

**Narrative Progress Report**  
**For the period of**  
**( 1june 2014 to 31 May 2015)**

**Project Name:**  
**Capacity Building of NGO'S and pegged around of Community  
Resource Center**

**Technical and Handholding Support by:**  
**Sathi U.P.**

**Submitted to :**

**Sir Dorab ji TATA Trust and  
the Allied Trusts, Mumbai**

**Submitted by:**

**Institute Of Social Development  
Chitrakoot(U.P.)**

## Narrative Progress Report

### 1. Basic Information

Name of CSO: Institute of Social Development

Project name: Capacity building of NGOs pegged around a Project of Community Resource Centers'

- Project period: 1.6.2014 to 31.5.2015
- Supported by: Sir Dorab ji TATA Trust and the Allied Trusts, Mumbai
- Technical and handholding support by: SATHI-UP
- Reporting period: 1.6.2014 to 31.5.2015

### 2. Brief Background of the Project:

This project has been conceptualized and planned to “collaborate for development initiative in Bundelkhand region.” In last two years; with the support of Tata Trust; SATHI-UP provided some basic capacity building inputs to CSOs of this region for their institutional and program management; and during this period the following things catalyzed to SATHI-UP for planning this particular project.

i) The Bundelkhand’s situation, lack of civil society actions and lack of efficient professional human resource.

ii) The Tata Trusts’ mandate to reach out to under-served areas, Bundelkhand being one of them and strengthening civil society in under-developed regions

iii) Lack of credible and potential CSOs who can undertake substantial scale of work in this region

iv) Bundelkhand is perhaps the only region with such poor development indices which has a large, dedicated, rural University (the vision is that all faculties would be geared towards rural development)

v) Different agencies dedicated to rural development of this region viz. the University, the Trusts, local implementing CSOs and SATHI-UP. However, despite the presence of all these actors, there is a lot to be desired for Bundelkhand.

The above-mentioned five things originated the idea of collaboration to do something together for the development of Bundelkhand region.

This project by 12 organizations of Bundelkhand region is a part of planned collaboration among Gramodaya University Chitrakoot, fresh graduates from this University, local implementing CSOs, SATHI-UP and the Tata Trusts. Through this collaborative arrangement; these five actors intend to provide relief to women, children and youths of 6000 poorest families as well as to create some cost effective & replicable family development models for this region.

This common one-year pilot project being implement by a group of 12 CSOs in 4 districts (Chitrakoot, Mahoba, Banda and Sonbhadra) which are under 100 on HDI. The overall goal and objective of this project is to provide basic services and support to poorest families of villages to improve their health, nutrition, education, food security, livelihood status at some extent.

### 3. Progress against the planned activities:

S. No.	Planned activities during period	Financial implication	Progress made against the planned activities
1	Base line profile and GP profile	Budgetary	Baseline profile and GP profile have been prepared. In which 566 families’ baseline data collected from each 2 GP.
2	Formation of Women Development Club (Mahila Vikas Dal) and regular monthly meetings	Non-budgetary	8 Women Development Club (Mahila Vikas Dal) has been formed at both GP level. In which 175 Women are associated with Mahila Vikas Dal.

3	Formation of Youth Development Club-Male (Yuwa Vikas Dal) and regular monthly meetings	Non-budgetary	5 Youth Development Club-Male (Yuwa Vikas Dal) has been formed at both GP level. In which 203 youth are associated with Yuwa Vikas Dal.
4	Formation of Youth Development Club-Female (Kishori Vikas Dal) and regular monthly meetings	Non-budgetary	5 Youth Development Club-Female (Kishori Vikas Dal) has been formed at both GP level. In which 116 Kishori are associated with Kishori Vikas Dal.
5	Formation of Children Club (Bal Vikas Dal) and regular monthly meetings	Non-budgetary	8 Children club (Bal Vikas Dal) has been formed at both GP level. In which 183 children are associated with Bal Vikas Dal.
6	Establishment of CRC	Budgetary	Community Resource Centre-CRC has been established in Two Gram Panchayat Kogadahiya at Panchayat Bhawan.and Khoh at Secretary Residence, Gram Panchayat CRC established.
7	Running village level Community Resource Center (CRC)	Non-budgetary	Two CRCs are running in the coordination and support of Youth and Kishori Vikas Dal. Community peoples are benefitting from CRC information/services.
8	Orientation and information about primary health care	Non-budgetary	Orientation and information generation activities being done through regular monthly meeting, with Mahila and Kishori Vikas Dal and home visit,health camporganized . ANM, ASHA and AWW also facilitating to pregnant women, lactating mother and adolescent girls for primary health care.
9	Weight measurement, anemia identification and referral services to access both public and private health care facilities	Non-budgetary	Children, pregnant women and adolescent girls primary health care services being provided by health service provider. Adolescent and women anemia test, children growth monitoring, referral services provided by ANM, PHC team.
10	Facilitation to access supplementary nutrition services from ICDS centers	Non-budgetary	Regular facilitation is going with pregnant women, adolescent girls, and lactating mother to access ICDS services. Community started to take services also services become improved.
11	Training on entrepreneurship development	budgetary	Entrepreneurship training was organized for youth and adolescent girls for their employment . It will increase their livelihood opportunities.

12	Developing youth as social change agent on line of citizenship development	Non-budgetary	Youth development process is running with youth group through skill training, orientation and counseling.
13	Perspective building of youth to work as social change agent and visioning for integrated development of village	Non-budgetary	Perspective building programme was organized for youth to work as social change agent. Youth became aware about the functioning of Gram panchayat and the programmes conducted by village Panchayat .How youth can work with community members as change agent and how they can transform community leadership capacity among community people.
14	Facilitating youth for the integrated development planning of village	Non-budgetary	Youth were trained for integrated rural development and microlevel planning.
15	Self-employment oriented counseling & skill development training to youths who have not completed their education	Budgetary	Self-employment oriented training (GYBI-Generate Your Business Idea) provided to selected youth of both GP. In 2 days training youth has facilitated from starting enterprise development or skill development through vocational training.
16	Career counseling for youth pursuing 10+2, graduation, post graduation or any other technical/professional courses	Budgetary	Career counseling has been done with yuwa and Kishori Vikas Dal members during monthly meeting of their Dal.
17	Personality development inputs	Budgetary	During the implementation it is reflected that need to youth and children engagement in sport activity for ensure their engagement in development activities. Provided sport material and guidance to youth, adolescent girls children to develop their through sport activities.
18	Running a small library	Budgetary	Small library has been established in both 2 GP. Children, youth and adolescent are benefitting from library learning material.
19	Providing scholarship to meritorious students whose parents are unable to afford his education (Every year for 20 youths-10 from each 2 GP)	Budgetary	Selection of 20 meritorious students (10 from each 2 GP) has been done. Scholarship provided in Dec 2014.
20	Organizing learning exposure trips for youths	Budgetary	Exposure trip was organized on 21 april 2015 for rural youth to Udamita

			Vidyapeeth, Arogyadham , Gaushala, and Semariya village. They saw the different models of enterprise, different models of farming, different types of cows, herbal garden etc
21	Personal health & hygiene and life skill dev. among adolescent girls	budgetary	Personal health & hygiene and life skill development activities are being done with Kishori Vikas Dal members. During Kishori Vikas Dal meeting and benefitting through home visit. Orientation to adolescent girls on personal health and hygiene practice, importance of sanitary napkin 89 adolescent girls benefitted .
22	Establishing linkages for procuring and supplying low cost sanitary napkin	Budgetary	Sanitary napkin was purchased and distributed among adolescent girls to create awareness about personal health and hygiene. Adolescent girls became aware and 93 adolescent girls started the use of sanitary napkins. Now their numbers are increasing.
23	Promoting home-made supplementary nutrition	Budgetary	This programme was organized among mothers with children in Kolgadahiya and Khoh Gram Panchayat aware them regarding locally available food items i.e. vegetable food grains like jwar, Bajra, Mka, etc. 96 children benefited to PD Hearth session
24	Providing supplementary nutrition to severely malnourished children	Budgetary	Supplementary nutrition was purchased and distributed among 44 malnourished children
25	Promoting girl child education	Non-budgetary	Girl's child education promotion activities being done in community through community meeting, regular interaction with community through home visits.
26	Preventing drop-out of children from school	Non-budgetary	Total 16 drop-out enrolled in school. Now they are going regularly in school. Organization doing effort for children retention in community so that they become engaged with education activities.
27	Engaging community through SMC for ensuring quality education	Non-budgetary	School Management Committee- SMC members identified after the regular interaction with school. One to one meeting have done with SMC members.
28	Capacity building inputs on (i) project concept & design (ii) baseline & end line tools (iii) community mobilization (iv) issue-specific inputs	Budgetary	Training organized for project staff capacity building 1. Project concept 2. Baseline tools, data tabulation

