

2015



Annual Report

Year 2014-15



[Prayas]

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About the organization:

Prayas is a voluntary organization, based in Chittorgarh district of southern Rajasthan and is working for social, political, and economical development. Established in 1979, Prayas, as its name suggests, is distinguished primarily by its evolving orientation. It has taken up many kinds of issues and undertaken a variety of projects, sometimes divergent approaches. Now Prayas has completed his excellent 37 years of service.

Mission of Prayas

Prayas symbolizes a ‘continuing effort’. Its purpose is to work for equity and universality of resources and services to the deprived community as their essential entitlement. Its mission statement is- “revitalization of the self esteem of poor to bring about improvement in the quality of life”.

Vision of Prayas

The organization has a vision to work for removal of discrimination built on social, cultural, economic, religious, and geographical and gender grounds.

Principles of Prayas

The work of Prayas is guided by following principles: “Enable poor section of the society to have opportunities for their equitable social, economic, physical and cultural growth without any discrimination on grounds of religion, culture, economic status, geographical location and gender. Facilitate creation of alternative body of knowledge and mechanism for sustainable community development based on the principles of equity.”

Objectives of Prayas

Enable the poor to have opportunities for their social, economic, physical and cultural Growth. Create alternative knowledge and mechanisms for community development. Advocacy to secure social, economic, political and cultural entitlement for all. Respond to contemporary poverty related community needs and Campaign for gender sensitive conduct and equity.

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Improving maternal health with social determinates approach

Objective:

This project proposes to contribute to universal access of the complete package of maternal healthcare through a social determinant approach. It will work at multiple levels on women's access to nutrition intra-household, healthcare awareness and demand, empowerment of women and delayed marriage; building community capacity for planning and demanding accountability of health delivery system; national and global advocacy for prioritizing maternal health of the most marginalized.

Thematic Coverage:

- Women with access to balanced and wholesome food.
- Women with access to quality obstetric care including referral services.
- Women conceiving at least after one year of legal age of marriage.
- Comprehensive policy, processes for maternal health formulated and realization of right to maternal health initiated in the intervention states

Geographic & Demographic detail:

This project is implementing in selected 5 districts of Rajasthan namely Chittorgarh, Dungarpur, Jaipur, Pratapgarh and Udaipur. Field related intervention will be carried out in 3 PHCs area of Chittorgarh and Pratapgarh districts.

District		Block (for field intervention)	PHC (for field intervention)	No. of Village (for field intervention)
Chittorgarh	Field and advocacy related work	Chittorgarh	Ghatayawali PHC	29 Revenue villages
Pratapgarh	Field and advocacy related work	Pratapgarh	Amba Mata PHC and Devgarh PHC	66 Revenue villages
Dungarpur	Only advocacy related work			
Jaipur	Only advocacy related work			
Udaipur	Only advocacy related work			
Other districts of Rajasthan	Only advocacy related work			

Major Achievement

1. Capacity building of community institutions (VHSDWN committee; Barefoot auditors) for demanding food entitlements under PDS, ICDS schemes, quality cashless maternal health services at public health institutions.
2. Linkage of community institutions with various government schemes and their reorganization from government and getting financial support.
VHSDWNs are government body formed at each revenue village and now due to this intervention, they become active and their regular meeting is happening at intervention villages. Apart from it a separate bank account of this committee has been opened with ASHA and Ward Panch (PRI member) are signatory and they are getting Rs. 10000/- per annum.
3. Development of Community Based Monitoring tool and MIS format. Introducing village health register in intervene area to get primary data on maternal health and its social determinants. Collecting information as per the MIS format from January 2013.

Outcome / Output	Indicators	Milestone	Progress
Outcome: "Improved women's health status in the six poorest states of India".	Number of women with incidences of serious health problems related to child birth	5% reduction in the intervention sites - 3955	During the period from September 2012 to March 2013, out of total 1041 delivery, 926 was institutional delivery so almost 89% of the pregnant women were taken care for any complication during child birth. So according to milestone, we have reduced more than 5% and achieved the milestone of 2447 against 3955.
	Number of women conceiving at least one year after the legal age of marriage	2% increase in intervention areas. - 17928	In this regard, all the women who have delivered in health institution in the intervention area are conceived at least one year after the legal age of marriage i.e. 926 out of total 1041 deliveries. So according to milestone, we have increased it by more than 2% and achieved the milestone of 19703 against 17928.
	Number of women consuming iron rich/ iron fortified food	Increase in number of women aware about the Iron rich food sources - 2860	About 3717 women has been aware about advantages of consuming iron rich /iron fortified food at home and also from AWW centres at various platform including VHSC member training; Barefoot auditors training; Adolescent girls health fair; Health and WASH mela; PRI orientation; ASHA and AWW workers meeting; community mobilization etc.
Output 1: Community capacity to advocate for	Number of community institutions equipped to	22 VHSCs	95 VHSCs members are trained on demanding entitlements under

women's access to a wholesome balanced diet.	demand the promised entitlement under the PDS /ICDS schemes at right frequency		PDS/ICDS schemes.
	Number of VHSCs/Citizens bodies able to prepare community score cards on the performance of ICDS and PDS.	8 VHSCs	Although all VHSCs are trained on demanding entitlements under PDS/ICDS schemes but this year VHSCs haven't generate any community score cards on the performance of ICDS and PDS. The platform for community based monitoring process is already developed and in the year 2013-14, it will be on place.
Output 2: Women have improved and increased access to obstetric care including referral services in project intervention areas	Number of women benefited under the Janani Surkasha Yojana (JSY) scheme	10% increase in the intervention area - 17638 (Baseline: 72.38%)	During the period from September 2012 to March 2013, 926 deliveries conducted in public health institutions out of total 1041 deliveries happened in intervention area. All these 926 mothers have received benefit through JSY i.e. 88.95% women benefited under the JSY scheme. So according to milestone, we have achieved 19703.
	Number of PHCs with referral services for complicated pregnancy	2 PHCs have referral transport support	In Rajasthan, this intervention is going on in 3 PHCs area of two districts. All the 3 PHCs have the referral services for complicated pregnancy under Janani Shishu Suraksha Karyakram (JSSK) named as Janani Express. They also have toll free facility (104) for the same.
	Number of PHCs and CHCs having at least a monthly stock of essential drugs for maternal health	1PHCs and 1 CHCs	In all 3 intervention PHCs, under the Chief Minister Free Medicine Scheme -Rajasthan, all the essential drugs are available and provided at free of cost. Apart from it, under JSSK scheme also all the medicines required during pregnancy and delivery time, are available free of cost at all 3 intervention PHCs.
	Number of women having access to contraceptive and safe abortion services	5% Contraception - 9875 (Baseline: 42.45%); 4% Safe Abortion - 214 (Baseline: 0.9 %)	Regarding contraception, state has not made significant progress against the baseline as it is already high and complete information regarding safe abortion could not collected through community as it is very sensitive issue.
	Number of births	10% increase in	During the period from

