Deepak Foundation Projects Report

* Women & Child Development

  ➢ Safe Motherhood And Child Survival Project

I : Introduction

More than half a million women die every year of complications during pregnancy or childbirth. Majority of these deaths can be avoided if the existing medical interventions are made known. The key obstacle is pregnant women's lack of access to quality care before, during and after childbirth. Millennium Development Goal 5 (MDG 5) aims to improve maternal health and reduce maternal mortality by 75% by 2015. However, progress in reducing mortality in developing countries has been too slow to achieve the target. Investing in health systems - especially in training midwives and in making emergency obstetric care available round-the-clock - is the key to reducing maternal mortality.

Deepak Foundation with its focus on women and children had undertaken the Safe Motherhood and Child Survival project in 2003 in partnership with the Department of Health and Family Welfare, Government of Gujarat with the objective of reducing the maternal and infant mortality rate.

Why…

Severe complications during pregnancy and childbirth are the leading causes of death among women (of reproductive age) in India and worldwide.

In India:

- Every five minutes, a woman dies from complications associated with childbearing and delivery
- 15 percent of all pregnant women develop life-threatening complications
- 60 percent of deliveries take place at home
- Only 65 percent of women have a skilled birth attendant present at the time of delivery
- 60 percent of maternal deaths occur after delivery, but only 36 percent receive proper postnatal care

Goals

In accordance with Millennium Development Goals (1990-2015), National Population Policy (2000), National Rural Health Mission (2005-2012) and the Gujarat Population Policy (2002) goals, the project aims to achieve the following by 2010:

- Increase in institutional deliveries to more than 80%
- Reduction in Maternal Mortality Ratio to less than 100 per 100,000 live births
- Reduction in Infant Mortality Rate to less than 30 per 1000 live births

Target beneficiaries

Basically includes the Pregnant & nursing mothers with infants’ ≤ 12 months, Families of the
beneficiaries, Village leaders, Grassroot health workers and Development functionaries.

Where...

The project was initially started in the most underdeveloped tribal blocks of the district but now it covers all the 1548 villages of Vadodara District.

Processes

- Baseline survey was conducted to assess needs with the help of Foundation for Research in Health Systems, Ahmedabad
- The local tribal women who were able to read and write were identified and trained to work as Village Level Health Workers (VLHWs)
- Intensive orientation and refresher trainings were done for Traditional Birth Attendants (TBAs), Outreach Workers (ORWs), block level management staff and emergency staff. Training modules and IEC materials were prepared. Training components like BCC to identify danger signs, data recording and management and wall presentations of data; referring emergencies through emergency transport vehicles to promote institutional deliveries were done.
- Coordinating with the government staff and local elected bodies MLAs, Representatives Panchayati Raj Institutions (PRIs) and promoting people’s participation formed the basis of the entire Public-Private Partnership (PPP) model of the project.
- Gynecological and pediatric OPDs were taken up along with government medical college staff
- Project Implementation Team
- The administrative head in each block is the Block or Taluka Coordinator
- Other support staff includes the office assistant and the driver
- A reporter is appointed in each block who reports the maternal and infant mortality and provide case studies in the area for publication in the newspaper “Deep Jyoti”
- The Out Reach Worker (ORW) looks after the field activities of a cluster of 20-25 villages each and provides supportive supervision to the VLHW (Village Level Health Worker) and TTBAs (Trained Traditional Birth Attendant)

II : Project Implementation

Project Implementation Team

Package of Services Provided

With the aim of promoting Institutional deliveries, Deepak Foundation now provides a Comprehensive Package of Services to address the issue:
<table>
<thead>
<tr>
<th>Means of providing services</th>
<th>Purpose</th>
<th>Outcome</th>
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<tr>
<td>Behavior Change Communication Activities (BCC) (Interpersonal communication with community members and beneficiaries) at the grassroots level</td>
<td>Raise awareness about danger signs during pregnancy, post partum and neonatal period and identify mothers and infants at risk</td>
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<tr>
<td>24x7 Emergency Transport Facility (EmTF)</td>
<td>Refer high risk beneficiaries to the nearest health facility</td>
<td>As many as 12000 health emergencies have been addressed till date</td>
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<td>Reduce the delay in reaching a health facility, thereby attempting to prevent maternal and infant deaths</td>
<td>Efforts are being made to widen the network and cater to increasing demand by linking with other government vehicles and private operators</td>
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<tr>
<td>Comprehensive Emergency and Obstetric and Newborn Care (CEmONC) Unit</td>
<td>For catering to nearly 900 thousand tribal population</td>
<td>Provides services to more than 100 patients in a month</td>
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<td>24x7 Help Desk at District Hospital</td>
<td>Guide and counsel patients referred to district level hospital</td>
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<td>Formation and strengthening of Village Health and Sanitation Committees (VHSC)</td>
<td>Empower communities to demand efficient health care delivery system and quality health care services as per the guidelines of the National Rural Health Mission</td>
<td>According to the NRHM (National Rural Health Mission) guidelines, around 1000 VHSC have been formed which have started demanding health care service delivery</td>
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<td>Strengthening health care service delivery at the existing government health facilities</td>
<td>Activation of the Sub-Centres and Primary Health Centres through mobilization of local and health resources</td>
<td>within a short span of one and half years, 101 sub-centers and 19 primary health centers have been activated in the four tribal blocks of Vadodara district in association with the Government</td>
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Since its inception in the year 2005, the package of services has reached out to more than 100 thousand pregnant and nursing women and infants.