			<p>3.Entrepreneurs and vocational training concept building</p> <p>4.Adolescent health and gender</p> <p>5.Maternal and Child health</p> <p>6.Right to Education act 2009</p> <p>7.Video clipping and production</p> <p>8. Low cost sanitary napkin production and awareness training.</p>
29	Monthly planning and review meeting by project team	Non-budgetary	Regular monthly planning and review meeting organized at project level and 9 meeting organized at partner level.
30	Farmers exposure visit	Budgetary	Farmers exposure visit was organized on 13 May 2015 to Krishi Vigyan Kendra, Majhgawan Udumita vidyapeeth, Arogyadham, Gaushala, Semariya village for awareness generation. 22 farmers benefited from exposure visit.
31	Promoting home based nutrition in community through awareness generation & services to children & adolescent girls	Budgetary	These programmes were organized in Khoh and Kolgadahiya villages to promote home based nutrition among children and adolescent girls. Demonstration were organized with community members.
32	Orientation to adolescent girls on personal hygiene practice & importance of sanitary napkin	Budgetary	This programme was organized on 13 May 2015 at Khoh village. Adolescent girls of Kol and Khoh village were 89 adolescent participated. Dr. Shailaja from Jankikund hospital was as expert in this orientation programme. She talked about personal hygiene and health of adolescent girls and use of sanitary napkins and etc..
33	District level program reflection workshop with govt. functionaries, media, local CSOs and community	Budgetary	District level workshop was organized on 21st May-2015 in Shringar Palace at Chitrakoot District headquarters. Stakeholders from different government departments, doctors, representatives of administration participated .and 60 community member participate this event.
34	Making video-clippings to show in other areas for awareness creation	Budgetary	Video clipping/documentary has been prepared by the external consultant. .
35	Annual review of the individual project by SATHI-PSU member/s	Non-budgetary	Annual review was organized in RSS, Allahabad with Sathi on 25-26 May, 2015

#### **4. Activity-wise detail description of progress:**

#### **4.1 Base line profile and GP profile:**

Baseline survey has been done in 566 families of both 2 Gram Panchayat Kolgadhiya and Khoh. After the completion of survey we analyzed the data and prepared presentation for hamlet and GP level data dissemination. Data Dissemination workshop has been organized at hamlet and GP level with the participation of service provider and community. Discussion held on causes of problems and need their participation to resolve the problem. Baseline profile and GP profile have been prepared based on baseline process and fact, finding of baseline.

#### **4.2 Formation of Women Development Club (Mahila Vikas Dal) and regular monthly meetings:**

8 Women development Club (Mahila Vikas Dal) formed in 2 Gram Panchayat. During the baseline data dissemination at hamlet level and GP level; facilitation has done for collectivization of different section like youth, women, kishori and children based on their problem. Regular community meeting and interaction/facilitation also has been done for formation of Vikas Dal at community level. In 8 formed Mahila Vikas Dal 175 women are the member of Vikas Dal. Regular monthly meeting is going with vikas dal and facilitated to them Vikas Dal formation objective, women primary health, children education, entrepreneurs' development. 9 regular monthly meeting has been organized with each Mahila Vikas Dal. Women coming in regularly in meetings and project level activities.

#### **4.3 Formation of Youth Development Club-Male (Yuwa Vikas Dal) and regular monthly meetings:**

5 Youth development Club-Male (Yuwa Vikas Dal) formed in 2 Gram Panchayat. During the baseline data dissemination at hamlet level and GP level; facilitation has done for collectivization of different section like youth, women, Adolescent and children based on their problem. Regular community meeting and interaction/facilitation also has been done for formation of Vikas Dal at community level. In 5 formed Yuwa Vikas Dal 203 youth are the member of Vikas Dal. Regular monthly meeting is going with vikas dal and facilitated to them Vikas Dal formation objective, skill development, career counseling, entrepreneurs, CRC and small library implementation. 9 regular monthly meeting has been organized with each Yuwa Vikas Dal. Youth support to village development plan.

#### **4.4 Formation of Youth Development Club-Female (Kishori Vikas Dal) and regular monthly meetings:**

5 Youth development Club-Female (Kishori Vikas Dal) formed in 2 Gram Panchayat. During the baseline data dissemination at hamlet level and GP level; facilitation has done for collectivization of different section like youth, women, kishori and children based on their problem. Regular community meeting and interaction/facilitation also has been done for formation of Vikas Dal at community level. In 5 formed Kishori Vikas Dal 116 Kishori is the member of Vikas Dal. Regular monthly meeting is going with vikas dal and facilitated to them Vikas Dal formation objective, primary health services for adolescent girls, personal health and hygiene practice, career counseling, entrepreneurs, CRC and small library implementation. 9 regular monthly meeting has been organized with each Kishori Vikas Dal. Adolescent girl regular participate in VHND and demanding health and nutrition services.

#### **4.5 Formation of Children Club (Bal Vikas Dal) and regular monthly meetings:**

5 Children Club (Bal Vikas Dal) formed in 2 Gram Panchayat. Children have been facilitated through regular interaction, game activities and meeting in school for formation of children club. Parents and families members facilitated for children development and engagement in education. In 5 formed children club 129 children are the member. Learning activities, games and orientation session on personal hygiene, importance of education, hand wash practices has been done with children group. During monthly meeting organize creative activity competition. Enhance children capacity on vocal, moral and learning .

#### **4.6 Establishment of CRC:**

Meeting has done with community about the concept of community resource centre and its establishment. Through the meeting with community and stakeholders place finalized for CRC in 2 GP. In the consultation and support with SATHI-UP team CRC material has been designed for CRC. All the 12 partners CRC centre IEC material has printed at one place. Other required material also purchased by the organization. In the participation of community and community service provider Community Resource Centre established and inaugurated. Different govt schemes guideline flax, sports material,application form and learning material displayed at CRC

#### **4.7 Running Village Level Community Resource Centre(CRC):**

Community Resource Centre (CRC) is established in non rented building (Public place). Kishori and Yuwa Vikas Dal members opening the CRC centre in the coordination of CRC coordinator. Community peoples visit regular increasing at CRC and they are benefitting from CRC services. Organised activity through CRC centre- Monthly meeting of Vikas dal,GYBI training, Vocational, Personality development activities, Providing supplementary Nutrition, Low cost sanitary napkin etc.

#### **4.8 Orientation and information about Primary Health Care:**

Orientation and information generation activities have been done through regular monthly meeting with 8 Mahila Vikas Dal. ANM, ASHA and AWW also facilitating to pregnant women, lactating mother and adolescent girls for primary health care. In which orientation held on pregnant women ANC services- pregnancy registration, TT immunization, 3 tests, BP test, urine test, weight measurement and required supplementary and nutrient food during pregnancy period. Mahila Vikas members also facilitated about PNC checkup, supplementary nutrition food and ICDS services.