	attended by skilled health personnel	number of births attended by skilled health personnel - 11250 (Baseline: 46.17%)	September 2013 to March 2013, 926 deliveries conducted in public health institutions out of total 1041 deliveries happened in intervention area. It means 88.95% of the deliveries are attended by skilled health personnel. So according to milestone, we have achieved 19703.
Output 3: Women with increased awareness and knowledge on legal age of marriage and contraception methods.	Number of women able to articulate different disadvantages of early marriages	5 % women able to articulate different disadvantages of early marriage - 1079	More than 1079 women has been oriented about different disadvantages of early marriages at various platform including VHSC member training; Barefoot auditors training; Adolescent girls health fair; Health and WASH mela; PRI orientation; ASHA and AWW workers meeting; community mobilization etc.
	Number of women aware about the availability of contraceptive and abortion services at various levels of public health system	No. of the women in the intervention sites - 5314	About 3717 women have been aware about the availability of contraceptive and abortion services at various level of public health system.
	Number of women and eligible couples in the intervention area having knowledge of temporary method	No. of the eligible couple in the intervention area - 16998	In this regard, specific data has not been generated, although as the baseline is already high and it is one of the flagship programmes of government, thus knowledge about temporary method is quite high among women and eligible couples and more than 16998 women are aware about the same.
Output 4: Increased engagement of CSOs in monitoring and planning of the Government health delivery services through identification of policy gaps at all levels	Number of Village Health plans with focus on maternal health	30 VHSCs are trained on planning of local health services with emphasis on women health issues	All 95 VHSCs has been trained on planning of local health services with emphasis on women health issues
	Existing policy gaps are identified by doing community based monitoring of maternal health services through VHSCs/ citizens bodies	30 VHSCs are trained on monitoring of local health services with emphasis on women health issue	All 95 VHSCs has been trained on monitoring of local health services with emphasis on women health issue.

	<p>Number of VHSCs/Citizens bodies able to monitor the performance of ICDS and PDS.</p>	<p>8 VHSCs in the intervention areas</p>	<p>Although all VHSCs are trained on demanding entitlements under PDS/ICDS schemes but this year VHSCs haven't generate any community score cards on the performance of ICDS and PDS. The platform for community based monitoring process is already developed and in the year 2013-14, it will be on place.</p>
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चित्तौड़गढ़ नवज्योति

प्रताड़ित महिलाएं जानकारी के अभाव में भटकती रहती हैं : प्रो. जैन

न्यूज सर्विस/नवज्योति/चित्तौड़गढ़ राजस्थान राज्य महिला आयोग की अध्यक्ष प्रो. लाड कुमारी जैन ने कहा कि महिलाएं कई प्रकार की घरेलू व यौन हिंसाओं से प्रताड़ित होती हुए भी जानकारी के अभाव में भटकती रहती हैं।

वे श्री सांचलिया जी विश्रान्ति गृह में प्रयास की ओर से आयोजित जन स्वास्थ्य एवं सुरक्षित मातृत्व के लिए महिला स्वास्थ्य मेले के तहत हुई सभा में बतौर मुख्य अतिथि बोल रही थीं। प्रो. जैन ने विभिन्न हिंसाओं के विकल्प अधिनियमों की जानकारी देते हुए बताया कि यौन हिंसा सिर्फ लड़कियों के साथ ही नहीं होती बल्कि लड़कों के साथ भी दुष्कर्म जैसी घटनाएं हो रही हैं। पुलिस विभाग द्वारा कार्रवाई में बाधिलता बरतने के कारण अपराधियों के हीसले बूलंद रहते हैं। पुलिस किसी भी प्रकार में अनुसंधान का बहाना बनाकर मामलों को लंबित कर देती है, जबकि अनुसंधान भी विशेष धाराओं के साथ ही होना चाहिए।

स्वच्छता की शपथ दिलाई
आयोग की सदस्य लताप्रभाकर चौधरी ने मेले में उपस्थित समस्त व्यक्तियों को प्रधानमंत्री द्वारा चलाये जा रहे स्वच्छ भारत अभियान के लिए ग्रामीण महिलाओं में जनचेतना विकसित करने के लिए स्वच्छता के लिए संकल्प दिलाया और कहा कि स्वच्छता के लिए प्रत्येक व्यक्ति की जिम्मेदारी बराबर है। इसे जीवन में अपनाना चाहिए जिससे कि सबके स्वास्थ्य की कामना सफल हो सके।



चित्तौड़गढ़। स्वास्थ्य मेले के शुभारंभ पर मंचासीन अतिथि व मौजूद महिलाएं।

पुलिस हरसंभव मदद करेगी : भाटी

पुलिस उपवीक्षक कान सिंह भाटी ने हिंसा से पीड़ित महिलाओं को हरसंभव सहयोग करने का विश्वास दिलाया और कहा कि कमी भी किसी भी समय पीड़ित महिलाएं पुलिस थाने में आएं तो उन्हें न्याय दिलाने के लिए पुलिस मदद करेगी। संचालन रेखा नागदा ने किया। मेले में संस्था द्वारा संघलित मातृत्व स्वास्थ्य सुधार कार्यक्रम में ग्राम पंचायत अटिथावली, गिल्ड, एराल, नेतावलगढ़, पाछली एवं उदपुरा क्षेत्र से कई ग्रामीण महिलाओं सहित महिला एवं बाल विकास विभाग से आशा एवं आंगनवाड़ी कार्यकर्ता और स्वास्थ्य विभाग से स्वास्थ्य सेवा प्रदाताओं ने भाग लिया। मेले में कला जन्य कार्यक्रम के माध्यम से स्वास्थ्य के लिए आवश्यक है स्वच्छता का संदेश प्रसारित किया गया।

