIs have been given training on CAB and basic introduction of the project and NCDs</p> <p>Onfield awareness from Nov and December 2021 - Around 1.60 lakh people reached through on-field awareness drive</p>
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2.1. Supplementary explanations of deviations from the planning –

``Due to covid 19 pandemic outburst, planned activities from Feb to April 2021 have slowed down to some extent. District Magistrate's orders didn't allow bigger gatherings or trainings or mass awareness meetings during this time. However, IYW utilised this time for door-to-door surveys as well as capacity building of own team and community volunteers.

``PHCs were engaged in providing services to Covid patients, testing etc and thus, NCD topic was of 2nd priority to them. Since emergency response to covid 19 was the fire fighting issue.

``The targets which were unfulfilled were completed by putting extra time and extra efforts from Aug to Dec 2021.

2.2. Status of the implementation of the measures (in comparison to the application)

The project targets have been fully achieved for the year 2021 by Indian Institute of Youth Welfare. The team has successfully covered 26 slums and all 55 villages as per the population specified in the proposal. More than 30% households have been covered through detailed questionnaire surveys and more than 1.6 lakh people reached through onfield awareness and mass awareness including Urban and Rural Nagpur. Through trainings (short trainings with small groups) around 70 self help groups and 43 PRIs have been reached.

Population covered in Urban and rural Nagpur –

URBAN area in Nagpur District	Name of community	Number covered	Households covered	Total households covered
	Dharampeth zone	16 slums	1600	4390 HHs covered Population covered -21950
	Laxminagar zone	10 slums	2790	
RURAL area in Nagpur District	Kalmeshwar	16 villages	1358	4608 HHs covered Population covered - 23040
	Saoner	17 villages	1690	
	Kampthee	17 villages	1560	
				8998 forms

Strategies adopted -

“The target population is addressed through various participatory tools such as Continuing Medical Education (CME) programmes, Behaviour Change Communication (BCC) programmes, use of social media for communication and delivery of workshops and training programmes, Information, Education and Communication (IEC) activities and Interpersonal Communication (IPC) activities to build a good and trustful relationship with the target group.

The activities essentially entailed advocacy and capacity building for trust through the involvement of the entire community (NGOs, ASHA, SHG, ICDS, Teachers, youth, educated adults returning to the village) and the Gram Panchayat.

- Community Engagement and mobilisation
- Capacity Building
- Awareness Generation
- Support (Relief, supplies, travel etc.)
- Involvement in the Village Task Force, need to include block and district
- Liaisoning with SHGs, Tribal leaders, GP, youth groups, FBOs etc.
- Liaisoning with government -
- Focused on hygiene, nutrition, counselling (PSS) components
- Special emphasis was provided to women and their nutrition needs and development of organic kitchen gardens

“VHHDS : Village level “Village Help and Health Desks” were set up at each village of intervention for wider reach out and sensitizing villagers towards covid appropriate behaviour as well as NCDs.

“The VHHDs were in form of a tent or canopy with catchy displays and convincing messages. The VHHDs were also set up for checking of body temperature & O2 levels of villagers who visited the vaccination centers on the day of vaccination camps at PHCs. VHHDs were a means to promote information on CAB, vaccine registration and also on health schemes pertaining to NCDs. VHHDs were an effective tool to get the required information from villagers and also to promote the correct information on NCDs in some villages. VHHDs were installed for continuous 3-4 days for a few villages.

VHHD helped the villagers by disseminating correct information through the project staff and village volunteers. More than 55 Gram Panchayats from 3 blocks namely Kalmeshwar, Kampthee and Saoner were covered through these VHHDs. VHHDs provided information on Government health related Schemes like - Matru Vandana Yojana, Janani Surakhsha Yojana, Mahatma Phule Jivandai Yojana

Capacity Building : Through the NCD project interventions at 3 blocks in Nagpur District, IYW has tried to develop capacities of different stakeholders who are responsible for the Covid management and Health (NCD) management at village level. The main stakeholders were identified - such as PRI (Panchayat Raj Institutes) members, Angarwadi Sewikas, ASHA workers, CRPs, youth groups, Self Help groups, charity hospitals, PHCs, Sub Centers etc. IYW has organized structured workshops at their village level for more than 43 Gram Panchayats. The IEC provided by authorized agencies and Government departments were utilized for information dissemination and trainings on Health schemes and NCDs.

Partnerships with Stakeholders :- IYW has supported 55 Gram Panchayats by providing trainings on NCDs. Further, IYW has developed partnerships with 10-gram panchayats towards developing of the organic kitchen gardens and other Health level trainings.



Health Schemes :- IYW facilitated the information dissemination on Health Schemes to all the villages of intervention. Volunteers of the NCD project also promoted Health Schemes through pamphlets/information handouts in vernacular language. At village level, the Anganwadi Sewikas and ASHA workers are responsible for reaching the health schemes to every villager and IYW also supported its proper linkage through hand holding with PRIs and ASHA.

Advocacy and lobbying by IYW -

In order to gain traction with the community and support from various stakeholders in the eco-system including partners and donors, we have ensured a steady stream of information flow and dissemination of relevant IEC material. Another important medium to achieve well-being of the people is to advocate and build resilience of villages and communities.

``Meeting with Sarpanch and CEOs office and DHOs were undertaken at the District level. Letters of their approval towards NCD project implementation achieved right at the beginning.



``Cloth bag distribution is done to support Plastic Free Maharashtra Movement along with wash kit distribution

5.2.1 (regarding project objective 1): The direct target group understands that non-communicable diseases are one of the main causes of unhealthy living conditions.