#### **4.9 Weight measurement, anemia identification and referral services to access both public and private health care facilities:**

Children, pregnant women and adolescent girls primary health care services being provided by health service provider. Adolescent and women anemia test, children growth monitoring, referral services provided by ANM, PHC team. Following the detail of adolescent girls, women and children received services

Weight measurement details are the following-

Children (0-5 years) Growth Monitoring: 316

Pregnant women TT vaccination: 101

Adolescent girls weight measurement: 29

Adolescent girls TT immunized: 180

Anemia screening of adolescent girls: 139

Anemia screening of women: 18

Children referred at NRC (Nutrition Rehabilitation Centre): 6

#### **4.10 Facilitation to access supplementary nutrition services from ICDS centers:**

During the monthly meeting with Mahila and Kishori Vikas Dal facilitated to members to access supplementary services from ICDS centers. Community peoples have started to visit at ICDS centers for supplementary services also AWW have started to open regularly AWW. Following the detail of received supplementary nutrition services from ICDS

Children (0-5 years): 150

Pregnant women: 173



Lactating mother: 70

#### **4.11 Training on entrepreneurship development :**

45 days entrepreneurship development training was organized by Tara Livelihood orachha in both CRC Khoh and Kolgadahiya Gram Panchayat. 20 participants (19 female and 1 male) participated in commercial stitching. Main objectives of this training was to provide employment and own business setup opportunities after training. 8 female are doing their business and self dependent. Second trade mobile repairing training organized 20 days. 10 youth benefitted both GP. Among them 3 youth are working as self dependent and repairing mobile

#### **4.12 Developing youth as social change agent on line of citizenship development:**

From the baseline period youth became mobilized as social change agent in line of citizenship development. Youth group formed at village level in both GP; for their own development and making their engagement in village development process. During the monthly meeting and regular interaction youth development process going.

#### **4.13 Perspective building of youth to work as social change agent and visioning for integrated development of village:**

During monthly meeting with yuva vikas dal regularly facilitate on perspective building of youth. Perspective building programme was organized for youth to work as social change agent. Youth became aware about the functioning of Gram panchayat and the programmes conducted by village Panchayat. How youth can work with community members as change agent and how they can transform community leadership capacity among community people? CRC worker discussed with them about different stakeholders and government department activities i.e. health, education, Panchayati Raj , Women and child development, agriculture, horticulture, NHM, ICDS, Block Development Office, Anganwadi etc

#### **4.14 Facilitating youth for the integrated development planning of village:**

Youth were trained for integrated rural development and micro level planning. Training was provided about school management committee, watershed development programme, agriculture planning, successful organization of VHND, youth personality development and leadership programme, primary health care, women and adolescent girls health, personal health and hygiene, skill development for better livelihood opportunities, organic farming, vegetable farming, kitchen gardening etc..

#### **4.15 Self-employment oriented counseling & skill development training to youths who have not completed their education:**

In the coordination of SATHI-UP; Tara Livelihood Academy (TLA) facilitated to youth and women for skill development training. Self-employment oriented counseling training (GYBI-Generate Your Business Idea) organized at both GP level. In which 40 youth, women participated. TLA (Tara Livelihood Academy) team trainer facilitated to participants to start small enterprises or self employment through vocation training. Participated participants trades have been identified for training and start enterprises/linkages

#### **4.16 Career counseling for youth pursuing 10+2, graduation, post graduation or any other technical/professional courses:**

Career counseling activities have done with youth (Both male and female). During the monthly meeting of Yuwa and Kishori Vikas Dal; project staff facilitated to youth and adolescent for their career option, academic education and vocational training. One day career counseling workshop organized on 21st April 2015 for youth by Dr. Sanjay Mishra. 44 youth benefitted both GP.

#### **4.17 Personality development inputs:**

During the monthly meeting of children, adolescent and youth group discussion held on personality development and find out that sport activities for children and youth is the big tool for personality development. In the consultation of group members; sport list have been prepared. As per prepared list

sport material purchased and provided to group members. Now group members become engaged in sport activities and their participation become low in gamble activities.

#### **4.18 Running a small library:**

Small library has been established in both 2 GP at Community Resource Centre-CRC. Small library books available on health related, general knowledge, personality development and story, jokes etc. Children, youth and adolescent are benefitting from library learning material.

#### **4.19 Providing scholarship to meritorious students whose parents are unable to afford his education (Every year for 20 youths-10 from each 2 GP):**

Programme team member organized community meeting in both village with target community's family; to discuss about scholarship programme. This was programme objective that scholarship will be provided to meritorious students whose parents are unable to afford their education. Community member selected 10 from each village. Total 20 students were selected for scholarship who were going regularly school, needy to study in future also and really poor. Scholarship provided to 20 meritorious students 10 from each 2 GP. Scholarship money utilize in admission fee, purchase books and school dress, 1 student purchase bicycle for going to school.

#### **4.20 rganizing learning exposure trips for youths:**

Exposure trip was organized for rural youth to Udamita Vidyapeeth, Arogyadham, Gaushala, and Semariri village. They saw the different models of enterprise, different models of farming, different types of cows, herbal garden etc.. 30 youth participated. They were surprised to see the different development models. They discussed with scientists and decided to apply in their own village.

#### **4.21 Personal health & hygiene and life skill dev. among adolescent girls:**

During the regular monthly meeting of Kishori Vikas Dal health and hygiene input provided to adolescent girls. CRC coordinator conducting regular meeting with Kishori Vikas Dal and done orientation of then on personal health, best hygiene practice, life skill development as per set/focus agenda of meeting. Adolescent girls have started demand for sanitary napkin and their regular counseling.

#### **4.22 Establishing linkages for procuring and supplying low cost sanitary napkin**

Sanitary napkin was purchased and distributed among adolescent girls to create awareness about personal health and hygiene. Adolescent girls became aware and started the use of sanitary napkins. 93 adolescent girls are the member of this group and they are using without any hesitation. They have changed their traditional behavior of sanitary napkins. Now their numbers are increasing to adopt neat and clean method.

#### **4.23 Promoting home-made supplementary nutrition**

These programmes were organized in Khoh and kolgadahiya villages to promote home based nutrition among children and adolescent girls. Demonstrations were organized with community members. The main objective of this programme was to use locally available food material. How can mothers provide nutritious meal to their children in minimum cost? It was discussed how they can develop their kitchen gardening and get green vegetables at low cost.

#### **4.24 Providing supplementary nutrition to severely malnourished children**

Supplementary nutrition was purchase and distributed among malnourished children. It was very beneficial to them. Children became healthy. 44 malnourished children were benefitted from this programme. 20 children became normal and remaining 24 are in process. They will be also improving in near future.

#### **4.25 Promoting girl child education:**

There is a custom of child marriage in this area. We have discussed with parents about those girls, who are not going to the school. We provided counseling services them. After long discussion guardian

became ready for their enrollment. 6 girls in Kolgadahiya village were engaged in domestic work and they were not going to school. Due to our effort 6 girls enrolled in school and they are regularly attending the class. Girl's child promotion activities are regularly going with community.

#### **4.26 Preventing drop-out of children from school:**

Drop-out children and out of school children data collected by the project team during baseline survey. CRC team discussed with parents and conducted School Chalo Abhiyan in community for children enrollment in school. In the coordination of school teachers meeting has done with community for children regularity and enrollment in school. From these effort 16 drop-out/out of school children enrolled in school. Regular follow-up are being made by the project staff for their regularity in school.

#### **4.27 Engaging community through SMC for ensuring quality education**

SMC (School Management Committee) hasn't recognition in community as well as members also don't know that they are members of SMC. Project has taken initiative to know the SMC members and done one to one interaction with them on their role and regular organizing SMC meeting. Members of SMC become sensitized on their role and started to do monthly meeting of SMC.