विभिन्न योजनाओं की जानकारी दी

जन स्वास्थ्य अभियान राजस्थान से जुड़े सामुदायिक स्वास्थ्य वैज्ञानिक डॉ. नरेन्द्र गुप्ता ने मेले के उद्देश्यों की जानकारी देते हुए ग्राम स्वास्थ्य, स्वच्छता, पंचायत एवं पोषण, किशोर-किशोरी स्वास्थ्य, बाल विवाह को रोकने, परिवार नियोजन, कन्या भ्रूण हत्या को रोकने, सुरक्षित मातृत्व एवं बाल स्वास्थ्य, मातृ एवं शिशु मृत्यु दर कम करना, संस्थागत प्रसव को बढ़ावा देने, टीकाकरण, बालिका शिक्षा, सरकारी अस्पताल में इलाज के लिए निःशुल्क दवाइयों एवं जांचों के बारे और राष्ट्रीय रोजगार गारंटी अधिनियम, महिला हिंसा उन्मूलन पर जानकारी प्रदान की।

मातृत्व एवं जन स्वास्थ्य की जानकारी दी

अतिरिक्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी डॉ. हरीश उपाध्याय ने मातृत्व एवं जन स्वास्थ्य के लिए स्वास्थ्य विभाग द्वारा संघलित विभिन्न योजनाओं की जानकारी प्रदान की। जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी डॉ. आशिस कुमार ने बताया कि महिलाओं की सजगता और संस्थागत प्रसव के कारण शिशु एवं मातृ मृत्यु में कमी आई है। उन्होंने जननी शिशु सुरक्षा एवं शुभलक्ष्मी योजनाओं के बारे में जानकारी प्रदान की।



रैली निकाल 'एड्स मुक्त हो देश हमारा' का संदेश दिया

रुजू संविधानव्योमि, चित्तौड़गढ़

प्रयास संस्थान, चिकित्सा एवं स्वास्थ्य विभाग, अर्पण सेवा संस्थान, रासेयो, आमावरा विकास संस्थान, एकीकृत जांच एवं परामर्श केन्द्र चित्तौड़गढ़ के संयुक्त तत्वाधान में विश्व एड्स दिवस पर जिला कलेक्टर ने जीएनएम प्रशिक्षण केन्द्र, जिला अस्पताल से जनचेतना रैली को प्रारम्भ कर एड्स मुक्त हो देश हमारा का संदेश जन-जन तक पहुंचाने का संदेश दिया। यह रैली अस्पताल से प्रतापनगर एवं रेलवे स्टेशन के मुख्य मार्ग से गुजरती हुई प्रयास कार्यालय पहुंच समाप्त हो गई। रैली में अतिरिक्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी डॉ. हरिश उपाध्याय, डॉ. अरविन्द मल्होत्रा, जीएनएम प्रशिक्षण केन्द्र, प्राचार्य कोशला पाटीदार, डॉ. नरेन्द्र गुप्ता सहित कई सरकारी एवं गैर सरकारी संगठनों के प्रतिनिधि मौजूद थे। इस अवसर पर जीएनएम प्रशिक्षण केन्द्र जिला अस्पताल परिसर में सभा हुई। सभा में सामुदायिक स्वास्थ्य वैज्ञानिक एवं जन स्वास्थ्य अभियान राजस्थान के राज्य समन्वयक डॉ. नरेन्द्र गुप्ता ने कहा कि एड्स के उपचार एवं बचाव के तरीकों का ज्ञान समुदाय में प्रचारित करने के लिए युवाओं को आगे आना चाहिए। डॉ. गुप्ता ने ईबोला रोग के बारे में बताया कि एड्स और ईबोला में कई समानताएँ हैं।

जन चेतना का अभाव

प्रयास समन्वयक रितेश लद्दा ने बताया कि वर्तमान में भारत में 7.7 लाख व्यक्ति इस रोग से ग्रसित हैं और इनमें से 50 प्रतिशत रोगी दक्षिणी भारत के चार राज्यों के निवासी हैं। इस रोग को संख्या राजस्थान सहित अन्य राज्यों में भी कम नहीं है, किन्तु जन चेतना का अभाव होने से पूर्ण जांच नहीं हो पा रही है। इस अवसर पर संगीता त्वागी, प्रभारी अर्पण सेवा संस्थान, प्रयोगशाला सहायक मिट्टलाल धाकड़, काउन्सलर अनिल शर्मा, जीएनएम छात्र राकेश तिवारी, लक्ष्मण शर्मा ने एड्स को रोकथाम के लिए उपचार एवं बचाव पर विचार व्यक्त किए। संचालन प्रयास कार्यक्रम प्रभारी रामेश्वर शर्मा ने किया। शाम को मीमवती जलाकर एड्स रूपी अधिकार को मिटाकर चारों ओर उजाला फैलाने का संकल्प लिया।

कन्या महाविद्यालय में व्याख्यान

राजकीय कन्या महाविद्यालय के युवा विकास केन्द्र एवं एन.एस.एस. के संयुक्त तत्वाधान में व्याख्यान हुआ। प्राचार्य प्रो. मुरलीधर मुंडड़ा ने अध्यक्षता की। व्याख्यान को मुख्य वक्ता डॉ. संतोष राठी ने कहा कि एड्स जन्मजात बीमारी न होकर असंयमित जीवन प्रणाली के



चित्तौड़गढ़। विश्व एड्स दिवस पर जिला कलेक्टर से निकली रैली।

'एड्स से बचने का एकमात्र उपाय सही जानकारी'

रुजू संविधानव्योमि, कपासन

एड्स जैसी लाइलाज बीमारी का एकमात्र उपाय सही जानकारी है। यह विचार रवीन्द्रनाथ टैगोर स्नातकोत्तर महाविद्यालय की रेड रिबन क्लब एवं एनएसएस इकाई के संयुक्त तत्वाधान में विश्व एड्स दिवस पर आयोजित एड्स जागरूकता वार्ता एवं परिचर्चा में मुख्य वक्ता कपासन राजकीय चिकित्सालय एआरटी प्रभारी पूरणमल सालवी ने व्यक्त किए। सालवी ने कहा कि एड्स कोई बीमारी नहीं है। यह तो एक वायरस है जो किसी व्यक्ति के शरीर में आ जाने पर विभिन्न बीमारियों को आमंत्रित करती है और अन्तोगत्वा उस व्यक्ति को काल के गर्त में धकेल देता है। परिचर्चा में चिकित्साधिकारी लोकेश कुमार घंटेले ने एड्स रोग होने के कारणों एवं निवारण से उपाय बताते हुए कहा कि जीवन में विवाह से पूर्व पंडित से गुण मिलाने की बजाय अपने होने वाले जीवन साथी का एचआईवी टेस्ट अवश्य करवा लेना चाहिए। एड्स के मुख्य कारण : परिचर्चा की अध्यक्षता करते हुए महाविद्यालय उपाचार्य डॉ. ओ.पी. सुखवाल ने कहा कि भारत में एड्स दीमक की तरह फैल रहा है, जिसका मुख्य कारण गरीबी, बेरोजगारी, आर्थिक अस्थिरता, अशिक्षा के