**Means Of Providing Services**

1. **Behavior change communication** at the grassroots level to increase the identification of danger signs and perceive the need to seek timely care. It includes Interpersonal Communication through Home Visits by VLHWs and TBAs Group Meetings and Gram Sabhas: Village and falia
meetings, film shows, skits, exhibitions, awareness programs and camps Fortnightly Gujarati
Newspaper: “Deep Jyoti” published as a supplementary insertion in a leading Gujarati newspaper
for community stakeholders

2. **Emergency Transport Facility (EmTF)** to transport emergency cases to the nearest health
facility. A Memorandum of Understanding (MOU) was signed with the Government of Gujarat in
this respect and the network was inaugurated on 12th August, 2005 and for rural blocks in July
2007. Its feature includes…

- Two 24×7 Emergency Control Rooms (ECR)- one at Bodeli for tribal blocks and one at
  Sir Sayajirao hospital, Vadodara for rural blocks
- A total of 17 vehicles, 5 from the government and 12 from the Foundation
- Mobile Phones are given to all drivers to take emergency calls
- Emergency Phone Numbers:
  1. 94267 24500, 9913800400 – tribal blocks
  2. 9426764300, 9979884300 – rural blocks
- A directory consisting of important telephone numbers in the blocks such as functional
  Government health facilities, block level officials like Block Health Officer (BHO),
  Taluka Development Officer (TDO) and Child Development Project Officer (CDPO),
  police stations, post offices, etc is maintained
- Linkages with Health Facilities available in the project area willing to receive emergency
  cases
- A token user fee of Rs. 2/- per km and 4/- per km is collected from users in tribal and
  rural blocks, respectively. From those who can afford to pay
- Training to all project staff associated with the project, including drivers to handle
  emergency cases.
- Management Information System: Log books to keep track of cases and accounts.
- The data is compiled and analyzed monthly to assess the utilization and are shared with
  the Government staff concerned i.e. District Development Officer (DDO), Chief District
  Health Officer (CDHO), Regional Deputy Director (RDD), Health Commissioner and
  partner NGOs

3. **Comprehensive Emergency Obstetric and Newborn Care (CEmONC) unit** to provide
emergency care for four tribal blocks. The 7-bedded CEmONC, built within the premises of
Community Health Center at Jabugam, Pavi Jetpur, was inaugurated by Sri S. R. Rao, Principal
Secretary, Department of Health and Family Welfare, on February 10, 2006. It serves as the first
emergency referral unit covering a population of over nine lakhs.

**Main Features of CEmONC**

- Round the clock availability of doctors (specialist and medical officers)
- Twice weekly OPDs
- Availability of lab technician and other support staff
- Free services including meals, medicines and baby kit
- Essential equipment such as sonography machine provided by the Department of Health
  and Family Welfare
- 24 hour referral
- Link up with Deepak’s Emergency Transport Network

**Setting up a Help Desk at District Hospital** to help access of quality health care by villagers. A HELP DESK at the Sir Sayajirao Gaekwad Hospital in Vadodara (District Government Hospital) was inaugurated on November 11, 2006.

- Three coordinators with mobile phones ensure that cases referred from the field receive immediate help at the hospital
- Patients are assisted in filling up case papers, procuring blood, etc.

**Other supportive activities include**

Strengthening of peripheral health facilities i.e. Sub Centers and Primary Health Centers.

- The Foundation has “activated” 101 sub-centers and 19 primary health centers in the four tribal blocks of Vadodara in association with the Government, within a short span of one and half years, to deliver basic health care services at the door step of the community, round the clock. VHWs and trained Traditional Birth Attendants are posted at these centers, arranging for water, electricity and telephone connections.