- Screening with integration of the NCD cells
 - Haemoglobin testing camps have been organised in 6 villages of reach out. More than 250 samples have been tested and ladies with anamia (HB less than 7) have been identified. In this phase of project, measures to link such patients will be the priority. Organic Kitchen Gardens will also be promoted to serve as a solution to minimise iron deficiency anaemia.
- Awareness campaigns with monthly events and door-to-door visits
 - Already stated in above sections
- Measures against air pollution-
 - More than 450 trees have been planted at various locations in villages. Slum communities have been given 240 medicinal plants.
- Measures to improve the nutritional situation-

Capacity building training for 2 days to 59 women was imparted on Nutrition and Anaemia and development of organic kitchen gardens. After which in dec 2021, 4 well designed and nicely developed kitchen gardens have been development through expertise. Soil, fencing, and expertise have been provided by IYW. Whereas the seeds were given through another agency known as YUVA.

- 5.2.2 (regarding project objective 2): Village and slum dwellers use the state health facilities.
``Educating the target group about government health structures -During training, schemes on Health have been disseminated to the participants thus, enhancing their knowledge about the facilities and services that PHCs can render.
- 5.2.3 (regarding project objective 3): School children and students in colleges are sensitised to NCDs and can pass on this knowledge to their families
``Awareness raising and training in schools and colleges- With teachers and students, several events pertaining to rallies, trainings and competitions have been organised. (The statistics provided in previous sections)
- 5.2.4 (regarding project objective 4): Mediators in the educational institutions, paramedical staff of the NCD cells in the PHCs (approx. 37 persons) as well as members of the women's self-help and youth groups are able to educate the population in the target area, including school children and students, about NCDs.
``Point already covered in above sections.

3. Assessment of the ongoing course of the project by the private executing agency

In the year 2021, all prescribed targets have been met by IYW. We have reached out to specific population groups as per the proposal. All the sequential activities have been systematically and authentically implemented by IYW. All necessary permissions have been taken from relevant authorities for the implementation of activities.

Following activities as per proposal have been initiated and completed by IYW –

- A. Training of team and health volunteers – @IYW. 134, Shivaji Nagar-Nagpur -440010 and Lonara Training Centre-Nagpur



Objectives of training –

- ``To introduction the team members admin and discipline of office and the NCD project. Knowledge levelling and clarity on project proposal.
- ``To motivate and sensitise the participants towards effective interventions on NCDs. And planned project activities.
- ``Guide through the proposal approved by BMZ and set up an action plan for the year.
- ``To develop knowledge of participants on project formulation

Methodology –

The team introduced themselves and then had a mutual interaction for introduction and knowing each other. A Small game for introduction is carried out.

After this introduction, Director took them through a presentation on NCDs and also explained the Goal and Objectives of the project proposal. Later the details of strategies and activities were introduced.

The participants were given resource kit which contains the literature in Marathi and English on the chosen 4 NCDs namely – Cardio vascular diseases, stress management, eye care, anaemia and nutrition. The team was introduced with each NCD and also the current scenario of it in India and globally.

The team members were given appointment letters and job descriptions and each member was given details tasklist.

The process of the NCD project begins with a questionnaire survey. The format is devised by IYW on NCD theme and the same is explained in very detail to all the participants. The method of surveying - Door to Door survey was also told the volunteers. The queries and issues regarding questionnaires were discussed and resolved.

As survey is the first step in the project implementation, the team and volunteers were given the N95 masks, sanitisers, PPE kits (when required for health camps etc), soaps, bags, stationery , hand gloves etc for preparing them for the survey. This kind support is also given by the DIZ as a Covid relief Support. In addition, the surveyors were given vaporisers as well as food grains as 4 volunteers reside at the hostel of IYW.



In the 2nd capacity building workshop, NCD was given through orientation on questionnaire developed by IYW on the theme of NCD.

The questionnaire is developed based on various studies and Government level surveys and then 6 page format is developed as a draft to be pretested in the communities/villages. The questionnaire was then pretested in 2 slum communities and few queries and suggestions of the team were noted. New questionnaires are made more pointed and crisper so as to reduce the time of filling of the format at each household.

Contents of the Training –

The 3 days training programme was divided into following different themes –

- a. Introductory session and knowledge building on the project proposal
- b. Roles and responsibility of each team member
- c. Project formulation
- d. Location of project in urban and rural Nagpur
- e. Questionnaire and explanation
- f. NCDs and scenario and current status
- g. Difference between communicable and non communicable diseases
- h. Preventive measures and treatment
- i. Nutrition and calories
- j. NCD /NCD cells and preventive measures –

2. NCD office setting up-

A NCD office is set up at head office of IYW at 134 Shivaji Nagar -Nagpur. The entire office is set up with banners on NCD and all required information for the volunteers and the team. The banners/posters along with maps of urban and rural Nagpur are installed and thus the location maps are also available with the volunteers for reference of the travel/commutation.



3..Questionnaire surveys-



Objectives of door to door survey-

- e. To assess the awareness level of villagers pertaining to NCDs.
- f. To wide spread proper education and awareness through various innovative social tools in different sectors, across gender and all stakeholders.
- g. To get participation of GO-NGO and community in village level for healthy community concept.
- h. To distribute the WASH kits to the poor and in 3 blocks of Nagpur District covering 55 Gram Panchayats and 10 slum communities provided by BMZ.

4. Monthly Action plan –

Action plan on monthly basis have been developed and stakeholders mapping has also been done every month.



Weekly meetings are held at head office with team for monitoring on the action plan developed. The Director and Project coordinator guides the team for future interventions.

