

## Progress Report (2011)

# Tribal Child Health & Early Education

*Please use extra space if necessary for the following questions.*

### **1. Discuss the project and its purpose**

This project of the Balsangopan (Day Care) project aims to provide medical and nutrition help to the malnourished children in the age group of 0 to 5 years for children belonging to nomadic tribes called Gosawi. It also aims to create awareness in the families about family planning and early girl child marriages, which is widely prevalent in the community. The population of this tribe is about 5000 persons and their children are malnourished & not having normal vaccination. While doing vaccination it was noticed that these people are very poor and do not have enough food for their children, due to lack of education and low income status. This year it also concentrated for anemia testing of the tribal women and to so get some insights into improving income generation activities for the tribal women.

These families are migrated from the Eastern Maharashtra region. Their current occupation is construction workers, beggars, vegetable vendors, rag-pickers etc. They live in tin shed houses, with a very small space. The surroundings of the houses were unhygienic in the beginning. This was leading to occurrences of infectious diseases. Now it has reduced to some extent because of the project's intervention for last 3 years.

The education of the parents is not at all satisfactory. Most of the parents are illiterate and there are more than 3 to 4 children in each family, thus making the situation in the family worse, which normally results in undernourishment of the children as there are too many persons to be feed. Therefore there is a need for family planning which will give a lasting impact on the community. As already explained there is prevalence of early girl child marriages, which normally affects the girl's health as well as the newly born infant's. Therefore there is also a need of awareness on preventing early girl child marriages in the community.

Till now it has achieved the following outcomes.

1. There is satisfactory weight gain in the age-group of 0-5 children by at least 2 Kgs.
2. The children have kept themselves tidy and hygienic. They are using washed clothes. They also wash their hands before handling food and after defecation.
3. The children who looked feeble and were not able to walk properly are now running.
4. Children can now sing nursery rhymes. They take efforts to write alphabets, numbers and also recognize English letters and pictures on the charts, and they draw pictures like leaves, flowers, birds, balls and balloons.

5. The children can make fruits and other items of clay.
6. Handicapped children (who are malnourished) also show confidence in their behavior.
7. The parents are understanding the importance of hygiene and are happy to see their children healthy.
8. The parents show interest in not marrying their daughters below 18 years.

**2. People assisted.** Who is the project aimed at?

This project is aimed at children, women and the overall population of around 5000 persons belonging to a tribal community called Gosawi, residing in a slum near Hadapsar, Pune city, Maharashtra, India.

**3. Number of people assisted.** Number of people who benefited from the project, directly and indirectly. Please include in the answer how many older brothers and sisters are fed.

**Direct**

Total 32 children are assisted through teaching, providing nutrition and hygiene education, which includes 12 boys and 20 girls.

Total 11 women are being consulted to start income generation activities.

**Indirect**

Total 4 older boys and 3 older sisters, were also assisted in this project as they were fed nutrition food.

Total 43 parents, who attended awareness programmes.

**4. Project objectives. What are they and are they being met?**

Following were the objectives of this project

1. To improve the health status of 35 malnourished children belonging to scheduled nomadic tribes.
2. To inculcate habit of cleanliness and hygiene
3. To do awareness for parents regarding cleanliness, health, hygiene and waterborne diseases.
4. To create awareness regarding family planning, simple nutritional diet and the importance of education.
5. To perform anemia blood detection camps of around 150 women, to

6. To create awareness of family planning, and the disadvantages of early marriage and to get insights of income generation activities

Yes, most of these objectives are met, we are giving you the status according to the above serial order.

1. Yes, 32 children are showing improvement in their nutrition, they fall less sick, they have maintained the hygienic habits.
2. Yes, 32 children are showing signs to inculcate hygienic habits.
3. Yes, the parents are also showing satisfactory changes in their habits, this is a result of two workshops being held on hygienic practices, through an experienced doctor, Dr. Sandhya Kamble .
4. Through resource persons from Food Craft Institute, we were able to train the women in simple nutritional diets and we ourselves gave guidance on the importance of education.
5. This was not held, as the doctors were not available to come so far. So we are contacting local corporator to help us and get doctor on voluntary basis.
6. Early child marriage has been stopped substantially. The women have shown interest to start something new, but due to their lack of education they are not that keen to attend workshops on income generation.

**5. Assistance provided.** What exactly are you doing? Please give details.

1. 32 children were assisted by providing them nutritious food like milk, eggs, fruits whole grains, rice, pulses, vegetables, etc, this also includes 6 brothers and sisters. This time we have introduced a nutritional food which consists of jaggery, peanuts and fruits, dates and carrots which the children are enjoying.

2. Medical care was also taken by providing them with de-worming medication and tonic (Vitamin B complex) plus calcium and iron; and also providing medicine for colds, coughs, fevers and diarrhoea.

3. There is special attention given to maintain the hygiene in the day care center, therefore there is hygienic environment in the center.