**Implementation Strategy**

**III: Village Health and Sanitation Committees**

**Towards Comunitization of Health and Development Services**

Deepak Foundation places high priority on the Comunitization process and has achieved good results in this field of community participation. Decentralized ownership, planning, monitoring, implementation & management at the village level as envisaged under NHRM has been put into practice in the Village Health Sanitation Committees (VHSCs) formed and activated by the Foundation in the tribal and rural areas of Vadodara District, to respond to the unmet need and demand for leadership among villagers.

The Foundation, undertook the comunitization process as part of its Safe Motherhood and Child Survival (SMCS) project utilizing its own budget for more than a year for this course of action. Till date, more than 1000 VHSCs have been formed. There are very few examples of this process in the country.

**Progress at a glance:**

- The Foundation, being a member of Jan Swasthya Abhiyan, was actively involved in drafting the plan for comunitization of health services under NRHM in partnership with Government of Gujarat.
- The process was initiated in 2005 through the Gram Sabhas in each village to generate awareness and seek consent of villagers.
• Capacity building of the VHSCs in planning, prioritizing of issues, budgeting, allocating funds and accounts and fund management was undertaken.

• Block level meetings were mediated by the Foundation to put forth the issues of the VHSCs to the block health and development officials. The recently held block level meetings (n=9) were attended by more than 2000 villagers, MLAs, Block development and health officials, local self government officials in which a number of issues were discussed and resolved. Around 500 applications regarding several health and development issues of the villages were sent to the respective government departments through the VHSCs.

• Village Health and Sanitation Committees (VHSCs) have been formed in 97% of the tribal villages. They have received village health fund (Rs.10,000 per committee) from the Department of Health and Family Welfare, Government of Gujarat.

• Attempts were made to encourage community contribution to the Village Health Fund (VHF) allotted to each VHSC and facilitate the planning for optimal utilization of the VHF as per their felt needs. Recently, the villagers have contributed around one lakh rupees to the existing village health fund and were involved in planning activities for their villages.

• Key health indicators of each village, as maintained by the local Village Level Health Workers (VLHWs) are displayed through wall paintings at designated public places.

Jan Samvads

‘Jan Samvads’ (people’s dialogue) were organized by Deepak Foundation, in all the tribal and rural blocks of Vadodara District, to provide members of the Village Health and Sanitation Committees (VHSC) an opportunity to put forward their demands before the local governance. In organizing these ‘Jan Samvads’, the Foundation performed the role of an interface between the government functionaries, elected representatives of the local self-government and the rural community, and facilitated the communication between the service providers and beneficiaries. The issues put forward by the communities in these blocks were predominantly focused on the requirement of roads, electricity, water, anganwadis, drainage system, sub-centers, and shortage of health staff in government health facilities.

We hope that these open dialogues will go a long way in building confidence and faith in the government machinery and promoting local community participation and action.

IV : Mobile Health Unit

The Government of Gujarat has undertaken several initiatives to improve health care services for the disadvantaged communities. One such initiative is to provide health care services through “Mobile Comprehensive Health Care Units” (MHUs). At present, there are 85 MHUs located in tribal, peri-urban, and in earthquake affected areas of the State providing reproductive and child health (RCH) services. Deepak Foundation, in partnership with the Government of Gujarat, undertook an operation of MHU. It served in the underserved areas in the interior and bordering areas of Primary Health Centers in Pavi Jetpur and Naswadi taluka in Vadodara district.

| MHU covers 54 most interior villages of Pavi Jetpur and 60 village of Naswadi block |
Type of Services:

• **Maternal and Infant Health:** Registration of beneficiary women is done village-wise by Mobile Health Unit. In every visit, the team carries out regular checkups of the pregnant and postpartum women, and newborn, including physical examination and other relevant tests, detection of anemia, administration of TT and distribution of IFA tablets.

• **Family Planning Services:** Health education regarding family planning methods, disease preventive measures.

• **Curative Health Services:** Curative treatment for ailments like fever, eye ailments, diarrhea and others. For fever cases, blood smear is collected for detecting malaria in close coordination with the government health centers.

• **Vaccination:** Basic immunization is provided to infants to protect them against major diseases like Tuberculosis, Diphtheria, Pertusis, Tetanus and Measles by BCG, DPT, and Poliomyelitis vaccines.

• **Laboratory Diagnostic services:** Laboratory investigations like hemoglobin, urine examination for sugar, blood smear for malaria are undertaken.

• **Basic First Aid:** Basic first aid is provided to those who are in need of immediate medical attention.

