



Benevolent Organisation for Development, Health & Insight

Founding Patron: His Holiness XIV Dalai Lama

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2011 Project Proposal

Project Site: HADAPSAR (GOSAVI VASTI)

Project Title: BALSANGOPAN CENTER (DAY CARE CENTER)

Description of the Project and people involved:

The project aims to provide medical and nutrition help to the malnourished children in the age-group of 0 to 5 years children belonging to nomadic tribes called Gosawi. With the help of BODHI international the project have been involved with this tribe for last two years. The activities conducted in the last two years, were mainly educating and feeding the younger malnourished children in age-group 0 to 5 years and making the families aware about, early child marriages, health and hygiene, health check-ups of tribal women.

In the last two years the project have realised that the children are looking good and confident, they can sing nursery rhymes, draw pictures, etc. The families are also taking this project seriously as they are sending their children to crèche neat and tidy. There are 30 children in the crèche.

The project has learnt that although it has given supplementary feeding to the tribal children, the parents are not able to continue giving the same inputs to the children in their homes as they are very poor. The parents mainly depend on daily wages. 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 is also unhygienic and thereby aggravating the problems and thus there is occurrences of the infectious diseases. Thus all the children (excluding children coming in the crèche) in these tribes are not able to get balanced diet and they get succumbed to diseases.

Thus the new emerging problem in the slum is that although the project is able to raise the nutritional level of 28 children, it was seen that their brothers and sisters are still vulnerable to nutritious food, resulting into malnourishment.

So the project now aims not only to create awareness in the families about family planning and early girl child marriages, hygiene education, but also to increase the number of children who can get good nutritional food and also to take measures to give opportunity to parents to earn more in future.

The population of this tribe is about 5000 persons and their children are malnourished & not having normal vaccination. While doing vaccination it noticed that these people are very poor,

they cannot have enough food to their children, due to lack of education and low income status.

As already mentioned that the education of the parents is not at all satisfactory, thus there is still a need about family planning which will give a lasting impact on the community. There is also a prevalence of early girl child marriages, which normally affects the girl's health as well as the newly born infant also. Therefore there is also a need of awareness on preventing early girl child marriages in the community.

Objectives of the Project:

1. To improve the health status of 35 malnourished children belonging to scheduled nomadic tribes 28 in the crèche and 7 their brothers and sisters.
2. To inculcate habit of cleanliness and hygiene in parents and family.
3. To do awareness of parents regarding cleanliness, health, hygiene and waterborne diseases.
4. To create awareness regarding family planning, **simple nutritional diet and the importance of education and** of family planning, and the disadvantages of early marriage.
5. To explore income generating opportunities in the families.

Number of people the project will help:

Direct Beneficiaries: 35 children age group 0 to 5 years.

Indirect Beneficiaries: Approximately 150 women and adolescent girls.

Duration of project: For 1 year

How will the project be evaluated (We will send a Project Evaluation Form at the appropriate time)?

We will evaluate the project with the help of an external evaluator who will evaluate the project for us. The external evaluator will be appointed in consultation with both JEEVAK and BODHI.

Budget (Please be very specific, and use an extra page if necessary): (for one year)

Budget for Jan 2011 to December 2011

Particulars	Funds requested from BODHI	Other contributions, if applicable	Total
Salary for teacher & cook (Rs 1300x2x12 months)	31,200.00	0	31,200.00
Food (vegetables, eggs, whole-gram, rice, fruits)	42,000	8400	33,600.00
Fuel (gas)	1000	0	1,000.00
Rent of the centre	14,000	0	14,000.00
Toys	500	0	500.00
Medicine (Tonic)	2000	0	2000.00
Teaching Aids	500	0	500.00
Light Bill	1200	0	1,200.00
Travelling	3600	0	3,600.00
Doctors fees	12,000	0	12,000.00
Stationery	1000	0	1,000.00
Sanitation napkins, towels, soap, Phenol, broom & duster	1000	0	1,000.00
Meetings with parents on exploring income generating measures.	6000		6,000.00
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	0	3,000.00
Training/workshop on simple nutritional diet (2 times x Rs 500)	1000	0	1,000.00
Photographs	1000	0	1,000.00
Thongs (Rs 60 x 20 children) in case someone loses or damaged.	1200	0	1,200.00
Bank charges approximately	3000	0	3,000.00
Total	125,200	0	125,200.00

Project Evaluation 2010

1. Introduction. Please briefly outline the project, its purpose and overall achievements.

This report is the third year of the Balsangopan (Day Care) project, which aims to provide medical and nutrition help to the malnourished children in the age-group of 0 to 5 years 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 noticed that these people are very poor, they cannot have enough food to their children, due to lack of education and low income status. This year it also concentrated for anemia testing of 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 is also unhygienic and thereby aggravating the problems and thus there is occurrences of the infectious diseases.