5..Celebration of hand washing days -



Handwashing steps recommended by WHO has been first taught to volunteers of IYW. The trained volunteers then organized about 28 group sessions of handwashing practices at rural Nagpur. Around 16 villages were covered in a period of 7-8 days. The GH week was celebrated from 11th to 18th Oct 2021 in 16-18 villages by IYW. Various social tools were used by IYW and sessions were organized skillfully with distribution of wash kits along with some snack and also asking the participants to demonstrate the same in front of the larger groups. Groups ranging from 18 numbers to 180 numbers were organized at different locations in and around the villages. Few sessions were organized at chowks in urban Nagpur with Schools in Nagpur.



In the 7-8 days period- 11TH to 18TH Oct 2021 , IYW has tried reaching the unreached through its different innovative social tools. Mobilisation strategies and innovative methods have been tried to get maximum participated of expected participants. IYW reached the following vulnerable groups from 16 villages –

- a. Women, mothers, lactating women
- b. Adolescents in age of 14-19
- c. Elderly population above age of 65 years.
- d. SHGs and PRIs

e. Remote villages



``Wall paintings at strategic locations have been done on the theme of CAB as well as NCDs



5. Reporting on requirements in the funding contract

[approx. 10 lines]

``Not applicable

6. Additional remarks

Inclusion of the COVID aspect in the educational work has been a key theme for the year 2021. COVID RELIEF SUPPORT has been provided by BMZ/DIZ and IYW is very thankful about the same. It is also the scenario of third covid wave in Maharashtra and on the background of this, the wash-kits provided by BMZ/DIZ have been so helpful and villagers have extended gratitude for the support. Following washkits have been provided by IYW to the beneficiary groups.

i. Purchase and distribution of sanitiser machines in 55 villages and 10 slums in Nagpur District as a Covid protection measure. – 100% purchases done and 70% distribution completed. (31 st Dec 2021)
ii. Purchase and distribution of N95 masks to 20000 souls (working population) for villages and slums in Nagpur District – – 100% purchases done and 70% distribution completed (31 st Dec 2021)
iii. Purchase and distribution of vaporisers to 7000 households in rural areas to poor households -100% purchases done and 70% distribution completed. (31 st Dec 2021)
iv. Purchase and distribution of sodium hypochloride (sanitisation liquid) - 10 litres for 65 villages and slums – 100% purchases done and 70% distribution completed. (31 st Dec 2021)
v. Big size display posters and awareness banners etc on Covid prevention for Gram Panchayats – 100% purchases done and 70% distribution completed. (31 st Dec 2021)
vi. Preventive measures for staff and gram panchayat members such as face shields , sanitisers, PVC movable partitions for office purpose and also during training programmes / awareness programmes - 100% purchases done and 70% distribution completed. (31 st Dec 2021)

Datum *[as in Part I]:*

Accounts summary sheets and budget-wise statement of accounts have been submitted to DIZ , revised and resubmitted on 20th Jan 2022, by IYW.

IYW'S EXPERIENCE IN HUMANITARIAN RESPONSE-

IYW's Covid relief support to communities -Indian institute of Youth Welfare, Nagpur, MAHARASHTRA-INDIA has been working towards upliftment of urban and rural families in Districts of Vidarbha region. We have been contributing towards women's empowerment, youth development, health, skilling, livelihood generation etc. Since last 5 decades. (since 1973). Our main motto is Reaching out to the vulnerable and providing them required and quality services in sector of health, education, Skilling, Livelihood, microfinance, training, rural and tribal development etc. With the goal to provide services to poor and needy, IYW has also been providing possible and required services to poorer section of society in and around Nagpur, during the pandemic- Covid 19 since the year Feb 2020. IYW has been involved in counselling of quarantine people in the city of Nagpur. Our trained counsellors', undertook online sessions for moral boosting and bringing in positive thoughts. IYW has also provided them stationary, books, magazines along with required clothing etc. Our outreach workers of Aids Control project supplied food grains, masks, sanitisers to the slum locality in Nagpur. We have reached out to truck drivers, migrant labours and single women and supported them with above services. Due to lockdown, the families were in distress and IYW also provided them daily needs, magazines and other required material. In year 2021, IYW is also undertaking the Skilling India training programme at our campus. We have trained 72 youths till 30th March and about 30 percent are selected for On Job Training and placement. The students were from remote villages with poor financial background. Their family sustain on daily wages which have been stopped because of lockdown condition. Most of the families do wage work and do some labour work in agriculture land, construction etc. The students are yet to get good placements(jobs) and thus, they are also not able to support their families in this lockdown. IYW has supported with Cash through a donation from Germany to these students who are away from home. IYW has supported its lower grade staff, communities and students through various resources from kind donors.

Interventions and support services towards pandemic outburst of VIRUS-COVID 19 in India

By

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SUPPORT WORK BY TRAINED COUNSELLORS OF IYW AT
QUARENTINE CENTRES OF NAGPUR IN YEAR 2020 -
MARCH APRIL. CLOTHING, BOOKS, DAILY NEEDS ETC.
COUNSELLORS UNDERTOOK TELEPHONIC SESSIONS
FOR QUARENTINE PEOPLE AT MLA HOSTEL CIVIL LINES,
NAGPUR





DISTRIBUTION OF FOOD GRAINS, GROCERY IN URBAN POOR LOCALITIES, SLUMS IN NAGPUR - YEAR 2020 - MARCH. CLOTHING AND NECESSARY DAILY NEEDS WERE ALSO DISTRIBUTED- mainly with truck drivers colonies, and migrant labourers colony communities (mainly packed food was organised in 14 communities)