• **Emergency Transport Services:** The Unit also provides emergency services in close coordination with the Emergency Control Room (ECR) of the Foundation for referring emergency cases to the nearest health facilities like CHC / Comprehensive Emergency Obstetric and Newborn Care (CEmONC) unit / Private Health facility or to district level SSG.

The monthly route plan of the MHU and changes (if any) are informed well in advance to the ORWs and VLHWs. This plan is revisited every three months. The telephone numbers and PP numbers of all health facilities, VLHWs are available in the vehicle.

**Training:**

Project staff associated with the project is imparted training by experts frequently in identifying danger signals and to handle emergencies.

**V : Anemia Control Programme**

**Controlling Anemia to prevent Maternal Mortality**
Case Study...

Sunitaben Ramjibhai Solanki (name changed), 25, a resident of a village in Naswadi taluka, died on her way to district hospital, Vadodara on September 28, 2007. She was pregnant for the third time and had already lost two children. Her hemoglobin level was as low as 3g/dl, indicating severe anemia. The health facilities near her village were not equipped to control this problem at such a terminal stage. She took the facility of emergency transport service run by Deepak Foundation in partnership with the health department and came to District hospital, Vadodara, but it was too late. Fear of distance, of getting admitted in a “big” hospital, of blood transfusion prevents women like her from seeking care at the tertiary care hospital.

This is not an isolated incident. More than half (58%) of the maternal deaths occurring in the tribal blocks of Naswadi, Pavi Jetpur, Kawant and Chhota Udepur in Vadodara according to the survey by Deepak Foundation have been attributed to severe anemia.

Despite continuous efforts to reduce the maternal mortality in the tribal blocks, Maternal Mortality Ratio remains high (381/100,000 live births). Anemia appears to be a major contributor and needs to be addressed. Only providing Iron Folic Acid tablets as part of the government’s strategy may not be sufficient. A holistic program is the need of the hour.

Anemia Control Program (ACP) has therefore been initiated in all the blocks of Vadodara district as part of the Safe Motherhood and Child Survival Program. The broad objective of the Anemia Control Program is to improve the delivery of antenatal care services at the peripheral health centers for prevention and control of maternal anemia.

Multi pronged strategy for anemia control

VI : Training and MIS

TRAINING

The Foundation’s greatest challenge in effective implementation of the safe motherhood and child survival interventions, lies in the promotion of life-saving behaviors among the people of the remote areas. To achieve this, the Foundation has trained and organized its outreach health cadres from the local community – VLHWs and TBAs/Dais - to conduct behavior change communication in the community.

In every single village of the district the Foundation has sought support from community gatekeepers to select local women to provide maternal and child care services to each pregnant woman and nursing mother having a child below one year of age. The Foundation has established an extensive field network covering the entire district with around 2500 volunteers. These local volunteers are trained to create awareness among the beneficiaries and community at large about life threatening danger signals, motivate referral and support the government’s health delivery system. These volunteers have now been absorbed as Accredited Social Health Activists (ASHAs) under the National Rural Health Mission (NRHM). The Foundation is imparting training on ASHA module to 776 ASHAs of the tribal block under NHRM. Now ASHAs of non-tribal blocks of the district are also being given training by Deepak Foundation.
Apart from this, the Foundation also trains traditional birth attendants (TBAs) to motivate mothers for institutional deliveries, accompany them to health facility and promote post partum care and support. Till now, more than 1500 local women have been trained and employed to provide health care services to their own communities.

In recognition of its relentless work, Deepak Foundation has been identified by the Government as the nodal agency for the training of all ASHAs (Accredited Social Health Activists) in the Vadodara district.

**COMPUTERIZED MANAGEMENT INFORMATION SYSTEM (MIS)**

The MIS system was developed -

- to manage information at the grassroot level
- to carry out process and impact evaluation
- identify mid course modifications

**Process:**

The details of all the beneficiaries are recorded by VLHW at the village level and data entry is carried at at the block level. Key indicators are derived from the data on a monthly basis to review the progress and decide upon future strategy. Block Coordinators plan their monthly activities based on the review of monthly status of key indicators. Data and the indicators are shared within the organization in monthly meetings and also with the government health authorities for further planning and coordination.

**VII : Outcomes**

- More than seven hundred tribal women volunteers have been recognized as Accredited Social Health Activists (ASHAs) under National Rural Health Mission (NRHM)
- More than eleven thousand calls have been successfully attended through EmTF
- More than eight hundred deliveries have been conducted at the CEmONC
- Since 2006, more than 1300 deliveries have been conducted at activated sub-centers, and more than 3000 women have been referred to upper tiers of health facilities
- Increase in institutional deliveries from 14% in 2005 to 68% in 2008
- Reduction in MMR (Maternal Mortality Rate) from 430 to 381/100,000 live births and IMR (Infant Mortality Rate) from 57 to 48/1000 live births in last two years

**VIII : Sustainability Plan:**

The ultimate aim of the Foundation is to make itself redundant and steps are being taken to make the projects sustainable even after the withdrawal of the Foundation from the areas.