#### **4.28 Capacity building inputs on (i) project concept & design (ii) baseline & end line tools (iii) community mobilization (iv) issue-specific inputs**

In the coordination and facilitation of SATHI-UP; Capacity building inputs provided to project staff need base and issue specific. Details are following; capacity building input provided to project staff-

<b>Sl.</b>	<b>Date</b>	<b>Capacity Building input/training</b>	<b>Participants from organization</b>
1	28 May 2014	Training/orientation on project concept	Project manager and project Director
2	16-17 June 2014	Baseline tools and data tabulation	Project Manager and CRC coordinator-2
3	28-29 Oct 2014	Adolescent health and gender	CRC coordinator-1
4	7 Nov 2014	Entrepreneurs and vocational training concept building	Project Manager and CRC coordinator-2
4	17-19 Nov 2014	Maternal and Child health	Project Manager and CRC coordinator-2
5	29-30 Nov 2014	Right To Education act 2009	Project Manager and CRC coordinator-1
6	29-31 Dec. 2014	Video clipping and production	Project Manager
7	26-27 Feb. 2015	Low cost sanitary napkin awareness and production	Project Manager and 1 volunteer

#### **4.29 Monthly planning and review meeting by project team**

Monthly planning and review meeting regularly organized with project team at project level. In which CRC coordinator, project manager and project director will do plan for next and do review of current month implemented activities. At partner level monthly planning and review meeting organized from Sept'2014. Till now 3 monthly planning and review meeting organized at partner level.

#### **4.30 Farmers exposure visit**

Farmers exposure visit was organized to Krishi Vigyan Kendra, Majhgawan Udamita vidyapeeth, Arogyadham, Gaushala, Semariya village for awareness generation. 22 farmers participated .in this

exposure visit. They knew the new vegetable farming, agriculture farming, horticulture farming, paddy farming, organic manure, and so many new things.

#### **4.31 Promoting home based nutrition in community through awareness generation & services to children & adolescent girls**

These programmes were organized in Khoh and kolgadahiya villages to promote home based nutrition among children and adolescent girls. Demonstrations were organized with community members.

#### **4.32 Orientation to adolescent girls on personal hygiene practice & importance of sanitary napkin**

This programme was organized in Khoh village. 89 Adolescent girls of Kol and Khoh villages were participated in this orientation programme .Dr.Shailaja from Jankikund hospital was as expert in this orientation programme. She talked about personal hygiene and health of adolescent girls and use of sanitary napkins, anemia, malnutrition among adolescent, cause's effects of early marriage among illiterate class, gender discrimination in their own families etc.

#### **4.33 District level program reflection workshop with govt. functionaries, media, local CSOs and community**

District level program reflection workshop organized at district Banda (Rama Vatika guest house) on dated 21 May, 2015. In organized event almost 300 community peoples, local CSOs, media representative and govt official participated. SDM Mr. C.P.Upadhyay was the chief guest of this program. Community peoples shared their views regarding the implemented program and also demanded from govt department to necessary support for their community development. Participated actor of development; recognized the program effort and ask to work at larger level with this intervention model.

#### **4.34 Annual review of the individual project by SATHI-PSU member/s**

Annual review workshop organized by SATHI-UP at Allahabad on 25-26 May, 2015. In which project director, project Manager and CRC coordinator of each 12 partner CSOs participated. Through the experience sharing power point presentation and discussion review have been done. During the workshop planning also has been for future regular intervention of CRC for making mobilization in community.

#### **4.35 Making video-clippings to show in other areas for awareness creation**

Video documentary films have been prepared by the external consultant Ms. Ayushi Singh. Organization made ToR with consultant and organization for completion of video documentary. As per plan with consultant video shoot done at community level. Editing and mixing of video documentary done by the consultant.

### **5. Capacity building inputs/trainings and technical handholding support received from SATHI-UP (also details of field visit made by the SATHI-UP and SDTT representative)**

#### **A) Capacity building input/training and handholding support provided by SATHI-UP**

SATHI-UP provided technical handholding support from the starting of project intervention like village selection, baseline survey, data tabulation, report writing, community mobilization, planning, monitoring and establishing organizational system HR management, finance & accounting, office establishment, formation of CASH committee. SATHI-UP coordinated to organization for linkages with trainer for different type of issue specific training. Class room training and capacity building input detail are following that's provided by SATHI-UP

SL.	Capacity building input/training	Date
A-1) Class room training workshop		
1	Orientation on project concept and strategic planning for	28.5.2014

	project intervention	
2	Orientation on accounting guideline	13.6.2014
2	Social analysis tools	15-17 July 2014
3	Strategy and approach to community development	24-26 July 2014
4	Basic HR, finance and admin system	24-26 July 2014
5	Result base PME tools	30-31 Aug and 1st Sept 2014
6	Workshop on strategic planning for vocational & entrepreneurs development training	20 Oct 2014
7	Capacity building input for mentoring to Gramoday Fellows	18 July, 28 Aug, 5 Nov and 17 Nov 2014
8	PME & MIS orientation	9 Jan 2015
<b>A-2) Coordinated trainer and training delivery system for project staff</b>		
1	Baseline tools and data tabulation	16-17 June 2014
2	Adolescent health and gender	28-29 Oct 2014
3	Entrepreneurs and vocational training concept building	7 Nov 2014
4	Maternal and Child health	17-19 Nov 2014
5	Right To Education act 2009	29-30 Nov 2014
6	Video clipping and production	29-31 Dec. 2104
7	Low cost sanitary napkin awareness and production	26-27 Feb.2015
<b>A-3) Coordinated training/trainer and training delivery system for community level training</b>		
1	Engaging TLA-Tara Livelihood Academy for vocational & enterprise development training	21-22 Nov 2014,23 Jan. 2015 to 20 March 2015 commercial stitching, 24 March to 15 April 2015 Mobile repairing
<b>A-4) Learning material- Government orders copy, guideline of schemes ,program related learning materials</b>		
	Many information and guideline to be sent by supporting Organization SATHI-UP as --MANREGA guideline --PDS system food security act --RTE act-2009 --KAMDHENU dairy scheme --NHM scheme etc...	

#### **B) Field visit detail by SATHI-UP**

<b>SL.</b>	<b>Date</b>	<b>SATHI-UP team member</b>
1	18.05.2014	Mr. Lalit Singh and Mr. Kamla Shanker
2	05.06.2014	Mr. Kamla Shanker
3	21.06.2014	Mr. Kamla Shanker
4	23.06.2014	Mr. Shashi Bhushan, Mr. Lalit Singh and Mr. Kamla Shanker
5	9.07.2014	Mr. Kamla Shanker
6	8.08.2014	Mr. Kamla Shanker
7	10.09.2014	Mr. Kamla Shanker
8	25.09.2014	Mr. Kamla Shanker
9	2.10.2014	Mr. Kamla Shanker
10	17-20.11.2014	Mr. Kamla Shanker
11	10-1-2015	Mr. Kamla Shanker

12	23-2-2015	Mr. Kamla Shanker
13	10-4-2015	Mr. Lalit Singh

### C) Field visit detail by SDTT

Mr. Tauqeer Ali ji has visited on 26 Aug 2014 at Khoh Gram Panchayat and project office. He has done meeting community and project staff.

Mr Ashok ji, Mr. Rakesh ji, Ms Nuruth ji has visited on 29 jan.2015 at Khoh gram panchyat. They have meeting with community.

## 6. Achievements made against the yearly outcomes/ milestones

### A) Outcome

S. No.	Outcomes to be achieved	Progress made towards outcomes
1.	Women's improved health status	Women have started to access health/ICDS services for pregnancy and after delivery.
2.	Women doing effort for food security and better livelihood options	Entrepreneurs training (GYBI-Generate Your Business Idea) to selected women in both GP.
3.	Skilled and involved youth	203 Youth mobilized and collectivized in to 5 Youth Development club. Skill development activities are in process through training, regular meeting and sport activities
4.	Healthy and secured infants	Services for infants being started from the families and AWW, health worker.