SUPPORT DURING COVID 19 PANDEMIC IN FORM OF ORGANISING HEALTH CAMPS
DISTRIBUTION OF MASKS, SANITISERS TO STUDENTS (YEAR 2020 AND YEAR 2021)





WORKSHOPS WITH MEDICAL PRACTITIONERS, AWARENESS ON HAND WASHING PRACTICES, DISPLAYS OF POSTERS AND BOARDS OVER PREVENTION OF COVID 19 VIRUS - WORK OF 2020 AND 2021



Support to lower grade staff of organisation and covid struck villagers in the vicinity of training centre





OTHER ON-GOING PROJECTS AND/OR ACTIVITIES

Associated with Anaemia Free Maharashtra Forum - IYW is associated with SAHAYAK TRUST, Mumbai a foundation which works with a mission of “ Anaemia Free Vidarbha/ Anaemia Free India” by promoting Scientific Kitchen Gardens to meet the deficiencies of iron/folic acid and HB in especially, rural women. As about 53% women are still under the category of “malnourished” which causes to higher MMR, IMR or mentally retarded child. Tackling women’s health mainly the reproductive health and reduction in child mortality rate is our mission and thus, we have joined hands with Sahayak Trust to combat this grave problem. During 2019, demonstration models of round kitchen gardens and vertical gardens will be developed at the centres of IYW in Vidarbha. We will create a pool of around 50 Master Trainers in Vidarbha who would promote and educate people on Anaemia and about the utility of kitchen gardens and its actual implementation. IYW will undertake atleast 600-800 kitchen gardens or more in the villages of Vidarbha. Sahayak Trust will be the knowledge partner in this regard. A systematic data base and its analysis over a period of time will be done through regular follow ups.

Capacity building of Minority Women through NAI ROSHNI -- IYW is contributing to the Leadership Development programme for minority communities’ namely Muslims, Christians, Jains, Budhhists women in the City of Nagpur under the project Nai Roshni. A target of 125 beneficiaries in the age group of 15 to 65 years from Muslim community have been taken up and the themes on which training are undertaken are Leadership In Women, Financial Planning, Legal Rights, Economic Empowerment, Food And Nutrition, Life Skill Education, Self Help Groups And Social Reforms And Role of Women, Advocacy

and lobbying etc. SKILLING INDIA through DDU-GKY project - IYW is implementing Skilling India project under Deen Dayal Upadhyay Gramin Kaushalya Vikas Yojna in the year 2020. A target of 560 students has been managed at Lonara Rural Training Centre of IYW. It's a placement linked skilling programme of Government of India.

Artisan's welfare programme through Ministry of Textiles- Department of Handicrafts - IYW is an empanelled NGO with the DC-Handicrafts. IYW has been working with Handicrafts department for the upgradation of skills of traditional artisans. Terracotta and Bamboo. Two clusters selected for this purpose are 2 villages in Nagpur and 2 in Chandrapur district of Vidarbha.

Programmes of MSACS and ICDS - IYW is successfully implementing Integrated Child Development Scheme -ICDS since last 25 - 30 years. Anganwadi workers Training programme - AWTC and Middle Level Training programme -MLTC is a Government officials training programme in which we have trained around 3353 supervisors of around 36 districts & 67,067 villages covering around 3 lakh 17 thousand women and 8737 Anganwadi workers covering 4 districts and 1200 villages and 1 lakh 20 thousand women. The project is mainly to build capacities of Anganwadi workers and Supervisors so that they can serve the target groups and beneficiary group with appropriate services and awareness about women's health, mother and child health, pre-school education, nutrition / mal-nutrition, MIS and community mobilisation etc. The Project Managers of AWTC and MLTC are also on the State level Resource Committee.

Through the Maharashtra State Aids Control Society-MSACS guided by NACO - National Aids Control Organisation, IYW is working with 3 critical groups of Migrant labours, Female Sex Workers and long distant truck driver and helpers towards awareness and provision of services like regular check-ups, counselling, linking to ICTC, linkages to social schemes etc. The beneficiaries covered yearly are 1400 FSWs, 20000 truck driver and 1600 migrants.

Rural Development Projects at Chandrapur , Gadchiroli and Ralegaon - IYW works through its 3 centres at the above districts in the eastern part of Maharashtra - Vidarbha through its projects namely CBM - Community Based Health Monitoring under NRHM National Rural Livelihood Mission in 14 villages of Gadchiroli, Water-shed Development Project and Jal yukta Shivar project covering 18 villages in Chandrapur and Anganwadi workers training at Ralegaon centre. The activities include Formation and Strengthening of SHGs, Farmers Groups, Mahila Mandal, Kitchen Garden Mission, nutrition and Health issues of women etc. The project of Total sanitation and Water supply at Moharli village of Chandrapur has been supported by District Collectorate and Forest Dept as well as Gram Panchayat of Moharli. It is a co-venture of IYW with German Government and Indian Government. Around 250 households at Moharli have been provided with disposal system for grey water and drinking water supply at their houses thus minimising the burden of women fetching water from long distance.

APPROACH

The four major interventions proposed as part of the approach are:

1. COVID Appropriate Behaviors (CAB)
 - a. Reinforcement of Covid appropriate behavior through RCCE
2. Vaccination Drive promoting prevention from Covid-19 and well being
 - a. Vaccination and Health Help Desk (VHHD) as a complete one stop point for all health related queries
 - b. Build resilience of the community through implementation of hygiene measures, nutritious food from PDS and fair price shops, etc
3. WASH behaviors
 - a. Sanitation and hygiene kits for distribution and awareness
4. CAB+
 - a. Supplement healthcare services and related communication for vulnerable populations especially women and children.