- The trained VLHWs to be absorbed as ASHAs or Link Workers in the government system.
- The network of ORWs to be utilized for monitoring and surveillance of village level functionaries, maintaining community level database and channel for social marketing of health and insurance products.
- The systems and the infrastructure of the Emergency Transport network, the CEmONC and the Help Desk to be handed over to the government.
Deepak Medical Foundation

Deepak Medical Foundation started its health-related activities way back in 1981 in Nandesari village, 20 km away from Vadodara. Initially, the activities started in the form of general OPDs. At present, a 15-bedded multispeciality hospital is operational which caters to about 50,000 rural population of nearly 33 surrounding villages. The hospital provides preventive and curative medical services to the local community as well as to the industrial workers. Currently, the hospital is staffed with resident doctors and efficient nursing and paramedical staff. The hospital has a well equipped operational theater, ultrasound machine, labor room and an intensive care unit.

Recently the hospital is being geared up as a CEmONC unit providing surgical services as well to the rural population. The hospital has also been recognized by the Government of Gujarat for providing services under the Chiranjeevi Yojana. In this scheme, services during delivery are provided free of cost to pregnant women from Below Poverty Line. On an average, 25 deliveries are conducted per month at the hospital.

Services Offered by DMF

- 24 hour medical services
- Round the clock ambulance service for any patient for any kind of emergency
- Specialist consultation in:
  - Obstetrics and Gynecology
  - Pediatrics and Neonatology
  - Ophthalmology and Cataract Surgeries

- Laboratory and immunization services
- Sonography facilities supported by Ministry of Health and Family Welfare
- Care and guidance related to reproductive health and sexually transmitted infections with emphasis on HIV/AIDS prevention
- Camps: General Health check-up camps, Laparoscopic Tubectomy camp, Blood donation camps, Cataract camps and others as needed

* Integrated Livelihood Promotion

Livelihood Projects

Empowering Women Through Livelihood Generation

The overall empowerment of women is crucially dependent on their economic empowerment as it can enhance the self-confidence and increase the 'bargaining power' of women in their families and communities. Keeping these ideas in view, the Foundation has promoted the formation of Self-Help Groups, Sangathans and Women’s Dairy Cooperatives to promote livelihood generation. It provides savings, credit and other development opportunities to women in the Nandesari, Chhota Udepur, Kawant and Naswadi blocks of Vadodara District and Halvad and Dhrangdhra blocks of Surendranagar District. The livelihood generation activities in the Surendranagar District were carried out under the Sustained Nutrition, Education, Health and Livelihood (SNEHAL) Project with Care India till December 2007.
**Women's Dairy Cooperative Society (Wdcs)**

The Foundation facilitates the formation and activation of the cooperatives. Today, there are 20 dairy cooperatives involving 915 members having a turnover of more than 68 lacs. The Foundation also provides support services like training and exposure visits for members and ensuring veterinary services and other services as per the need.

The women’s dairy cooperatives have opened wide horizons for the rural women. Fair price for milk, availability of fodder, knowledge about checking fat, dairy visits, availability of bonus, small credit facilities are some of the tangible benefits reported by the women. Some of the less tangible changes like higher esteem for women’s work, increase in self-respect and confidence, decision making ability, support from family members, ability to demand services and spend money for one’s own needs and so on have also been observed.

**Self Help Groups (Shgs) And Sangathan**

Till date, 208 Self Help Groups have been formed with total savings of more than 50 lacs between 3137 members. Besides income generating activities and seeking micro credit, the SHGs work on a range of issues such as health, nutrition, agriculture, forestry and watershed. The Foundation facilitates formation and strengthening of self-help groups of rural women in the Vadodara District and Surendranagar District. Sangathan groups are running in 10 villages of Nandesari for overall village development, with special emphasis on social and economic development. The aim is to provide a platform from where women can access public services and bank facilities and spearhead changes that affect them as poor women.