### B) Output

S. No.	Outputs to be achieved in one year	Progress made towards output
1	No. of women receiving the basic health care services	Pregnant women got TT-101 Benefitted from JSY-91 Pregnant women got IFA- 58 Pregnant women benefitted from ICDS service- 173 and lactating mother- 70
2	No. of women received basic entrepreneurial skill	40 women & youth benefitted from entrepreneurs development training.
3	No. of youth benefitted from youth development services	203 Youth mobilized and collectivized in to 5 Youth Development club. Skill development activities are in process through training, regular meeting and sport activities
4	No. of adolescent benefitted from basic health & hygiene services	Adolescent girls TT immunized- 180 Anemia screening- 139
5	Infants/children (0-5 years) benefitted from supplementary nutrition services	Growth monitoring(0-5 age)- 316 Immunization 0-1 age BCG-119 DPT 1st-105 , DPT 2nd -84, DPT 3rd -92 Measles- 104 Referral services to malnourished children- 6



6	Children (6-14 years) benefited from quality education	16 dropout/out of school children enrolled in school and 183 children collectivized in Child development club
7	Video clippings/small films	completed

### **7. Experience and learning evolved during the period**

Experience and learning in this minimum time of project implementation make more knowledge full experience. During this project a good experience to make strategic execution to implement and sustain the govt service system for regular functioning. Community level service delivery system has been improved and community accessibility increased. At the community level organization credibility/relationship has been build and govt department duty bearers recognizing the project initiatives. Organization level; planning, record keeping, management, finance and institutional development process well running through this intervention. This project intervention has more for organization development and provided input from grass root level/community level mobilization, facilitation and cadre building of staff for quality implementation. During this intervention of this project key learning & experience is

Project have family centric approach for development

Each class/group of community easily benefitting from the project

Integrated community development model

Organization build capacity on women and adolescent health & hygiene

Making coordination between different stakeholders and actor of development

Working with youth as potential development changer

Record keeping & documentation: MIS system

Engagement of Gramoday Fellows in to intervention an innovative experience/learning for organization.

Mentoring to Fellows

### **8. Details of project team**

S. No.	Name	Designation	Remark (like any turnover or change in team)
1	Mr.Sanjay Singh Chauhan	Project Director	N/A
2	Rama Sahu	Project Manager	N/A
3	Archna Devi	C.R.C.	N/A
4	Mr. Horilal	C.R.C	N/A
5	Mr.Rajaram	Part time Accountant	N/A

Sanjay Singh Chauhan

Managing Trustee

Institute of Social Development, Chitrakoot

## **Annexure-1: Activity Photograph**

## **Annexure-2: Case Studies**

### **केस स्टडी-1**

चित्रकूट जनपद के कर्वी विकास खण्ड में एक ग्राम पंचायत है कोलगदहिया इस ग्राम पंचायत में पिछड़ी और दलित जातियों की अच्छी खासी आवादी है। दूसरे तमाम गावों की तरह यहां भी भोग अशिक्षा से ग्रस्त है। दलितों और पिछड़ों की स्थिति अच्छी नहीं है। तथा जागरूकता की कमी तथा साफ सफाई न रखने के कारण यहां बहुत सारे बच्चे कुपोषित हैं। क्योंकि न तो नियमित सही समय पर वीकारण करवाते हैं तथा नही पोषाहार सही से लेते हैं देते हैं बच्चों को न लिखा कर गाय, भैंस को लिखा देती तथा साफ सफाई का तो कोई मतलब नहीं बच्चे को खाना दें देगी तो बच्चा मिट्टी में रोटी गिरता रहता है फिर उसी को खा लेता है जिससे धूल मिट्टी तथा कीटाणु पेट के अन्दर चले जाते हैं। जिससे बच्चा कुपोषित का शिकार हो जाता है। इसी तरह एक व्यक्ति है द्वारिका जिसकी पत्नी पतली है जिनकी एक बच्ची थी सोना जिसकी उम्र 3 साल है कुपोषित थी जिसके लिए हम लोगों ने सर्व प्रथम घर जाकर उनसे साफ सफाई के बारे में उन्हें समझाते थे इसके बाद महिलाओं की एक बैठक करवाया जिसमें पोषाहार टीकारण तथा स्वच्छता के बारे में विस्तृत चर्चा हुई जिसके धीरे-धीरे साफ सफाई में परिवर्तन आने लगा तथा पोषाहार लेने लगी नियमित यहां लोग बच्चों का चजन नहीं करवाते थे कहते थे नजर लग जाती है बच्चे का वनज कम हो जाता है इसके लिए बहुत समझाया इसके बाद उनकी गलतफहमी धीरे-धीरे दूर हुई और नियमित अपने बच्चों का वनज माप करवाने लगी जिससे स्रोत का पजा चलने लगा और हमारी संस्था की तरफ से भी कुपोषाहार को दूर करने के लिए न्यूटिसन के डिब्बे तथा सप्लीमेंटरी न्यूट्रिशन प्रदान किया। 5 दिन का सेसन चलाया जिसके पश्चात् सीन आज सामान्य स्थिति में आ गई है जो अक्टूबर माह में अति कुपोषित की स्थिति में थी।

चित्रकूट जनपद के कर्वी विकास खण्ड में एक ग्राम पंचायत है कोलगदहिया इस ग्राम पंचायत में पिछड़ी तथा दलित जातियों की अच्छी खासी वस्ती है दूसरे तमाम गावों की तरह यहां भी लोग अशिक्षा से ग्रस्त है। दलितों तथा पिछड़ों की स्थिति अच्छी नहीं है।



## केस स्टडी

चित्रकूट जनपद के कर्वी विकास खंड में एक ग्राम पंचायत है - कोलगदहिया इस ग्राम पंचायत में पिछड़ी और दलित परिवारों की अच्छी खासी बस्ती है | दूसरे तमाम गावों की तरह यहाँ भी लोग अशिक्षा से ग्रस्त हैं | दलितों और पिछड़ों की स्थिति अच्छी नहीं है |

प्राथमिक स्वास्थ्य के प्रति जागरूकता तथा साफ सफाई के आभाव के कारण यहाँ बहुत सारे बच्चों में कुपोषण के सिकार हैं क्योंकि यहाँ तो नियमित टीकाकरण करवाते हैं तथा यहाँ ही नियमित पोषाहार लेते हैं क्योंकि इसकी उपयोगिता के बारे में जानकारी न होने का परिणाम है इसी ग्राम पंचायत में एक दम्पति है गजोधर उनके पत्नी रानी इनके तीन बच्चे हैं जिनमें एक लड़की है अंकिता जो अतिकुपोषित थी उसको देखने के बाद उसके माता पिता को खुद यकीन नहीं था कि ये बच्ची



बचेगी क्योंकि दो वर्ष की उम्र में उसका वजन 4.4 किलो ग्राम था हम उसके घर जाते थे मिलाने उसे एन. आर. सी. के बारे में बताते थे यहाँ की सुविधाओं के बारे में बताते थे मुफ्त में इलाज होता है पैसे भी मिलते हैं | इसके बाद भी ये लोग जाने के लिए तैयार नहीं हुए हमारी बातें सुनाने के लिये तैयार नहीं थे कोई ध्यान ही नहीं देते थे फिर भी हम बार बार उनके पास जाते रहे रानी गुस्सा भी हो जाती थी इनके पास कोई काम नहीं है बार-बार आ जाते हैं | इसके बाद भी हम जाकर उसको सलाह देते रहे की पालक का जूस बकरी का दूध दाल का पानी दलिया आदि खिलाने की जिसका प्रयोग थोड़ा बहुत करती थी और उससे बाद



उसे सप्लीमेंटरी डिब्बे पिलानी के लिए देनी लगे जिससे उसमें परिवर्तन आने लगा इसके पश्चात हमने मार्च में वजन किया तो 7.6 किलो निकला तब वह थोड़ा बहुत हमारी बात मानने लगी इसकी बाद 15 दिन का पी. डी. हार्थ सेसन चला जिसमें हमने उसे सामिल किया इसके पश्चात मई माह में हमने उसका वजन किया तो देखा कि उसका वजन

9.5 किलो ग्राम हो गया है और वह अतिकुपोषित से कुपोषित में आ गयी है उसको देखने के बाद कोई कह नहीं सकता ये वही बच्ची है