Family Counseling & Guidance Center
Crime Branch, Nagpur

Run by

Indian Institute of Youth Welfare

134, Shivaji Nagar, Nagpur – 440010

Establishment Dated – 2 October 1995

Sponsored by

Central Social Welfare Board (CSWB)

New Delhi

Staff List:

Sr. No.	Name	Designation
1.	Mrs. Jaymala Dongare	Co-ordinator
2.	Mrs. Anita Rotele	Counsellor
3.	Mrs. Maya Burade	Clerk

Objective:

- The register the cases of atrocities against women.
- To provide guideline and counseling to families who have registered their complaint in our center e.g. on legal aspects.
- To provide opportunities for social economic development of client registered in the center.
- To build trust in client about counseling center and provide security to them.
- To empower the women to get justice through court.
- To strengthen the women's self- confidence.
- To provide shelter home's
- To provide psychiatric services.

Challenges:

- To handle the client's who are very aggressive and to get their participation in problem solving processes.
- Male non applicant who are often egoistic and adamant and consequently non-cooperative.
- To handle political pressures in some client's.
- To handle the situation between Right to Information Act and Confidentiality of the client.
- Often difficulties in transfer to officers because the new officer's perspective is different about the client.

Annual Report April 2020 to March 2021

Sr. No.	Month	Total New Cases Admitted	Compromises	Family Court	DV Act	No Response
1	April	-	-	-	-	-
2	May	03	Nil	02	01	-
3	June	07	03	03	01	-
4	July	12	01	06	02	03
5	August	10	04	04	02	Nil
6	September	04	01	03	Nil	Nil
7	October	01	01	Nil	Nil	Nil
8	November	03	03	Nil	Nil	Nil
9	December	12	03	9	Nil	Nil
10	January	07	03	02	01	01
11	February	05	02	02	01	Nil
12	March	03	01	02	Nil	Nil
	Total	67	22	33	08	04

26 February Mihila Balvikas Evaluation 2021



Online Board Evaluation



Sub- Committee Meeting - 1



- FCC परिक्षण मुल्यांकन जिल्हा महिला बाल विकास द्वारे- मा. श्री झोडे सर
- समाज कल्याण बोर्ड मुंबई द्वारे **Online** मुल्यांकन
- सब-कमेटी मिटींग - 1 (दिनांक 30/9/2020)
- जिल्हा सौरंक्षण अधिकारी व्हिडीट

**Interventions and support services
towards pandemic outburst of VIRUSCOVID 19 in Nagpur city
through IIYW**

Supported by

**DIZ –Germany
March to July 2021**

By

Indian Institute o Youth Welfare

134, ShivajiNagar|Nagpu#440010

[iiw.youthwel@gmail.com](mailto:iyw.youthwel@gmail.com)

SUPPORT WORK BY TRAINED COUNSELLORS OF IIYW AT QUARENTINE CENTRES OF
NAGPUR IN YEAR 2020 -MARCH APRIL. CLOTHING, BOOKS, DAILY NEEDS ETC.
COUNSELLORS UNDERTOOK TELEPHONIC SESSIONS FOR QUARENTINE PEOPLE AT MLA
HOSTEL CIVIL LINES, NAGPUR





DISTRIBUTION OF FOOD GRAINS, GROCERY IN URBAN POOR LOCALITIES, SLUMS IN NAGPUR - YEAR 2020 - MARCH. CLOTHING AND NECESSARY DAILY NEEDS WERE ALSO DISTRIBUTED- mainly with truck drivers colonies, and migrant labourers colony communities (mainly packed food was organised in 14 communities)

SUPPORT DURING COVID 19 PANDEMIC IN FORM OF ORGANISING HEALTH CAMPS
DISTRIBUTION OF MASKS, SANITISERS TO STUDENTS (YEAR 2020 AND YEAR 2021)





WORKSHOPS WITH MEDICAL PRACTITIONERS, AWARENESS ON HAND WASHING PRACTICES, DISPLAYS OF POSTERS AND BOARDS OVER PREVENTION OF COVID 19 VIRUS - WORK OF 2020 AND 2021



Support to lower grade staff of organisation and covid struck villagers in the vicinity of training centre





IYW has purchased and distributed the following material to our lower grade staff through DIZs kind support.

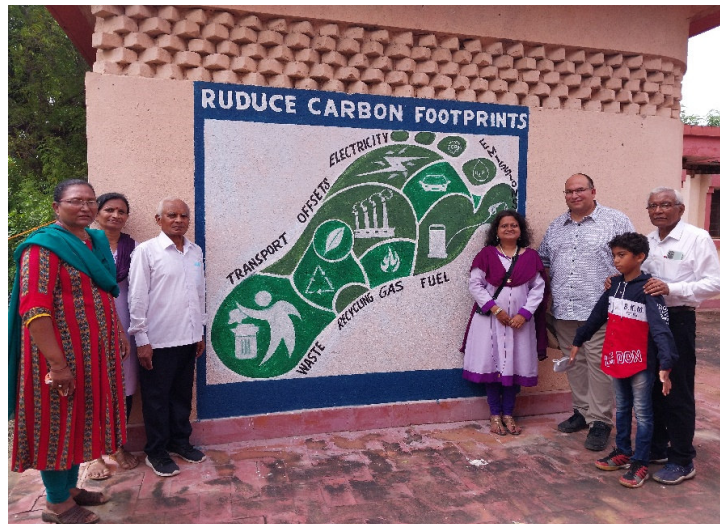
- a. Vaporisers (steam inhalers) 35 Nos.
- b. N95 masks = 100 number
- c. sanitisers, soaps- 2 each
- d. hand gloves– set of 10 each
- e. surgical masks- 10 masks each
- f. PPE kits – 1 PPE kit to nurse / technician and staff in Aids awareness project
- g. Grocery- wheat flour, edible oil, 2 cereals to each family

Around 35 families supported through this covid relief fund.