कपासन। एड्स जागरूकता वार्ता एवं परिचर्चा में विचार व्यक्त करते वक्ता।

साथ-साथ गिरजतर बढ़ रहे आवश्यक वस्तुओं की मुख्य वृद्धि है। एड्स के रोगियों को नफरत से नहीं समाज की मुख्यधारा से जोड़ने की आवश्यकता है। क्लब व कार्यक्रम अधिकारी राजेश शर्मा ने बताया कि परिचर्चा में स्वयंसेवकों ने अनेकों प्रश्न कड-एड्स के बारे में जानकारी हासिल की। परिचर्चा में महाविद्यालय के व्यवस्थापक राकेश जीनगर, नंदलाल खटीक, मोनिका दाधीच, हीरालाल अहीर, प्रीति राठौड़ व छात्रसंघ अध्यक्ष विनित जैन, संयुक्त सचिव मुकेश कुमार तेली एवं स्वयंसेवक उपस्थित थे। संचालन हेन्डी व्याख्याता मुकेश शर्मा ने किया।

कारण उत्पन्न होती है। डॉ. राठी ने इस विषय में छात्राओं को जिज्ञासाओं का समाधान किया। युवा विकास केन्द्र की प्रभारी डॉ. ममता शर्मा ने बताया कि युवा पीढ़ी इस

बीमारी से अधिक संक्रमित हो रही है। संचालन एन.एस.एस. प्रभारी डॉ. सी.एल. महावर ने किया। डॉ. नीलम ने धन्यवाद ज्ञापित किया।



प्रकरणों के निस्तारण का दिया आश्वासन

जिप सभागार में पुलिस व विधि विशेषज्ञों की कार्यशाला

भास्कर न्यूज | चित्तौड़गढ़

प्रयास द्वारा मातृत्व सुधार कार्यक्रम के तहत सुरक्षित मातृत्व एवं स्वास्थ्य सेवाओं को सुदृढ़ करने के उद्देश्य से सांवलियाजी विश्रान्ति गृह में जनसुनवाई हुई। जिसमें अधिकारियों ने आए प्रकरणों के निस्तारण का आश्वासन दिया। बुधवार को जिला परिषद सभागार में बाल संरक्षण एवं महिला हिंसा उन्मूलन की पैरवी के लिए पुलिस एवं विधि विशेषज्ञों की सहभागिता पर अभिमुखीकरण कार्यशाला हुई।

जनसुनवाई में मुख्य रूप से बीड़घास गांव की शारदा ने जननी सुरक्षा का लाभ नहीं मिलने, गिल्लूड की प्रेम ने डिलेवरी के दौरान ऑपरेशन सही नहीं होने से दो महीने तक तकलीफ, गढ़वाड़ा की सागर देवी एवं

एराल की भैरी बाई ने बताया कि बीपीएल को मिलने वाला पांच किलो घी नहीं मिला। इसी प्रकार कई महिलाओं ने जननी सुरक्षा योजना के तहत लाभ नहीं मिलने की बात कही। प्रयास निदेशक खेमराज चौधरी, एएसपी नारायण सिंह राजपुरोहित, महिला एवं बाल विकास विभाग की उप निदेशक अजिता शर्मा, श्रीसांवलियाजी अस्पताल के डॉ. अमित श्रीवास्तव, सामुदायिक वैज्ञानिक एवं जन स्वास्थ्य अभियान के राज्य समन्वयक डॉ. नरेंद्र गुप्ता, एनएचएम के डीपीएम विनायक मेहता ने विचार रखे। अध्यक्षता करते हुए एडीशनल सीएमएचओ डॉ. हरीश उपाध्याय ने प्रकरणों के निस्तारण का विश्वास दिलाया। एएसआई प्रकाश चंद्र, सेवानिवृत्त आरएएस अधिकारी सुनील कुमार झा, एडवोकेट केएल श्रीमाली, चांदमल गर्ग, अब्दुल सत्तार, सत्येंद्र व्यास, डॉ. भगवत सिंह तंवर मौजूद थे। संचालन रामेश्वर शर्मा ने किया।



Strengthening Village Health and Nutrition Days in 16 Districts of Madhya Pradesh

A. Objectives of the Project

1. To strengthen systems, especially for training and performance improvement of health and ICDS officials, frontline workers and community members for VHND strengthening.
2. To establish systems for regular and collaborative monitoring and assessment of VHNDs by health and ICDS officials along with community members.
3. To document learning on VHND strengthening and share results with key stakeholders at the district and state levels for replication and scale-up.

Based on the assessments carried out, it can be inferred that the current status of utilization of Government health services in VHND sites is not very encouraging as far as infrastructure and competency of frontline workers are concerned. Competency of frontline workers is expected to rise when their trainings will be conducted in the districts which are planned in near future. Supply chain management of medicine and vaccines are not that sound and needs to be strengthened as the availability of medicines were not there at VHND sites because of poor supply chain management. Sanitation, Privacy during ANC and PNC checkups, Drinking water facilities, Toilet with running water is not available at VHND sites are major barriers of utilization of health services in VHND sites. Unavailability of Infrastructure like Government building, proper sitting arrangement, ANC check up table is also major cause of non utilization of health service in VHND sites. Unavailability of IEC material in VHND site and lack of counseling of pregnant mother and adolescent married couple and unmarried adolescent girls is not being done in a proper manner through health providers (ANM, ASHA and AWW). Referral registers, due list, MCH cards are not maintained properly due to Lack of Accountability of health providers (ANM, ASHA and AWW) and local stakeholder. A lot still need to be done and if the intervention would have had been there for longer than the situation could have been even better.

Understanding Barriers to ANC and Institutional Delivery Survey of Women Who Recently Delivered in Rajsamand

Discussion and Recommendations Based on Triangulation of Data

Based on the triangulation of information from the survey, key Informant Interviews and focus group discussions, the following facts need consideration and prioritization.