## केस स्टडी-2

इस ग्राम में एक मजरा होगिनपुरवा है जहां छीटी जाति के लोगों की बस्ती है यहां के लोगों को दिनचर्या जीवन यापन कृषि तथा मजदूरी से होता है यहां एक राजाराम रहते हैं जिनका परिवार मजदूरी करता है तथा थोडा बहुत खेती भी करते हैं पति-पत्नी अशिक्षित हैं लेकिन अच्छी बात यह है कि ये लोग अपने बच्चों को पढा रहे हैं इनकी एक लडकी ही प्रेमिका जो कक्षा बारह में पढती है उसके बावजूद उसे प्राथमिक स्वास्थ्य की सुविधायें किशोरियों को क्या-क्या मिलती है जानकारी नहीं थी। उनको जब हमने कहा की टीका लगवाया टी टी तो वो हसने लगी उसकी नो कहने लगी टीका तो गर्भवती औरतों को लगता है आयरन की गोली के विषय में भी यही कहा हमने पूछा पोषाहार आय लेती है तो उन्होंने कहा हम बच्चे नहीं बच्चों को मिलता है इसके बाद हमने किशोरियों की एक बैठक रखी जिसमें प्राथमिक स्वास्थ्य से प्राप्त सुविधाओं जैसे आयरन की गोली का महत्व पोषाहारा का महत्व तितनिज के टीका तथ्य, होमोग्लोबिन जांच पर विस्तृत चर्चा हुई इसके बाद आज प्रेमिका नियमित आयरन की गोली लेती है पोषाहार लेती है टीका लगवाया तथा सेनेद्रीनैपकिन का भी प्रयोग करने लगी है।

## केस स्टडी-3

चित्रकूट जनपद के कर्वी विकास खण्ड में एक ग्राम पंचायत है कोलगदहिया इस ग्राम पंचायत में पिछडी और दलित परिवारों की अच्छी खासी आबादी है। दूसरे तमाम गांवों की तरह यहां भी लोग अशिक्षा से ग्रस्त हैं। दलितों और पिछडों की स्थिति अच्छी नहीं है। तथा जागरूकता की कमी तथा साफ सफाई न रखने नियमित टीकारण न करवाने पोषाहार न लेने क्योंकि इसके महत्व के बारे में इनको जानकारी ही नहीं है जिसके कारण अच्छी खासी संख्या में बच्चे कुपोषित के सिकार हैं उन्ही में से एक ही कोल के बरकत अली उनकी पत्नी महरुननिशा वरकत अली जो मजदूरी करते हैं। तथा उनकी पत्नी कृषि कार्य करती है साथ-साथ समय मिलने पर सूट सिलती है। उनकी एक बच्ची है आसिया 2 वर्ष की है जो अति कुपोषित थी वे बच्चों को समय नहीं देती थे काम पर चले जाते थे बच्चे धूल मिट्टी पर खेलत रहते थे। कपड़े गंदे पहने रहती थी। ये बच्ची संस्था द्वारा चलाये जा रहे पी डी हाट सेजन कार्यक्रम में नियमित आने लगी जिसमें कपड़े नाखुन तथा हाथ धुला कर भोजन करवाया जाता था तथा इसे सप्लीमटरी डिवबे भी प्रदान किये गये जिससे महिलाओं की बैठक की गई जिसमें उनके प्राथमिक स्वास्थ्य एवं स्वच्छता के बारे में तथा उस कार्यक्रम के उद्देश्य के बारे में हुई कार्यक्रम शुद्ध होने तथा बाद में बलन माप भी किया गया जिससे पता चल सके कि बच्ची का ग्राव्य कितना हुआ।

आज वह बच्ची सामान्य स्थिति पर आ गई तथा कपड़े बगैर पर भी उसकी मा हयस देने लगी धीरे-धीरे उस पर काफी परिवर्तन हो रहा है।

#### केस स्टडी-4

चित्रकूट जनपद के कर्वी विकास खण्ड में एक ग्राम पंचायत है कोलगदहिया इस ग्राम पंचायत में पिछड़ी और दलित जातियों की अच्छी खासी आबादी है। दूसरे तमाम गांवों की तरह यहां भी लोग अशिक्षा से ग्रस्त है। दलितों और पिछड़ों की स्थिति अच्छी नहीं है। तथा दलितों और पिछड़ों की स्थिति अच्छी नहीं है। तथा जागरूकता की कमी तथा साफ सफाई न रखने नियमित टीकाकरण करवाने पोषाहार नियमित न लेने क्योंकि इसकी महत्व के बारे में इनको जानकारी ही नहीं है जिसके कारण अच्छी खासी संख्या में बच्चे कुपोषण के सिकार हो उन्हीं से एक हो— मुस्लिम पुरवा के लाल मो0 उनकी पत्नी अफसाना बानों जो एक मजदूर परिवार है। उनके पति मिस्त्रीगिरी का काम करता है। तथा साथ में कृषि कार्य भी करते है पढे लिखे नहीं उनकी एक बच्ची है जाननी 3 वर्ष की जो अति कुपोषित थी वे बच्चों को समय समय नहीं देते थे काम पर चले जाते थे बच्चे धूल मिट्टी में इधर-उधर खेलती रहती थी। पोषाहार नहीं लेती थी। कोई साफ-साफ सफाई नहीं रहते थी चल नहीं पाती थी ये बच्ची हमारी संस्था द्वारा मुस्लिम पुरवा में 15 दिन का P D Hearth Session कार्यक्रम शुरू हुआ ये कार्यक्रम शुरू होने से पहले महिलाओं की एक बैठक हुई जिसमें प्राथमिक स्वास्थ्य स्वच्छता तथा इस कार्यक्रम के उद्देश्य के बारे में विस्तृत चर्चा हुई इसके बाद बच्चों का वजन माप किया गया रोज हांथ धुलाकर खाने की प्रक्टिस करवायी जाती थी। तथा नाखून और साफ कपडे पहनने के लिए आदत डालयी जाती थी। इस कार्यक्रम खत्म होने के पश्चात् ये लडकी चलने लगी उसकी मां ने काह आप लोगों के आने से बहुत परिवर्तन आया अभी तक साफ सफाई का कोई महत्व नहीं देते थे बच्ची जैसे पाती थी। खाती रहती थी और अब इन सबका ध्यान रखते है जिससे हमारी बच्ची स्वास्थ्य ही और वे बच्ची आज सामान्य स्थिति में है। इनको संस्था सप्लीमेटरी न्यूट्रिजन डिब्बे भी प्रदान किये गये थे।

#### केस स्टडी-5

चित्रकूट जनपद के कर्वी विकास खण्ड में एक ग्राम पंचायत है कोलगदहिया इस ग्राम पंचायत में पिछड़ी और दलित जातियों की अच्छी खासी आबादी है। दूसरे तमाम गांवों की तरह यहां भी लोग अशिक्षा से ग्रस्त है। दलितों और पिछड़ों की स्थिति अच्छी नहीं है। तथा दलितों और पिछड़ों की स्थिति अच्छी नहीं है। खासकर महिलाओं को तमाम तरह की रूढियों से ग्रस्त है।

इस ग्राम पंचायत में एक महिला ही सलमा जिसके पति का नाम इसरायल है जो गरीब परिवार है मेहनत मजदूरी करके अपना जीवन यापन करते है। दोनों पति तत्नी अशिक्षित ही तथा मुस्लिम होने के कारण वे लोग टीकाकरण नहीं करवाते थे कहते थी की महारे धर्म में ऐसा नहीं होता है जिससे इनके दो बच्चियों हुई और वे कुपोषित है तीसरा बच्चा पेट में 4 माह हो गये। हमने उन्हें BHND के दिन टीका लगवाने के लिए बुलाया तो सकमा चिल्लाने लगी हमें टीका नहीं लगवाना आप आपना काम करो इसके बाद हमने महिलाओं की मासिक बैठक रखी और उसमें सलमा आई और उस बैठक में प्राइमरी स्वास्थ्य के बारे में चर्चा हुई जिसमें टीकाकरण क्यों आवश्यक है आयरन की गोली का क्या महत्व है पोषाहार क्यों लेना चाहिए आदि चर्चा हुई उसके बाद अगले VHND के दिन सलमा बिना बुलाये अपने आप केन्द्र में जाकर पोषाहार लिया टीकाकरण करवाया आयरन की गोलिया ली तथा हर शनिवार पोषाहार लेने आंगनबाडी केन्द्र जाती है तथा उनकी जो बच्ची कुपोषित हो उसे भी पोषाहार खिलाती है जिससे उनकी बच्ची के स्वास्थ्य में पहले की अपेक्षा काफी सुधार है।