Mr AB Singh (staff manager), Mr Vinod and MFasate (sweepers who were covid positive 6 months back- now recovered) and all lady staff at bnarahave sent across lots of thanks for the donor. All the material is much useful to every family.

72 bank transfers have been done to the students who were on job or who were at home because of the sudden stoppage of the project due to increased risk of Covid in March 2021.

Brief Report
MICRO PROJECT
On
OFF GRID TECHNOLOGY MODEL
OF SOLAR PV PANEL
At Lonara campus of
Indian Institute of Youth Welfare-Nagpur





Theme – USAGE OF RENEWABLE ENERGY

DEMONSTRATION MODEL OF 2 KW UNIT – OFF GRID SOLAR TECHNOLOGY AT RURAL TRAINING CENTRE OF INDIAN INSTITUTE OF YOUTH WELFARE- NAGPUR

BENEFICIARY GROUP – RURAL AND TRIBAL TRAINEES/STUDENTS AND LOW INCOME CATEGORY WOMEN TRAINEES FROM BACKWARD AREAS OF VIDARBHA REGION IN



Renewable energy and its scope in India -

India, a rapidly growing economy with more than 1 billion people, is facing a huge energy demand. The country stands fifth in the world in the production and consumption of electricity. The electricity production has expanded over the years but we cannot deny the fact that the population of the country is also expanding. The power produced in the country is mostly from coal (53%) and it is predicted that country's coal reserves won't last beyond 2040-50. More than 72% population living in villages and half of the villages remain without electricity. It's high time that our country should

concentrate more on energy efficiency, conservation and renewable energy. To meet this surging demand, solar energy is the best form of energy to fulfil the energy needs of India and bridge the energy demand-supply gap.

India has tremendous scope of generating solar energy. The geographical location of the country stands to its benefit for generating solar energy. The reason being India is a tropical country and it receives solar radiation almost throughout the year, which amounts to 3,000 hours of sunshine. This is equal to more than 5,000 trillion kWh. Almost all parts of India receive 4-7 kWh of solar radiation per sq metres. This is equivalent to 2,300–3,200 sunshine hours per year. States like Andhra Pradesh, Bihar, Gujarat, Haryana, Madhya Pradesh, Maharashtra, Orissa, Punjab, Rajasthan, and West Bengal have great potential for tapping solar energy due to their location. Since majority of the population lives in rural areas, there is much scope for solar energy being promoted in these areas. Use of solar energy can reduce the use of firewood and dung cakes by rural household.

Advantages of Solar Energy in India

Some of the advantages of solar energy which makes it all the more suitable for India are as follows:

- This is an inexhaustible source of energy and the best replacement to other non-renewable energies in India.
- Solar energy is environment friendly. When in use, it does not release CO₂ and other gases which pollute the air. Hence it is very suitable for India, India being one of the most polluted countries of the world.
- Solar energy can be used for variety of purposes like as heating, drying, cooking or electricity, which is suitable for the rural areas in India. It can also be used in cars, planes, large power boats, satellites, calculators and many more such items, just apt for the urban population.
- Solar power is inexhaustible. In an energy deficient country like India, where power generation is costly, solar energy is the best alternate means of power generation.
- A solar energy system can be installed anywhere. Solar panels can be easily placed in houses. Hence, it is quite inexpensive compared to other sources of energy.

Awareness on renewable energy and Weltwarts programme-

Solar power in Germany consists almost exclusively of photovoltaics (PV) and accounted for an estimated 8.2 percent of the country's gross-electricity generation in 2019.^{[3]:41-51} About 1.5 million photovoltaic systems were installed around the country in 2014, ranging from small rooftop systems, to medium commercial and large utility-scale solar parks.^{[3]:5} Germany's largest solar farms are located in Meuro, Neuhardenberg, and Templin with capacities over 100 MW.

Germany has been among the world's top PV installer for several years, with total installed capacity amounting to 41.3 gigawatts (GW) by the end of 2016,^[1] behind only China. However, new installations of PV systems have declined steadily since the record year of 2011.^[6] It's estimated that by 2017 over 70% of the country's jobs in the solar industry have been lost in the solar sector in recent years.^[1] Proponents from the PV industry blame the lack of governmental commitment, while others point out the financial burden associated with the fast-paced roll-out of photovoltaics, rendering the transition to renewable energies unsustainable in their view.^[7]

Germany's official governmental goal is to continuously increase renewables' contribution to the country's overall electricity consumption. Long-term minimum targets are 35% by 2020, 50% by 2030 and 80% by 2050.^{[3]:6} The country is increasingly producing more electricity at specific times with high solar irradiation than it needs, driving down spot-market prices^[8] and exporting its surplus of electricity to its neighboring countries, with a record exported surplus of 34 TWh in 2014.^[9] A decline in spot-prices may however raise the electricity prices for retail customers, as the spread of the guaranteed feed-in tariff and spot-price increases as well.^{[3]:17} As the combined share of fluctuating wind and solar is approaching 17 percent on the national electricity mix^[citation needed], other issues are becoming more pressing and others more feasible. These include adapting the electrical grid, constructing new grid-storage capacity, dismantling and altering fossil and nuclear power plants – brown coal and nuclear power are the country's cheapest suppliers of electricity, according to today's calculations – and to construct a new generation of combined heat and power plants.^{[3]:7}

German Government is promoting the renewable energy usage and similarly India is also trying to use the solar energy widely and is generating awareness on use of solar power. IYW is also implementing a skill training programme on renewable energy i.e. Solar Photo Voltaic panel installation to trainees and other groups such as volunteers and German weltwarts volunteers.