**Main Activities Undertaken**

- Food catering services
- Starting beauty parlors
- Preparation and sale of vermicompost
- Preparation and sale of newborn baby kits
- Vegetable plantation using scientific methods
- Production and sale of artificial jewelery and handicrafts items
- Production and sale of consumer products such as phenyl, detergent powder

**Pithora Paintings**

Pithora paintings are ritualistic paintings done by the men of the tribes, Rathwas, Nayaks and
Bhils of Gujarat and Madhya Pradesh. In Vadodara district, the art is carried out in Chhota Udepur and Kawant blocks. Pithora Painting is a unique art form in itself with several distinctive features and motifs. Even the material used is quite unique and the preparation of colors requires mixing of paints with milk and liquor prepared from the auspicious Mahuda tree. The bright colors and exotic designs depict a special aesthetic sense of the Lakharas who produce it. The motifs used speak about their history and everyday life in terms of the natural elements with whom they are intimately attached.

However, Pithora painting is a dying art in the tribal region, the main reason being the high expenditure incurred on the ritual of getting this painting made. The number of artists has gone down considerably over time, and presently there are only around hundred artists left practicing it. Though the art is done by the males, Deepak Foundation has introduced tribal women to the ancient art as an alternative source of income in the villages. For this purpose, the Foundation has initiated training programmes for women in making the traditional Pithora paintings.

Currently, 25 Self-Help Groups (SHGs) in 25 different villages are actively involved in this activity. Various products such as cloth files, clay flower vases, T-shirts, jute bags and many others have been developed with expert advice in both designing and marketing of the products. The products have also been exhibited at various platforms like Utsav, NGO melas and others. Many Government agencies, corporate organisations and premier educational institutes have become the customers for these products.

➢ **Kawant Livelihood Project**

**Kawant Livelihood Project (Kalp)**

Kawant is the most underdeveloped block of the State with majority of its population living below the poverty line. (Cowlagi Committee Report, 2006) It has been realized that the complete development of an area can be ensured by enhancing the livelihood of the population. Further, the experiences gained during the implementation of the Safe Motherhood and Child Survival (SMCS) project revealed that unless the livelihood needs of the population are catered, health intervention would not be effective. Based on extensive experience of the Foundation in successfully initiating a number of sustainable livelihood generation activities in rural and tribal areas of Gujarat, the Foundation has launched a holistic development program in Kawant using a multi-sectoral, multi-stakeholder, Public-Private-Partnership approach.

The Foundation has initiated Kawant Livelihood Project (KALP) under the Vanbandhu Kalyan Yojana of the Government of Gujarat, in the Kawant block of Vadodara district. Kawant has a tremendous potential for development through the creation of livelihood opportunities in the areas of agriculture, horticulture, water resources, dairy, education, and skills development and accordingly interventions have been planned in these sectors.

All the KALP activities will be linked up with the Village Health and Sanitation Committees (VHSCs) so that an integrated approach is followed.
Prime objectives of KALP
The prime objective of KALP is to create livelihood opportunities in the Kawant block so as to provide opportunities for income generation to at least 60-70% households. The existing resources and field network of the Foundation in Kawant under “Safe Motherhood and Child Survival Project” (in partnership with the Department of Health & Family Welfare, Gujarat) developed during the past five years (2004-9) has been the key outreach network for this project. In addition a multidisciplinary specialist team has been put in place with an experienced field team to implement the multitude of project activities of KALP.

Multi- Sectoral Plan

Key Sectors
The key sectors identified for the holistic development are:

1. Water (watershed & irrigation) & Sanitation
2. Agriculture & Horticulture
3. Diary
4. Education
5. Skills development
6. Health (SMCS project)

Watershed Development (30000 ha): Indo-German Watershed Development Project through the support of NABARD has been initiated in the 5 five villages: Narukot, Balagam, Mankodi, Bordha and Undva. Sharmdan has been done in these villages. Pre-Capacity Building Phase of the Project is ongoing. A total of 1200 ha. will be covered under this project. In addition through Rashtriya Krishi Vikas Yojana (RKVY), a large area will be given watershed treatment.

Agriculture & Horticulture: Integrated Wadi Agriculture Diversification Project (IWADP) was implemented through the sector and about 93.2 acres of area have been covered reaching out to 159 beneficiaries. Rashtriya Krishi Vikas Yojana (RKVY) has been sanctioned for the Kawant block - 1000 ha. wadi and 5000 ha. of improved agriculture will be done.

Animal Husbandry/ Dairy: Under this, ten Womens’ Dairy Cooperative Societies (WDCS) have been promoted. Dairy Cooperative Management training and capacity building of the WDCS members is also done.

Education: Setting up of School in Kawant Taluka (Class I to X) for 1000 students: Considering the poor quality of education and high drop out ratio, a secondary school has been planned in Kawant. Preliminary survey of existing schools to assess the need for improvement was also done.