4. Awareness camps on breast feeding, nutritious food, hygiene education were taken two times. Awareness camps on breast feeding, hygienic habits and early marriage was taken by Dr. Sandhya Kamble, in which 36 women and 0 men attended. While the awareness camp was taken by experts from Food Craft Institute, in which 38 women attended.

**6. What were the main needs and issues you encountered? How many girls have dropped out of the program?**

There are no drop-outs as such, but children do go to upper classes, so 6 girls and 4 boys have gone to upper classes.

**7. Outcomes achieved.**

1. There is satisfactory weight gain in the age-group of 0-5 children by at least 2 Kgs. In three years feeble children are now looking healthy, they are now not only walking properly but running briskly.
2. The children are looking comparatively tidy, hygienic, using washed clothes. They also wash hands before handling food and after defecation.
3. Children can now sing nursery rhymes, they take efforts to write alphabets, numbers and also recognize English letters and pictures on the charts and they also draw pictures like leaves, flowers, birds, ball, balloons, boat kite etc.
5. The children have developed motor skills and they can make fruits and other items of clay.
6. Handicapped children (who are malnourished) also show confidence in their behavior.
7. The parents are understanding the importance of hygiene and are happy to see their children healthy, they have stopped early child marriage practices.
8. The parents do show some interest in making their occupations more advanced or find alternative lucrative income generation opportunities, but lack of education disables them from getting good technical training.

**8. Other Achievements.** Other areas of achievements

1. Constant communication with parents and neighbours was able to bring them closer, which resulted in reducing the intensity of clashes amongst the tribal. Therefore children were able to concentrate in the Balsangopan Kendra.
2. The tribal people compare our Balsangopan Kendra, which is far better than government-run centres, as we are better equipped and are showing good results.

**9. What challenges has your organisation faced? How are you addressing them?**

1. Income Generation training-

Women responded that since they are not educated, they are not interested to attend training programmes. So we are now thinking of giving them simple training programmes, which can lead to income generation through recycling of waste materials and making items, like paper bags, cloth bags by hand stitching.

2. Parents Meeting

Parental attendance in the parents meetings is not that good as the parents go to work (collect scrap and wastes) quite early in the morning and come back late in afternoon. So we have opted to take parents in the evening instead of day time.

**10. Budget. Last year:** Details of how the funds were spent, such as for salaries, supplies, travel, contingency, and whether a significant fraction remained unspent. This year: how much do you need from BODHI this year? Do you require any extra funds?

Up to Nov 2011 we have spent 102319.00. We were not able to spend on income-generating activity because of poor response. So in our next new budget instead of asking you for Rs 6000 we would write 0.00 as we have Rs 5000 unspent budget.

We also have balance amount on Bank charges so we will delete it in the new budget.

We want to add one new head that is email charges Rs 2000.00 because of a lot of email contact.

Requested amount for this year is 1,10,000.00.

Detailed expenditure and New budget is attached separately.

**11. Any other comments.** Other relevant information

This year we have given nutritious food to the beneficiaries' mothers also. We gave them eggs, banana, peanut and jaggery laddoos. And visited children's houses and have interacted with their parents and have managed to develop fairly good relationship with some of them.

We got eggs from the Egg Corporation of India, so our teachers have taken extra efforts to make different items like sometimes boiled eggs, omelettes, scrambled eggs etc. Children have enjoyed it.

January 2011 to November 2011

<b>Particulars</b>	<b>january 2011 to December 2011</b>	<b>Spent</b>	<b>new budget</b>
Salary for teacher & cook ( Rs 1300x2x12 months)	31,200.00	28,400.00	31,200.00
Food (vegetables, eggs, whole-grain, rice, fruits)	42,000	30,477.00	35,000.00
Fuel (GAS)	1000	1,105.00	1000
Rent of the centre	14,000	12,320.00	14,000.00
Toys	500	500	500.00
Medicine (Tonic)	1000	2394	1,500.00
Teaching Aids	500	500	500.00
Light Bill	1200	1,100.00	1,800.00
Travelling	3600	3,316.00	3,600.00
Doctors fees	12000	11,000.00	12,000.00
Stationery	1000	910.00	1,000.00
Sanitation Napkins, towels, soap, Phenol, broom & duster	1000	1,057.00	1,000.00

Meetings with parents on exploring income generating measures.	6000	1,050.00	0.00
Three Awareness Programmes on Family Planning, early child marriage and importance of education, etc. This will cover tea snacks for the parents, doctors' fees, travel of resource persons, audio-visual aids or slide shows.	3000	3,000.00	2,500.00
Training/workshop on simple nutritional diet (2 times x Rs 500)	1000	1,000.00	1,000.00
Photographs	1000	1,000.00	1,000.00
Thongs (Rs 60 x 20 children) in case someone loses or damaged.	1200	1,190.00	1,200.00
e-mail charges			2,000.00
Bank charges approximately	3000	0.00	0.00
<b>Total</b>	<b>124,200</b>	<b>100,319.00</b>	<b>110,800.00</b>

Note;- The expenses are till 30th of November I will send you the expenses of December by 1st of January 2012.