1. Change the perception of importance of ANC and Institutional delivery

- Within the sample 45% of the women who delivered at home and 60% of the women who delivered at an institution had registered in the first trimester. The reasons quoted for late registration within the survey point out that they were not aware, were not informed to register early and had no apparent health problem.
 - a. Although the ASHA is making efforts to inform women, they face the obvious challenge of pregnancy identification. The reasons are varied from women not informing them due to fear of bad omen, being shy to reveal pregnancy to abortion risks. This in turn ties into the perception of importance as many believe no ANC check-up is required as such unless they face a problem.
 - b. 47% of the sample belonged to nuclear families. There was not much difference between these in the group that delivered at home verses an institution. However the service providers do feel that this issue to some extent influences the support the women has to access health facilities. She is not able to leave her other children at home if there is no one to look after them. Even if she does deliver at an institution, she is sometimes unable to visit the once a month MCHN day due to the same reason, as it does take up a significant proportion of her day. This in turn affects the ANC check-ups.

Efforts need to be focused on improving the awareness of benefits of ANC so that women and community members perceive early registration and ANC follow up as very important. Only when the perception improves will there be a more permanent change in demand from the community for these services.

2. Providing Quality Services to generate demand

- Education is crucial to understanding the counsel of ANCs, benefits of delivering at institution and importance of nutrition during the life cycle of an individual. More than half the sample 56% did not have any schooling. There was however no apparent difference in proportion of women who delivered at home and at an institution based on difference in schooling years. It is clear via the data in this study that apart from education, there are other important factors that play a role in the outcome of delivery. For example:
 - a. The women and the community's perception of the importance and benefits of ANC and delivery at an institution and the 48 hour stay are poor.

- b. Even if they understand the benefits of delivering at an institution, there is a want for quality services. This is apparent through the benefits they perceive at a private institution-manpower, attentive care, faster delivery and fewer days of stay. Trust in Dais, who they also perceived as more skilled to conduct deliveries rather than being referred from facilities even for simple deliveries, lead to the high numbers of reported and unreported home deliveries.

Changing the perception is not enough. This has to be followed by provision of quality to maintain the continuum of increased service delivery efforts.

3. Improving MCHN Day Standards

- Over 80% of the women had their first ANC check-ups at MCHN days by the ANM. Therefore the ANM is crucial to motivate the women to attend ANCs and help her understand the benefits of ANC and follow up.
 - a. Assessment by SIFHW has already pointed out that the basic skills of ANMs need strengthening through quality based trainings. However to improve the quality, better supervision is necessary.
 - b. The data highlighted that, 50%-80% women who had undergone 3 ANCs, had not undergone the relevant basic tests even 3 times. 47% women reported to that they were not explained why the different check-ups during ANCs had been done.

Quality Supervision: Supervision is required not only to monitor the quality of ANMs work, but also to draw out the implementation challenges so that the block and district officials can actively discuss how to resolve bottlenecks in a participatory way. This will also be motivating for the ANMs and ASHAs to see that the system does acknowledge their difficulties appreciate their work and also seeks to identify personnel that are not doing carrying out their duties. Currently our interaction has pointed out that supervisors sometimes only come to drop off the vaccines.

4. Diverting Home Deliveries to Institutions – Addressing the Barriers

- a. **Distance and Time:** Although data revealed that 90% of women were reaching facilities within 60 minutes and they were placed within 60km, many deliveries are still occurring at home. This is because it does not take into consideration the time it takes for transport to be contacted and reach the woman's home.
- b. **Terrain:** Difficult terrain makes it tough for woman to reach the road where the vehicle is waiting. 55% of the women hired private vehicles which points to less use of the government sanctioned vehicle. The response of vehicles, especially at night and when they have to navigate difficult terrain is poor.
- c. **Cost:** Almost half the women had to pay more than Rs.250 for transportation cost. In fact proportion of women paying additional costs at institutions is almost same to that of women delivering at home and incurring additional costs.
- d. **Case Load:** Most of the case load is going to PHCs and CHCs as per the data
- e. **Cell Phone Barrier:** Within the sample 53% women were found to have no cell phones of their own. 41% of women had no cell phone access (did not own a cell phone, neither did husband or close by living family/friends). This highlights the fact that although ASHAs and ANMs may provide them with their own numbers,

with relevant numbers for referral and transport services, but people might not be able to make as prompt contact as required. This might also lead to delay of reaching an institution. Many of these areas have poor cell phone network making it difficult even for the ASHA to contact ambulances and private vehicles.

Strengthening Sub centers as delivery points to address some of the above barriers related to access and delayed decision making will be crucial to better uptake of services.

Monitoring of government sanctioned vehicles must be heightened as women and their families are spending even above Rs.1000 to reach the delivery facility out of pocket. **A Systematic transport and referral plan** needs to be in place for each village based on the particular access and needs to contact and reach facilities, based on broader guidelines provided. A similar plan to reach functional FRUs also needs to be in place to avoid delay of high risk cases reaching these facilities. Additionally a systematic and simple plan also motivates people to use facilities. Private vehicles might be more convenient for people and also within closer reach. The challenges faced to access them should be addressed.

IEC and involving the Panchayat and prominent community members to bring more awareness in the community regarding timely access for pregnant women and the child is crucial in improving the perception of the community to deliver at institutions.

5. Family Planning –Nutrition and ANC

- 53% of the sample had married before the legal age. 74% of these women had their first pregnancy between the ages of 16-20 years.
 - a. An effort to delay first pregnancy via family planning education and nutrition requirements for this vulnerable age group is crucial to bring a more permanent and long lasting change, even though it is a sensitive topic to address in communities.
 - b. Adolescent girls who already have poor nutrition get married and then pregnant. From the interviews it was apparent that ASHAs and other personnel within the health system do not give the required focus due to the challenges of this issue.
 - c. Women who do get pregnant early on are more shy to come forward for ANC and sometimes do not realize they are pregnant within the first trimester. Their young age already put them at high risk.

IEC Strategy for family planning and spacing needs to be given more focus and innovative ways of reach and communication must be adopted. Family Planning advice and counsel cannot be simply given to women, but to men and their community. For example may be the focus should be on indirect effects and benefits of late marriage and delaying early pregnancies. This includes health benefits for the child and economic benefits for the family.

6. Nutrition – Community Based Prevention

- There is already an initiative towards community based management of malnutrition. However based on the data this program also needs to include focus on community based prevention of malnutrition.
 - a. IFA consumption is low and irregular mainly because women feel nauseous and sick. However if they were to more clearly understand the benefits, rather than

just understanding how it benefits the “blood and delivery process” may be they would make a better effort for uptake.