Skill Development Centre (Residential Centre, providing training to 1000 students): A Skills Development Centre has been established to provide vocational skills to the tribal youth, for getting better livelihood opportunities through jobs and micro enterprise.

* Disaster Relief And Rehabilitation

Floods in Vadodara District (2005 & 2006)
The years 2005 and 2006 saw unprecedented rains in Vadodara district with heavy flooding in 85 percent of Vadodara. Thousands were rendered homeless. Deepak Foundation, in coordination with other NGOs, Municipal Corporation, District Collector and District Development Officer assisted the relief work for marooned persons.

Major activities undertaken were:

- Provision of food and other items of daily need to 3,000 families in rural areas in partnership with Care. Food packets were also distributed in the worst affected slums of the city through funds provided by the corporate body
- OPD and health camps conducted and essential medicines provided
- Disease and larvae surveillance undertaken and distribution of medicines to needy
- Chlorination, sanitation and health awareness activities carried out

**Earthquake – 2001**

In the year 2001 a powerful earthquake struck Gujarat, leading to massive loss of life and property. Deepak Foundation focused efforts to rehabilitate a village called Tikar Rann in Halvad taluka of Surendranagar district. Many members of the Deepak team donated their time and volunteered to undertake various tasks in the area.

The major activities carried out:

- Facilitated the opening of bank accounts so that the victims could claim and receive government earthquake relief funds
- Surveyed existing livelihood skills, formed Self Help Groups and accordingly implemented the 'Swashakti project', funded by the World Bank and the 'Livelihood Restoration Project' funded by the Department of Women & Child Development, Government of Gujarat for rebuilding livelihood and for capacity building of women with the ultimate aim of improving their quality of life after the devastating natural calamity

*Integrated Child Development Scheme*

The Foundation has been supervising the functioning of 40 Anganwadi centres in partnership with the Department of Women and Child Development, Government of Gujarat in villages surrounding the industrial area of Nandesari since 1996. These anganwadi centres cater to the nutritional and educational needs of nearly 9,000 beneficiaries including children (0-6 years), pregnant and lactating women and adolescent girls. Additional resources are provided by community participation and involvement of industrial associations for providing quality preschool teaching, uniforms and supplementary nutrition (additional milk, iron fortified biscuits and sweet meal). The Foundation has also signed a Memorandum of Understanding (MoU) with the Pune Municipal Corporation for operations and management of 47 balwadis in Pune, Maharashtra.

Anganwadis run by Deepak Foundation are unique in several ways:

- Additional funds are made available to provide variety in meals
- Innovative play methods and first-hand experience is given to preschoolers to make learning easier
• Invovlement of community is ensured through the recruitment of locals as preschool teachers
• Every year, uniforms are provided to children regularly attending Anganwadis in return for a token amount
• Regular health check-ups are conducted and the children are monitored through health cards
• Hb testing is done for adolescent girls under Kishore Shakti Yojna
• To make the environment stimulating for the children, renovation (white wash and curtains that are painted by the preschool children) of the the anganwadi centers was undertaken
• Capacity building of the preschool teachers, anganwadi workers and supervisors is done by academicians and professionals through participatory on-the-job training approach

The Foundation has also made a documentary film on "Public Private Partnership in Management of Anganwadis and Balwadis".

Various services are provided by the Foundation under the ICDS scheme which include:

• Health
  - Immunization
  - Health Check-up
  - Referral services

• Nutrition
  - Supplementary nutrition
  - Nutrition and Health Education

• Non-formal pre-school education

Health

Deepak Medical Foundation, a 15 bedded hospital in Nandesari supports the ICDS program by facilitating regular health check ups of children (3-6 years) and women. Apart from this, medical check ups of the children (0-6 years) are also done followed by the issuance of health cards for further monitoring. Hb testing of adolescent girls is carried out every three months for detection of anemia cases. Various competitions are organized (healthy baby, healthy food, anajvargikaran) to motivate the beneficiaries for involvement. In addition to these activities, ayurvedic kits are being given in four anganwadi centres on pilot basis.

Nutrition

To provide good quality food and to increase the nutritional level of the beneficiaries (children), the Foundation has set aside additional funds. Iron-fortified biscuits are also provided to both children and pregnant mothers once in a week. Milk to the children and Sukhadi to the pregnant and nursing mothers are made available through community participation. To impart nutrition and health education and behaviour change communication to women between the age group of 15-45 years, regular trainings and meetings are organized by the anganwadi workers and the Foundation’s ICDS team. Vail meetings are held to train and share information with the pregnant and nursing mothers about their developmental needs and the importance of breast feeding, weaning food. The trainings are also conducted through interpersonal communication -
using charts, posters and flash cards. Various games and competitions are also organized for mothers and children to involve them further in the process.