## केस स्टडी-6

चित्रकूट जनपद के कर्वी विकास खण्ड में एक ग्राम पंचायत है कोलगदहिया इस ग्राम पंचायत में पिछड़ी और दलित जातियों की अच्छी खासी आबादी है। दूसरे तमाम गांवों की तरह यहां भी लोग अशिक्षा से ग्रस्त है। दलितों और पिछड़ों की स्थिति अच्छी नहीं है। तथा दलितों और पिछड़ों की स्थिति अच्छी नहीं है। खासकर महिलाये तो तमाम तरह की रूढ़ियों से ग्रस्त है।

इसी ग्रामपंचायत के घोबिन पुरवा मजरें में एक महिला संगीता है जिसके पति का नाम तीरय है जो एक गरीब परिवार है मेहनत मजदूरी करके अपना जीवन यापन करते है संगीता पहली बार गर्भवती हुई ज्यादा पढ़े लिखे न होने के कारण उसे प्राथमिक स्वास्थ्य से प्राप्त सेवाओं के बारे में अनभिज्ञता थी उसे आयरन की गोली दी जाती थी तो वह फेंक देती थी। टीकारण भी सही से नहीं करती इसके बाद हमने महिलाओं की बैठक की और उस बैठक का एजेन्ट प्राथमिक स्वास्थ्य रखा गया तथा उसी बैठक में आयरन की गोली के महत्व के बारे में बताया गया तो उसके बाद संगीता ने जो गोली फेंक दिया था उनको खोज कर खाया और उसकी जितनी भी गलत फहमी थी दूर हो गई।

## केस स्टडी-7

चित्रकूट जनपद के कर्वी विकास खण्ड में एक ग्राम पंचायत है कोलगदहिया इस ग्राम पंचायत में पिछड़ी और दलित जातियों की अच्छी खासी आबादी है। दूसरे तमाम गांवों की तरह यहां भी लोग अशिक्षा से ग्रस्त है। दलितों और पिछड़ों की स्थिति अच्छी नहीं है। तथा दलितों और पिछड़ों की स्थिति अच्छी नहीं है। तथा जागरूकता की कमी के कारण न तो लोग नियमित बच्चों का टीका करवाते है कोइ कहेगा नुकसान करता है बुखार आ जाती कोई कहेगा बैटरिन करने लगता है तो कोई बीलिंगा कोडा ही जाता है। क्योंकि इसका तथा महत्व है इसको नहीं पता जिसके कारण काफी बच्चे कुपोषित के सिकार है उनमें से एक लडकी है सन्य मो0 वसरी थे कुछ नहीं करते खेती के काम में कभी-कभी हाथ बटा लेते है। इनकी पत्नी भी खेती के काम मे हांथ बताती है। ये बच्ची अति कुपोषित थी P D हाट संजन कार्यक्रम में इस बच्ची को भी समिल किया गया और स्वच्छता पूर्वक नियमित खिलाया गया तथा बैठक करके इनकी मां को इसके उद्देश्य के बारे में इसे जानकारी दी गई और आज से बच्ची सामान्य स्थिति में ही तथा बच्ची की मां साफ सफाई का विशेष ध्यान रखती है।

## Annexure-3: Newspaper cuttings





## मोबाइल व फ्रिज मरम्मत का मिला प्रमाण पत्र

चित्रकूट : ग्रामीण युवाओं को रोजगार से जोड़ने के लिये इलाहाबाद बैंक ग्रामीण स्वरोजगार प्रशिक्षण संस्थान व सामाजिक विकास संस्थान अलग-अलग क्षेत्रों में मोबाइल, एसी व फ्रिज बनाने का प्रशिक्षण दे रहे हैं। ऐसे लगभग तीन दर्जन युवाओं को प्रशिक्षण समाप्त होने पर प्रमाण पत्र दिये गये।

गुरुवार को इलाहाबाद बैंक ग्रामीण स्वरोजगार प्रशिक्षण संस्थान कपसेटी में आरसेटी निदेशक आरएस वर्मा ने एक महीने तक चले फ्रिज व एसी मरम्मत का प्रशिक्षण प्राप्त दो दर्जन युवाओं को प्रमाण पत्र दिये। उन्होंने कहा कि इस कार्य को सीखने के बाद युवा बेरोजगार नहीं रहेंगे। इस मौके पर संतोष साहू, गौरव श्रीवास्तव, सलीम खान, चुन्नीलाल, मनीष व अरविन्द कुमार आदि मौजूद रहे।

इसी क्रम में खोह गांव में सामाजिक विकास संस्थान ने मोबाइल रिपेयरिंग



प्रशिक्षण देती संस्था की प्रबंधक।

का प्रशिक्षण दिया। गुरुवार को प्रशिक्षण प्राप्त एक दर्जन से अधिक युवाओं को प्रमाण पत्र दिये गए। संस्था की परियोजना प्रबंधक रमा साहू ने बताया कि बेरोजगार युवाओं को संस्था के माध्यम से शिक्षण व प्रशिक्षण दिया जाता है। युवतियों को भी सिलाई व ब्यूटीशियन का कोर्स कराया जाता है। इस मौके पर आशुतोष कुमार, सागर, सुरेश, महेश, रविशंकर, विनोद, लल्लन व राजनारायण आदि रहे।

### मोबाइल रिपेयरिंग का प्रशिक्षण दिया गया

चित्रकूट : सामाजिक विकास संस्थान द्वारा 20 दिवसीय मोबाइल रिपेयरिंग प्रशिक्षण का समापन हुआ। परियोजना प्रबंधक रामदेवी साहू ने इस बीच पूरे कार्यक्रम के विषय में विस्तार से बोलते हुये कहा कि युवा स्वरोजगार की ओर कदम बढ़ाये ताकि वह अपने बल पर समाज में जगह बनायें। परियोजना प्रबंधक साहू ने कहा कि जो युवा बेरोजगार है तथा जो मोबाइल रिपेयरिंग का प्रशिक्षण लेना चाहते हैं, उन युवाओं का चिह्नीकरण करके सामाजिक विकास संस्थान द्वारा ट्रेनिंग स्थान एवं कॉलेजदरिया के युवाओं को प्रशिक्षण दिलाया गया तथा ऐसे प्रयास संस्था द्वारा किये जाते रहेंगे। इस दौरान नवलेश कुमार ने बताया कि इस तरह का काम अभी तक किसी संस्था ने नहीं चालू किया। हम गरीब लोगों को एक नया अवसर मिला है कि हम अपना कोई नया रोजगार खोल सकें। सुरेश कुमार ने बताया कि हम लोगों को रोजगार के लिये मार्गदर्शन मिला है जिसमें हम कम लागत के भी अधिक पैसे कमा सकते हैं। जरूरी नहीं है कि हम लोग पूरी पढ़ाई करके हमें नौकरी मिल जायेगी, इसलिये हमें संस्था द्वारा बहुत अच्छा मार्गदर्शन मिला। नवल ने बताया कि संस्था द्वारा बहुत सारी गांव में गतिविधियों का संचालन किया जा रहा है। इस दौरान सरथा की परामर्श दात्री रीता देवी, ट्रेनिंग कर्मीनिटर आशुतोष, महेश, सुरेश रविशंकर, विनोद, लल्लन राजनारायण, रोहित, महेन्द्र कुमार आदि उपस्थित रहे।