The model of 2 kilo watt of off grid solar technology is installed at Lonara campus with the support of DIZ Germany with whom IYW is associated since last 9-10 years through the weltwart programme. The volunteers who stay at the lonara campus as work location will be trained in renewable energy and its usage as power and this installed model will be very useful for the awareness generation. IYW has expert trainers to train the weltwart volunteers in usage of renewable energy. In turn, the weltwart volunteers will get to know the benefits of solar power and spread knowledge about the same when they return to Germany.

INSTALLATION OF SOLAR PV PANEL OFF GRID MODEL -

INDIAN INSTITUTE OF YOUTH WELFARE with a vision to build capacities of urban and rural youths and women, wishes to develop its own training centre as an energy efficient training centre. Currently, IYW has installed

units for the waste water treatment, well water recharge, organic farming at the training centre. IYW is now trying to install renewable energy power such as solar power through grid technology systems. IYW has 1 model of 1 KV at 1 building in the training centre which has become very beneficial towards saving electric bills. We are trying to replicate such off grid technology models at its various buildings.



There are about 5 main building in the Lonara Campus such as administration building, classrooms, IT labs, domain labs, mess and dining area and residential blocks etc. IYW dreams to make use of solar energy to upto 100% by the end of year 2024.

The rural training centre undertakes mainly the education programmes for poorer population in Vidarbha region and backward region of Maharashtra. The programmes are pertaining to Skilling rural and tribal youths and other

programme is training of health workers from urban and rural areas of Nagpur/Maharashtra. The centre support thousands of poor people since 2001. The organization is a renowned NGO that has a head office at the city of Nagpur and has been serving various population groups and underprivileged people in the society.

IYW has called for quotations from renowned agencies for installation of off grid solar PV panel installation. Out of the 3 quotations received, the least quotation was selected and was given the work of installation of 2KW off grid model at the hall at Lonara campus.

The same was installed in a period of 1 month (end to end). This solar unit was inaugurated in a small function at Lonara Campus in which DIZ officials and other Weltwart network Partners also participated. The inauguration was organised by IYW during the Partner Networks meeting which was held at Ecumenical Sangam from 17th to 20th Aug 2022. The inaugural function of solar PV unit was on 17th Aug 2022. The unit was inaugurated by Dr Jona-DIZ.

The budget items are as follows -

S. No	Item
1	Purchase of 10 Nos PV poly panels
2	2 KW off grid solar system -gamma 2KVA/24V DC off grid- 2 units, 150 Ah battery – 2 Nos with 60 months warranty including GST , tax etc.
3	Material , transportation cost
4	Labour and coordination charges
5	Miscellaneous -display boards, information boards – big displays , name plates etc
6	Installation of electric cables etc

Benefits of 2KW unit –

The unit is successfully installed and is operation since last 2 months. The unit start operating since 17th Aug 2022. Following are the benefits of such a decentralized -off grid model.

- a. The conference hall where IYW organizes most of its conferences and meetings is now operating without electricity and is shifted to solar power. This has become a demonstration model for all stakeholders and it displays a quality model of solar off grid technology.
- b. The energy consumption of lonara campus -electricity taken from the Maharashtra state electricity board will be reduced in coming months because of the installation of this model.
- c. The power cut does not affect the meetings as the renewable power has a battery back up and even during the regular power cuts, lights and fans and AV aid operates on solar power. This helps in uninterrupted meetings and conferences.
- d. This unit will be useful for generating awareness to the volunteers in Weltwart Programme who will stay at the Lonara campus for various works.



GLIMSES OF INAGURAL FUNCTION OF SOLAR PV PANEL UNIT AT LONARA







THANK YOU.

INDIAN INSTITUTE OF YOUTH WELFARE-NAGPUR.



PROJECT – AROGYAM

Reduction in Nutrition and anaemia of women in Nagpur -Rural



by

Indian Institute of Youth Welfare

Plot no.134, Shivaji Nagar, Nagpur, Maharashtra 440010

www.iyw.org

Introduction:

Status of Anemia in India -

India stands low on the list of nations dealing with problems arising out of iron deficiency– it is 170th among 180 countries ranked for anaemia among women, 114th among 132 for stunting in children under five, and 120th among 130 for wasting in children under five, according to the Global Nutrition Report, 2016.

Iron-deficiency anaemia is directly linked to malnutrition and poverty. The Indian government has allocated \$5.5 billion (Rs 36,707 crore) to nutritional schemes such as the Integrated Child Development Scheme and the National Health Mission. This is \$700 million less than the estimated requirement, according to the authors of the nutrition report.

The government is also spending an additional \$31.6 billion (Rs 2.07 lakh crore) on other schemes to improve nutrition–the public distribution system and the Mahatma Gandhi Rural Employment Guaranteed Act, for example– but there are huge leaks in the system. Almost half the food dispatched never reaching beneficiaries, as IndiaSpend reported in January 2016.