- b. If community members instead of just the ASHA and ANM convince adolescent, pregnant and lactating women to take iron supplementation and complement it with a balanced nutrition will the acceptance will be better.
- c. Based on the focus groups and interviews women stop taking buttermilk and ghee based products during pregnancy as the community believes it will accumulate on the head of the child make delivery difficult. These misconceptions prevent them from even consuming their normal diet let alone adopting a healthy diet.
- d. Good nutrition is not a community norm and women do not understand the reason for increased requirements during pregnancy and lactation. They might not perceive this as important as they don't understand the developmental and cognitive effects it has on the child. Anaemic women are at higher risk of giving birth to low birth weight babies. Poor nutrition affects development which affects the productivity of the generation. This vicious cycle continues.

Positive reinforcement via risk messaging is a potential strategy for improved diet and community based management of prevention of malnutrition.

7. Community Involvement- Do not depend on ASHA s alone

- It was apparent from the interviews of the ASHAs and mother-in laws that there is no one key person who influences decision making of the woman regarding her pregnancy care and delivery.
- When the ASHA alone tries to deal with difficult cases there is the attitude that “she is doing it for money” which also demotivates the ASHA to carry out her work.

Involvement of more peer women, committees or groups and the Panchayat would help the ASHA and ANM in their work. **Only when practices about good nutrition, ANC and institutional delivery become a norm in the community is acceptance better and it creates a demand from the consumer side to access the benefits of a public health system.**

Realising Right to Health Through Constructive Community Engagement in Neemuch District.

Objectives:

- To promote community volunteerism and participation of youth in strengthening health and primary health care services
- To enhance knowledge and understanding of community members on significance of health rights and increase people's access to institutional health care services especially that of SC, ST and persons with disability
- To build skills and capacities of community members to assess local health needs, participate in health planning, formulate and implement strategies for effective delivery and monitoring of primary health care services.
- Build capacity of citizens to advocate for better health care services.



Addressing Right to Health by Promoting Greater Government Accountability for Safeguarding People's Right to Access to Essential Medicines

The project aims to attain people's right to health through universal access to essential and life saving medicines by advocating for systems, policies, legal and regulatory frameworks which contribute towards increasing assurance to rational therapeutics and investigations. The overall goal of the project is to organize opinion and action of stakeholders to assure universal access to essential and life saving medicines through the public health system with four states- Rajasthan, Madhya Pradesh, Odisha and Uttarakhand-identified for intensive action.

The project adopts following key approaches to meet the goal:

- Promote knowledge on the concept of rational therapeutics and people's right to free essential and life saving medicines through organization of evidence based public events, regular policy and systems analysis and by monitoring the status of access to medicines.
- Initiate engagement of stakeholders in constructive deliberations and activities to evolve demand for right to free provisioning of medicines
- Advocacy for policy and systemic changes within government system for enhancing access to medicines
- Assist and cooperate with government system in evolving effective systems and mechanisms to increase people's access to medicines

All the four project focus states at the time of initiation of the project were at different stages with respect to implementation of any scheme by the government for free medicines. While Rajasthan had an established scheme for free medicines to all called "*Mukhya Mantri Nishulk Dawa Yojana*" initiated since October 2011 and was doing fairly well, Madhya Pradesh which initiated a similar scheme by the name "*Vallabh Bhai Patel Nishulk Dawa Yojana*" in late 2012 was struggling to streamline systems for procurement, supplies and maintaining quality of drugs. In Odisha, the state government had proposed to initiate free medicines scheme three years back, but there was no significant progress in terms of its execution. Uttarakhand portrayed a very ambiguous picture. During the period when the project was being framed there were reports of some discussions going on in the state about introducing provisions for free medicines, but no concrete decisions were taken by the state till the start of the project.

The project was initiated in January 2015 and till March 2015 most of the activities undertaken were largely dedicated to team building, setting up of state units, analyzing prevailing scenario in the four states in context of access to medicines and mobilizing and sensitizing CSOs around the subject. Jan Swasthya Abhiyan (People's Health Movement) networks in all the four states were instrumental in providing the required platform and entry point to roll out the project and to initiate the campaign on access to free medicines. Jan Swasthya Abhiyan (JSA) member organizations were also pivotal in providing required support in setting up of state units for coordinating the project and in identifying experts and supporters who could lend technical assistance and guidance to forge the campaign forward in the states.

To roll out the project State Units were established in collaboration with prominent local organizations working in the state. State Unit Coordinators were appointed in all the four states to anchor and manage project activities. Team orientation workshop was held in Jaipur in the

month of March 2015 which included project team members as well as representatives from JSA state chapters.

Initial activity under the project was to study and analyze existing state policies, systems and provisions for making essential medicines accessible to all. In the process free medicines scheme in the states and other relevant policies/guidelines were thoroughly studied and comprehensive reports were generated putting together the findings and observations based on policy review and interviews with government officials.

Towards a Wage Labour Exchange: Streamlining Recruitment and Ensuring Social Security to Seasonal Migrant Workers to Gujarat



Public meeting of migrant tribal construction workers demanding decent housing in Ahmedabad

Nearly 10,000 construction workers live in hutments under constant threat of eviction

Summary

The project works across three major migration streams in Gujarat – brick kilns, construction, and agriculture. The main highlight of the reporting period has been (i) the campaign with construction workers at large sites in Ahmedabad (ii) campaign for housing of tribal construction workers in the city of Ahmedabad (iii) wage hikes achieved in brick kilns in three different clusters (iv) increase in case work and settlement of cases.

Construction workers form the largest segment of workers in the unorganized sector. These workers fall in two broad groups according to market segmentation. The workers catering to the demand for repair and minor construction within cities collect at markets, called *nakas* in Gujarat, daily to find work. The large sites employing hundreds and sometimes thousands of workers source their workers directly from far off villages through labour contractors. For various reasons, mostly ease of approach, the NGOs and civil society groups have interacted with the first group alone. For the first time this year, the project proactively focused on large sites in North Ahmedabad around the Vaishno Devi Circle. There are 100 sites here employing nearly 20,000 workers here. The project initiated awareness and mobilization campaign that led to workers enrolling in the workers' organisation. A large number of wage disputes were reported. Issue of nonpayment of minimum wages was reported leading to inspections by Labour Department that helped in pushing up wages to minimum wage levels.