**Non Formal Preschool Education - An Innovative Experiment**

An innovative experiment has been undertaken by the Foundation to support pre-school education. To impart recreational-cum-educational learning to the children who come to anganwadi centers and for community participation, locally available community members like mothers, adolescent girls are selected and recruited as preschool teachers (numbering forty). The teachers are given an honorarium of Rs. 20/- per day. The preschool curriculum is planned and monitored by the Coordinator - Early Childhood Care and Education (ECCE) and Preschool teacher supervisor. For the child’s holistic development in terms of physical-motor development, language development, cognitive development, social development and emotional development, and for enhancing creativity, various Early Childhood Care and Education activities are planned.

**Strategies and Activities**

- Play-way method is adopted for conducting the preschool activities.
- Sessions with children are conducted in their local language.
- Weekly and monthly planning of the activities is done.
- Uniforms are provided by the Foundation to the children in order to bridge the gap between the privileged and the less privileged children and to promote regular attendance.
- Age appropriate activities are conducted with the children which involve implementing concept and theme based approach, developing Information Education and Communication materials, organizing competitions for children, preschool teachers and also inter-anganwadi competitions. Parental and community involvement and participation is solicited for events/exhibitions.
- Few interesting preschool activities that are carried out include painting work on curtains by the children, celebrating birthdays, festivals and Children’s Day, showing films on themes like Panchtantras, organizing field trips and introducing various concept based activities.
- Indigenous materials are used for conducting the activities and safety measures are ensured.
- Environmental stimulation and hygiene are considered as major components of the preschool program and thus efforts are taken to create stimulating and hygienic environment to children at the anganwadi centers.
- Home visits and parents meetings are regularly done.
- For the capacity building of the preschool teachers, exposure visits/trainings and meeting are planned monthly.
- Feedbacks and suggestions are taken from the Child Specialist, Nutritionist and Social Workers to improve the programme further

Foundation works closely with Government officials which includes reporting, documentation and meetings on a regular basis. Efforts are being made to work in close coordination with other organizations as well.

**Monitoring ICDS Activities carried out at the Anganwadi Centres**
For daily monitoring, a form has been developed by the Foundation team. The checklist/monitoring form includes indicators related to hygiene and sanitation of the anganwadi centers, cleanliness of the children and staff members, health and nutrition components, preschool activity, stock availability, records keeping and supplementary activities. The checklist is analyzed monthly and inputs are given accordingly. To share the data and trends of the ICDS program, monthly and annual presentations are done at the Foundation. The information is also shared with the CDPO’s and PO-ICDS at Zilla Panchayat.

In line with the Government of Gujarat’s ambitious Nirogi Bal Varsh activities, the ICDS team of the Foundation has set certain goals for itself to be achieved during the year, which would have long-term impact on the health, nutrition profile and overall development of children in the area.

**Goals of Deepak Foundation under Nirogi Bal Varsh**

| · To do medical checkup of all ICDS beneficiaries twice a year. |
| · To weigh all the children between the age of 0-6 years and increase the children falling in normal grade to more than 80%. |
| · Increase the percentage of children regularly attending Anganwadis (for more than 20 days) from 30% to 80%. |
| · Issue health card containing all the details, with the signature of the Medical Superintendent. |
| · Celebrate Mamta Day/Anemia Control Program every month at the AWC (AnganWadi Centres) with 80% attendance of the beneficiaries wherein healthy baby competition would be organized along with the demonstration of recipes using green leafy vegetables. |
| · To refer pregnant women or nursing mothers at risk and children in III and IV grade of malnutrition to DMF (Deepak Medical Foundation). |
| · To increase the attendance of pregnant women to 80% in ANC (AnteNatal Care) clinics. |
| · To make arrangements for safe drinking water and clean toilet facilities for anganwadi children. |
| · To organize Matru Mandal/Vali Mandal/Gram Arogya and Swachatha Samiti meetings every month with 80% women participation. |
| · To celebrate the birthdays of all children, falling in a month on a thursday of the month with support from local people. |
| · To raise awareness among women so that beneficiaries below the poverty line can take advantage of the ‘Janani Suraksha’ and ‘Chiranjeevi Yojna’ of the Government. |
· Every anganwadi to have facility of kitchen garden and to provide guidance for the same to the Anganwadi Worker.

· To undertake activities for physical and mental development of the children between 3-6 years of age.

· The status of anganwadi facilities should be written on the board.