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 under nourishment of the children as there are too many persons to be feed. Therefore there is a need about 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 also. 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 are looking comparatively tidy, hygienic, using washed clothes. They also wash hands before handling food and after defecation.
3. 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 also 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 (target group). Please provide details on the people assisted by the Project. What were the type and level of needs and/or issues you encountered?

31 children were assisted through food (milk, eggs, fruits, whole grains, rice, pulses, vegetables, etc). Medical camps are conducted every month by our doctor. The children are provided tonics (b-complex) and medicines for deworming, etc. The centre is a hygienic environment which is maintained through daily cleanliness. Awareness camps on breast feeding, nutritious food, hygiene education were taken from time to time.

The families were also given plates, clothes and toys for their children.

One meeting was conducted on forming women self-help group and child nurturing.

One awareness camp was conducted with parents on not to marry their daughters below 18 years.

We were not able to conduct anemia check-up for women as there was widespread prevalence of the swine flu and Chicken Guinea (Chikungunya virus, transmitted by mosquitoes]. People were going to the government hospitals for treatment, we were also providing medicine to the parents of the children who were sick, so that the children too do not suffer the same.

We want to run an anemia detection camp but have not managed to find the resource person, we tried to contact the cantonment Board doctors. It is a very lengthy procedure, but we are committed to it and will probably succeed in taking one camp by the end of this month [December, 2010] if all goes well.

3. Number of people assisted. Please record the number of people who benefited from the project.

31 children in the age-group of 0-5 years belonging to nomadic tribe called GOSAWI.

26 families were assisted by giving information on child nurturing, effects of early child marriage, family planning, cleanliness etc.

4. Assistance provided. Please describe what services were provided to the target group. For example:

- * assistance to meet general and basic needs;
- * services and support (eg counselling, referral, information, advocacy)
- * group programs/courses, activities, camps, training,
- * improving resources/facilities/buildings/equipment, other community development initiatives

33 to 35 children were assisted by providing them nutritious food like milk, eggs, fruits whole grains, rice, pulses, vegetables, etc. Medical care was also provided, like deworming, tonic (b-complex), etc. There is a hygienic environment in the day care center because we pay special attention to maintaining its hygiene. Awareness camps on breast feeding, nutritious food, hygiene education were taken from time to time.

5. Outcomes achieved. Please describe what the target group achieved as a result of receiving assistance. Examples could include:

- * an improvement in skills, knowledge, attitudes, self-esteem, motivation, social contacts/networks, confidence, empowerment, community participation, quality of life, life management skills, personal development
- * decrease in negative behaviour such as offending, drug/alcohol abuse;
- *gained access to other services or resources, employment, education or training.

1. There is satisfactory weight gain in the age-group of 0-5 children by at least 2 Kgs.
2. The children are looking comparatively tidy, hygienic, using washed clothes. They also wash hands before handling food and after defecation.
3. The children who look 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 also draw pictures like leaves, flowers, birds, ball, ballons.
5. The children can make fruits and other items of clay.
6. Handicap 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.

6. Other Achievements. Please describe other areas of achievements of the project. Examples of other achievements could include:

- * community development/community building and;
- * improvement in facilities, services or organisational functioning;
- * new facilities, programs or services established;
- *existing programs expanded or enhanced;
- * improvements in administration of a program leading to greater efficiency and/or service quality;
- * recruitment and training of volunteers to improve or expand a program or service.

In the last two years we can see substantial changes in the children. They are now confident and look forward to going into mainstream education. The community recognizes our institute as doing some good for their children and are also giving priorities for participating in our programmes.

7. Any other comments - Provide any other information relevant to the project.

We recognized that just giving food to their children and conducting awareness camps and health check-ups is not sufficient for the sustainable development of the children. We would like to introduce income generation programmes in the next year or the year after. In the next year, we would like to explore what income generation activities the parents can undertake.

One possibility being considered is that the women can make paper bags from old newspapers and cloth bags from old torn bedsheets or saris or other material which is not in use. This will be cheap and best and will fetch them some income. Once you teach them this skill, they can do it in their own house and this can be for life time if they take it seriously rather than go rag picking.

Your Details: *please update your details if necessary*

Project: Bal- Sangopan

Project Details: Health Project for Malnourished Nomadic Tribes Children.

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