Housing is a major need of construction workers. It is a travesty of social justice that the workers who build houses for others to live in are themselves forced to live in open, crowded *bastis*, and temporary accommodation that can be described a coolie lines of past. A Housing Right Campaign was launched to ensure that workers did not get displaced from their settlements without due process of law and being rehabilitated. It was able to secure a Stay from High Court in a high profile case of Sundervan Chhapra. After sustained advocacy, the state Government made an allocation of Rs. 200 crores for housing of construction workers. Out of this, Rs. 20 crores is to be spent on temporary housing for seasonal migrant workers. PCLRA worked on a pilot project that would demonstrate concrete ideas of suitable housing for construction workers that can then be replicated. It collaborated with the CEPT University Ahmedabad, a nationally known organisation for urban planning. A report and a project proposal have been developed and shared in an advocacy workshop at Ahmedabad.

In brick kilns, there were three major mobilizations in different clusters. In Ajmer, workers of 17 brick kilns stopped work and forced the owners to negotiate a collective wage agreement. In Kakosi cluster, loaders of transport vehicles carrying finished bricks stopped work to force employers to the negotiating table. In Ahmedabad, Gandhi Nagar, Mehsana cluster, the fire workers, called *jalaiya*, got together to demand higher wages. After sustained pressure, they got a significant wage hike. The project continued to get cases from workers. Two source areas mobilization visits were made to Maharashtra and one to Dhanpur taluka in Dahod district. IIT Bombay has submitted the final report of the Time Motion Study carried out by it in brick kilns. A follow up visit has been undertaken to work on improved postures and design of work station to reduce drudgery and increase efficiency.

In agriculture, the project continued to get cases from tribal wage share croppers in Dahod Panchmahal belt who go to Saurashtra. A study was undertaken to understand conditions of work of sugarcane harvesters in South Gujarat.

In public service linkage work, the team made significant efforts to get migrant hostels opened in MP, Maharashtra, and Dahod district of Gujarat. It undertook baseline mapping that was shared with the district officials. The district administration reported opening 26 residential hostels. Discussions were initiated to enroll adolescent tribal girls migrating with their families to Ahmedabad in Kasturba Gandhi Schools in Jhabua.

The progress has been satisfactory on most indicators. Some targets have been exceeded. The membership in brick kiln continues to be a matter of concern. It has picked up in construction.

This area will be worked upon in the coming months.



Case work: Cases in brick kilns related to release from bondage and nonpayment of wages at the end of the season. There are some cases related to violence that involve police. During the year under review, project received 82 cases amounting for a total of 874 workers. Of these nearly 40 percent were women. Fifty six cases were settled leading to wage payments of Rs. 27.67 lakhs for workers. Amongst these, there were 11 cases of

bonded labour where 101 workers were released from bondage. There were 41 women amongst these. These cases also led to extinguishment of bonded debt worth Rs. 7.21 lakhs.

Ajmer Brick kiln workers struggle: The brick kiln workers of Ajmer gathered at Ashok Udyan on 10th December and asked the owners to negotiate on their demand charter. However the



owners adopted a tough line. They offered very marginal hike in wages. There was some violence also on the second day. The workers stood firm and threatened to take out a march to collector office demanding release from kilns. On the third day, employers came to the negotiating table and signed a collective wage agreement with the workers. Even though the wage hikes achieved are small, the very fact that a collective wage agreement has been signed is a victory for the workers.

Ajmer brick kiln worker demanding collective wage agreement

Brick loaders struggle in Kakosi cluster Gujarat: The brick loaders work in team of 4-5 workers and move with trucks to load bricks in trucks at the brick kiln and unload it at work sites. Nearly 500 workers went on a strike seeking higher wages. The workers were being paid Rs. 350 per



trip. The strike continued for two weeks. It was lifted after employers agreed to hike the wages to Rs. 440 per trip. This constitutes a wage hike of 26 percent. The total hike amounts to Rs. 65 lakhs per annum. If we assume on the basis of past experience that in the normal course of things, the hike would have been 5 percent, then the wage hike attributable to project interventions is Rs. 50 lakhs.

Brick loaders assemble demanding hike in wages

Other events

- Impalement in a Public Interest Litigation at Supreme Court on conditions of work in brick kiln industry
- Exposure visit by YUVA team for brick kiln work
- Presentation on conditions of brick kiln workers in national seminar on brick kiln work organized by Centre for Science and Environment at New Delhi on 9-10 March
- Participation in national seminar organized by National Human Rights Commission on changes in Bonded Labor System (Abolition) Act at New Delhi.

- Participation in meeting of human right defenders organized by NHRC at New Delhi
- Empanelment in Standards Committee of Better Bricks Nepal
- Participation in a workshop in Paris on bondage in Indian Ocean littoral
- Participation in workshop to develop charter of working people
- Project hosted interns from a number of institutions. These included
 - School of Social Work, Botad
 - Department of Labor Welfare, Gujarat University



Help Line

Help line established. No. is 1800 2333155. The number has been printed prominently in the cards and pamphlets. Every day some calls are received on this number.

Outputs and Key Indicators

Project proposal specified key indicators to measure the effectiveness of the project and assess whether it is meeting the objectives. This section provides the achievements against the target for the third year.

Case work: A key output will be case work. The project target was to assist 2700 workers in case work. Against this 2807 workers have been assisted so far.

Case work generated under the project (no. of workers) 14-15

	<i>Year 3</i>	<i>Achievement</i>	<i>Remarks</i>
Brick kin	1200	874	The case work is less than expected. This may be because the industry is down.
Construction	900	1931	The case work generated more than targeted because of extensive mobilization in destination areas with site workers
Agriculture	600		
Total	2700	2807	Overall the target has been achieved

Improvement in working and living conditions: Migrant workers toil under extremely hazardous conditions. The living conditions are also very bad. Brick kiln workers live in temporary huts on kilns and have no sanitation facilities. Most of the construction workers also live in shanties with no sanitation. Project has raised this issue at all levels. In brick kilns, there was a good beginning as toilets have been constructed at all the kilns.

Reduction in the incidence of undesirable practices like child labor and sexual harassment:

Female workers are highly vulnerable to sexual harassment at work site. Project has raised such issues and taken legal action in the past. Three cases of tribal adolescent female girls being raped at work place came to light during the project period. In the first case, a tribal girl aged 16 years from Jhadol tehsil of Udaipur district was taken to work in cottonseed plots last year and raped by the contractor. She ran away and came back after 10 days. Her father tried to lodge a complaint with police but did not succeed. After the project team came to know about the incident, it met the senior police officers at Udaipur and got the complaint lodged. The contractor was arrested. The police officer who did not lodge the complaint was also suspended. In the second case, a tribal girl from Dhanpur taluka in Dahod district was raped at brick kiln in February this year. The family wanted to come back but had to pay a huge ransom to come back. The family tried to register a complaint with police after coming back but did not succeed. The project team has filed a police complaint. In the third case, a girl who had gone to work in a fruit orchard in Gujarat was kidnapped and held against her will. She ran away and was rescued by a neighbour who sheltered her. He informed a local NGO that in turn informed Prayas team. The team went with the family and brought the girl back after registering a case.