WOMEN AND ANEMIA-

Anaemia is widespread in India. India carries the highest burden of the disease despite having an anaemia control programme for 50 years. Anaemia doubles the risk of death during pregnancy and leads to poor motor and mental growth in children. It can lower productivity in adults and cause a loss of up to 4% of gross domestic product, according to this study. This means a loss of \$113 billion or Rs 7.8 lakh crore, which is five times India's budget for health, education and social protection in 2018-19. Iron-deficiency anaemia was also the top cause of disability of India for 10 years to 2015.

Iron deficiency anaemia (IDA) is the commonest type of anaemia. Among women, IDA is common during childbearing years and particularly during pregnancy due increased demand of iron and folic acid. This leads to maternal and infant morbidity and mortality. IDA causes pallor, weakness and tiredness. This disorder has a negative impact on immune status and physical work capacity. It can impair cognitive performance in all individuals.

Anaemia and nutrition -

Nutritional Anaemia is a serious public health problem in our country. In India 59 % of children (6-59 months) and 53% of adult women (15-49 years) suffer from mild and moderate anaemia (NHFS- 4). According to WHO's report on 'Global Prevalence of Anaemia 2011', India ranks in the range of 40 to 59% in all groups including children from 6 to 59 months and all women in reproductive age (15-49). Anaemia is estimated to directly cause 20% of maternal deaths and indirectly account for another 20 % of maternal deaths in India. These figures have remained almost unchanged in the last five decades. Anaemia is hampering the cognitive and overall development of children. It reduces immunity and exposes people, particularly women and children, to many infections. Anaemia is directly impacting human life and indirectly impacting GDP, public health services and compromising development of the country. Regular consumption of a diverse mix of vegetables is well known to significantly help prevent and cure nutritional anaemia. Growing a small Organic Kitchen Garden for Nutrition (OKGN) is thus a simple, replicable, economically viable and sustainable solution for combating nutritional anaemia.

School going children need a nutritious and balanced diet in order to develop and grow well, to study, build immunity as protection from disease and to have the energy to get through the day. For the sake of their present and their future, they need to not only eat well, but also to learn how to eat appropriate nutrition-rich food and how to grow it without chemical toxins. Vegetables from the Organic Kitchen Gardens (OKGN) in the school can provide them these skills and can enhance school meals with micronutrient-rich vegetables.

VISION and MISSION -

Vision:

Healthy villages/Healthy women/healthy child through prevention of anaemia/iron deficiency anaemia

Mission

To aware rural women about problems of anaemia and nutrition needs of women and educate them towards healthy life style.
Developing capacity of women in developing organic kitchen gardens as a means of healthy living

GOAL -

Improvement in the status of anaemia in villages of Nagpur- Rural through awareness and education and developing of organic kitchen gardens in villages through trainings of Anganwadi Sewikas' and ASHA workers and Women Self-Help Groups.

IYW has developed expertise in training and development of organic kitchen garden which is also seen as a means to reduce and minimize anaemia in adolescents and women in reproductive age. Sahayak Trust -Mumbai is knowledge partner for IYW. Being organic in nature, it is a healthy option towards food habits. IYW will train the women's group from 4 villages in Nagpur-Rural in organic kitchen garden and demonstrate the same at their village level. (1 model in each village).

OBJECTIVES OF THE PROPOSED PROJECT-

- ❖ To support women from Rural Nagpur to combat anaemia and sustain a healthy lifestyle to help villages become anaemia free.
- ❖ To provide training to the influential women groups in rural Nagpur on the theme of organic kitchen gardens as a nutrition supplement and overcome iron deficiency anaemia.
- ❖ To develop few demonstrative kitchen gardens as pilot models in 4 villages.

DEVELOPMENT OF ORGANIC KITCHEN GARDEN: -

The simplest definition of a kitchen garden is a garden where vegetables, herbs, and fruits are grown for one's own consumption. This is related to the household garden definition which defines these gardens as a subsystem within a larger food procurement system which aims at the production of household consumption items that are not obtainable, readily available or affordable through other means including wage earning.

IYW will promote the scientific and organic way of growing vegetables and plants at individual rural households as a long term and sustainable means to reduce anemia in rural women and adolescents. This will support the family with necessary nutrients and proteins and vitamins, iron supplements to conquer anemia. The growing of organic kitchen gardens will be taught in scientific way to the beneficiary groups through the development of demonstrative models at each targeted village.

METHODOLOGY FOR THE PROPOSED PROJECT-

- **Organising haemoglobin check-up camps for “women in reproductive age” in 4 villages in Nagpur -Rural.**
- **Information dissemination at mass level and group level for promotion of Nutrition through women’s Self- Help Groups.**
- **Capacity building on organic kitchen gardens at individual level and community level whichever is possible**
- **Demonstration of kitchen gardening at each village - 4 samples 1 per village which includes supply of seed, space selection, soil preparation, organic insecticides, fencing etc.**



IYW has developed an organic kitchen garden at its own campus at Lonara and it acts as a demonstration model during trainings with various groups. IYW will support the women in combating anaemia through development of organic kitchen gardens at Individual level or at community level in future through its interventions.

Trainings will be facilitated through expert nutritionists and kitchen garden experts. The natural farming principals and its benefits will also be highlighted during the 2 days training.

Outcomes of pilot project –

“Influential Women’s groups are introduced with the problems of anaemia and need of nutrition who will in turn act as promoters for good health and nutrition.

“4 demonstration models of organic kitchen garden are available at 4 villages which could be replicated in future by individual women or at other nearby villages.

“Women understand the importance of natural farming and growing organic vegetables at doorsteps thus preventing the health of their families.

“Enhanced awareness amongst women about natural food / vegetables vis a vis anaemia and good health.

“Women becomes ambassadors of good health within their village and spread



Organic kitchen gardens as developed at Lonara training centre of IYW