(एसएनबी)



# हिन्दुस्तान 1 मई 2015

## चित्रकूट

### मोबाइल रिपेयरिंग का प्रशिक्षण संपन्न

चित्रकूट। गांव कोलगदहिया में 20 दिवसीय मोबाइल रिपेयरिंग प्रशिक्षण का समापन गुरुवार को हुआ। इस शिविर में दो दर्जन से अधिक युवकों को मोबाइल रिपेयरिंग की ट्रेनिंग दी गई।

गुरुवार को समापन अवसर पर एनजीओ सामाजिक विकास संस्थान की परियोजना प्रबंधक रमा साहू ने बताया कि गांव के युवाओं को स्वावलंबी बनाने की पहल की गई है। यहां ट्रेनिंग कोऑर्डिनेटर आशुतोष ने युवाओं को टिप्स दिए। लवलेश कुमार, सुरेश कुमार ने कहा कि इससे बेरोजगार अपनी आर्थिक स्थिति को मजबूत कर सकते हैं। नवल ने कहा कि इस प्रशिक्षण के अलावा गांव में कुपोषित व अति कुपोषित बच्चों को चिन्हित कर पोषाहार का वितरण किया जा रहा है। संस्था की रीता सिंह ने भी संबोधित किया। यहां महेश, सुरेश, रवि, विनोद रहे।

## चित्रकूट/आसपास

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### स्वास्थ्य शिविर के दौरान जीवन चक्र के विषय में बताया गया



चित्रकूट : किशोरियों को जानकारी देती चिकित्सक ।

चित्रकूट, (एक्सप्रेसन्यूज़)। खोद गांव के जूनियर विद्यालय में आयोजित स्वास्थ्य एवं स्वास्थ्य का सामाजिक विकास संस्थान द्वारा एक दिवसीय शिविर आयोजित किया गया। निरम में खोद तथा कोलगदहिया की किशोरिया कर्म संख्या 100 से ऊपर रही। इस शिविर की मुख्य अतिथि आर्योदयप्रकाश की डॉ. वी.एल.ए. ने मां स्वास्थ्य के प्रतिमा पर पुण्य व सौम्य प्रकृतित कर कार्यक्रम की शुरूआत किया गया। इस कार्यक्रम में खोद ग्राम पंचायत की आयतनी भी उपस्थित रही।

डॉ. वी.एल.ए. ने बताया कि लडकियों की अस्तिस्वर शादी 16 वर्ष की उम्र में हो जाती है, जो खूद ही प्योरिफ है, वे उरस्ता बच्चा कैसे में पोषित होगा। इसलिये तो हमारे देश में कुपोषण ज्यादा फैलाता जा रहा है जो हमारी माने है उन्हें स्वास्थ्य होने का मौला भी नहीं दिया जाता है। इसलिये 18 वर्ष के बाद शादी करेगी तो वह अपने बच्चों को अच्छे से पाल सकती है और उसकी शादी 15 वर्ष की उम्र हो जा रही है जो खूद बच्ची तो वह अपने बच्चों को देखभाल कैसे करेगी।

उन्होंने यह भी बताया कि यदि हम अपने बेटियों को पहले से जो छोटे-छोटे पुती में 10 किमी की दूरी में प्राथमिक विद्यालय व 10 किमी की दूरी में लडकियों को भोजी तो लडकी इसी समयस्वर तो होगी कि निरम उम्र में मेरी शादी होना चाहिये था। बच्चों को कितने टीके लगवाना चाहिये ताकि बच्चा स्वास्थ्य रहे यदि बच्चा स्वास्थ्य रहेगा तो परिवार स्वास्थ्य

रहेगा। अगर आप समय से ही बच्चे स्वास्थ्य में पैसा डाक्टरों के पास बीमारी में चला जाता है वह पैसा बच जायेगा तो उसे अच्छे कामों में लगाया जा सकता है। साथ साथ करने की विधि बताते हुये कहा कि छात्र होने व स्वच्छ कपड़ा तथा सुबह का नास्ता करने पर हम बहुत ही बीमारियों से बच सकते हैं। उन्होंने संतुलित आहार के महत्व को बताया कि हमारे जीवन में वह उपयोगी क्यों होता है? इसी तरह किशोरियों में गुणवत्ता के सम्बन्ध में काफी जानकारी भी दी। विशेषतः किशोरियों ने बताया कि यदि किसी किशोरी को परेशानी है कि तुल्य डाक्टर की सलाह लेनी चाहिये। उन्होंने बताया कि लोगों में भ्रांतिमा हो जाती है कि माहवारी बंद होने से आरंभ की रोशनी कम हो जाती है। ऐसा कुछ नहीं है वह एक समय होता है।

परियोजना प्रबन्धक रामदेवी साहू ने बताया कि यह कार्यक्रम जो किशोरी को स्वास्थ्य तथा स्वास्थ्य के बारे में जानकारी मिल पाती है कि ये हमारे जीवन के लिए उपयोगी है। जो इसके लिये सामाजिक विकास संस्थान द्वारा जागरूकता कार्यक्रम का आयोजन किया गया है और खूद को कमी से सहित तथा किशोरियों के मूल्य दर को कम किया जा सके तथा साथ ही साथ संक्रमण से फैलने वाले रोगों में कमी लाया जा सके। इस दौरान परिवार परामर्श दायी रीता सिंह, सी.आर.डी. सोनी लाल, अर्चना प्रमोदवन फैलो समप्रकाश व यशोदा उपस्थित रहे।

# दैनिक जागरण

बांदा, 22 मई 2015 दैनिक जागरण | 7

## स्वयंसेवी संस्थाओं ने दिया कार्यों का लेखा जोखा

चिनकूट, जागरण संवाददाता : मुख्यालय के बस स्टैंड स्थित श्रंगार पैलेस में गुरुवार को जिले में काम कर रही स्वयंसेवी संस्थाओं की संभावना संगोष्ठी का आयोजन हुआ। जिसमें दिया ब्रेलकेयर सोसाइटी, सामाजिक विकास संस्थान, राष्ट्रीय अस्हाय सेवाश्रम परिषद, इरादा फाउण्डेशन व विकास पथ सेवा संस्थान द्वारा चलाये जा रहे सीआरसी परियोजना के कार्यों का प्रस्तुतीकरण किया गया।

संगोष्ठी को संबोधित करते हुए उपजिलाधिकारी सीपी उपाध्याय ने कहा कि जनपद के पंचों ब्लाकों के 10 ग्राम पंचायतों में इन स्वयंसेवी संस्थाओं द्वारा महिलाओं, युवाओं व बच्चों के सर्वांगीण विकास हेतु काम किया जा रहा है जो सकारात्मक है। संस्थाओं के प्रयास से ग्रामीण प्रशिक्षण प्राप्त कर जीवन यापन करने में सक्षम होंगे। जिला चिकित्सा के अधीक्षक डा. पीडी चौधरी ने कहा कि संस्थाओं द्वारा 0 से 5 वर्ष के बच्चों का कुपोषण, महिलाओं एवं किशोरियों के व्यक्तिगत स्वच्छता को बढ़ावा देने के लिये



संगोष्ठी में विचार रखते प्रभाकर सिंह।

गांव स्तर पर काम किये जा रहे हैं जो सकारात्मक हैं। बाल रोग विशेषज्ञ डा. राहुल वर्मा ने बच्चों के कुपोषण की वजह से होने वाली बीमारियों एवं लक्षणों के विषय में जानकारी दी।

संगोष्ठी को ममता सोनी, सुशील संजय चौहान, किसान प्रसाद, शंकर दयाल पगारसी, ललित सिंह, डा. विनोद शंकर सिंह, निरधारी लाल, आरके करवरीया व डा. प्रभाकर सिंह आदि ने भी संबोधित किया। इस मौके पर पंचों संस्थाओं के परियोजना प्रबंधक रमा साहू, भूपेन्द्र सिंह, प्रियंका सिंह, राजय तिवारी व राकेश आदि मौजूद रहे।