Introduction

Sudwind Institute Bonn Germany asked Prayas Centre for Labor Research and Action to undertake a study into work conditions in cotton ginning and pressing units of Gujarat. The TOR for the study is attached as Annexure 1. This is a report of the study undertaken during November 2014 when the ginning season had begun.

The introductory section is followed by methodology. The main study findings are given after the methodology section. The sequencing of the report follows the TOR. There are three main sections are – (i) Description of ginning work process and structure of ginning industry (ii) Overview on local and national labor law, and (iii) Working conditions in ginning units. The main report carries the summary of findings across the four units while specific unit details are given in Unit Reports that are given in Annexure 2. The report contrasts the work conditions with the provisions in labor laws and sites specific violations taking place. The last section carries recommendations to improve current situation. A separate note in Annexure 3 gives a brief summary of Prayas' interventions in the cotton supply chain to improve work conditions including interactions with the Labor Department.

1. Methodology and sample size

The study covers four cotton ginning units. These are

1. Milan Ginning Pressing Private Ltd., Limbdi, District Surendra Nagar
2. The Khedbrahma Cooperative Ginning and Pressing Society Limited, Khedbrahma, Dist. Sabarkantha
3. Vaibhavlaxmi Industries, Nanikadi, Kadi, District Mehsana
4. Vikas Cotton Industries Pvt. Ltd. Rangporda, Kadi, District Mehsana

The location of the units is shown on the accompanying map of Gujarat. Three units are located in North Gujarat, with two of these being located at Kadi, the cotton ginning capital of Gujarat with more than 100 units. One is located in Saurashtra area, where the industry is growing lately. Of the four units surveyed, one is processing organic cotton and is part of various trade networks like GOTS and Better Cotton Initiative.

Promoting common action amongst workers' rights organizations: The cotton chain is extensive and requires action at multiple levels. There is need to bring together efforts of diverse agencies and activists working for improvement in workers' conditions. One way to achieve this could be to set up a central unit that would monitor the whole chain and bring together people working at different stage of the supply chain.

Study work conditions across the whole supply chain: The current study focuses only on one part of the supply chain – the ginning and pressing units. It would be good to carry out similar studies across other parts of the supply chain so that a holistic picture emerges.

Study Findings

The study findings are based on 34 individual schedules and two group interviews. These cover the major aspects of the working conditions and employment relations prevalent in cotton ginning and pressing factories. The sequence follows the individual schedule.

Summary

It is clear that majority of the wage workers are recruited through contractors on short term seasonal contracts. They do not have social security of any kind. It is possible that there are some permanent workers who have access to some social security. The major violations of labor laws that are taking place in ginning and pressings units are

- **Overtime:** All the factories are forcing workers to put in overtime that is in contravention of provisions of Factories Act.
- **Wages:** Factories are paying wages that are below the statutory minimum wages per eight hour day. If overtime rates were to be calculated, the payment is almost one third of the due rates.
- **Basic facilities:** Elementary facilities like toilets are not available at two of the four factories. Factories Act ensures provision of basic facilities.
- **Health and safety:** No safety equipment is provided at any of the factories. Accidents continue to be frequent as shown by the fact that three of the four factories reported serious accidents in recent past. The provisions of Workmen's Compensation Act are not being followed to compensate victims of the accidents.

Violation of provisions of Indian Labor Laws in cotton ginning and pressing units of Gujarat

Some of the major Acts that seem to be violated on the basis of the findings are The Minimum Wages Act, Inter State Migrant Workmen Act, The Factories Act, and The Workers' Compensation Act.

The Minimum Wages Act 1948 specifies payment of minimum wages for various occupations listed in the Schedules.

The Notification KHR/2014/188/LVD/ 10/2013/57564 M (2) by Labor and Employment Department of Gujarat Government dated 26th December 2014 declares minimum wages for unskilled industrial workers as Rs. 276 per eight hour day. Cotton ginning is listed as a Scheduled Operation. All the workers studied fall under the category of unskilled laborers and therefore entitled to the minimum wage of Rs. 276 per day. The minimum wage before the new notification was Rs. 229 per day.

As against this, the workers are being paid an amount between Rs. 150 to Rs. 190 per day that is significantly below the statutory wage rate even without factoring in overtime.

Urban Resource Centre Quarterly Planning Surat
Duration- October to December 2014

Sr No	Activity	Target	Month		
			Oct	Nov	Dec
1	Labour Registration/ Data Entry and management.	1500	500	500	500
2.	Labour Exchange	50	000	025	025
3	Preparing the list of the trainee	150	050	050	050
4	Accessibility of the training to trainee	50	000	025	025
5	Guidance and filling up the forms of government schemes for the implementation.	60	20	20	20

Methodology-

1. Rapo Building
2. Community Meeting
3. Distributing the Pamphlet
4. Training
5. Getting the information of the government Schemes
6. Networking

List of Construction Basti in Surat city.

Sr.	Name of the construction Basti
1	Paliya ground, Tapi river bank, Fulvadi, Katargav. Surat
2	Inside the Arpan soc ground, B/h Ankur School. Amba talavadi road, Katar gav surta.
3	Opp Shanti Nagar soc. (SMC Ground) Near Swarg residency Lamxikant Ashram, Surat.
4	Both side of Laxmikanth ashram, Katar gav surtat.
5	Rajsinh circle road (Vadli circle) Opp laximkanth soc, katargav surat.
6	B/h gajera high school, Jakat Naka Amroli, surat.
7	Near dranaig canal, Palanpur patiya surat.
8	Godadara canal Parbat patiya surat
9	B/H Akhardham Soc. Janta Nagar, Bank of tapi river, Katargav.
10	Parbat patiya canal, surat
11	Inside the Kalapi nagar soc, Opp akhardham, Katargav surat.
12	Open ground Yogi chawk Varacha
13	Lakeview garden, Near reliance petrol pump, Piplod surat.
14	Pruthvi row house, Katar gav Surat
15	Kashiba park soc, Opp adarsh soc, Amba talavdi road, Katar gav surat.
16	Ugat Canal, Ramnagar, Palanpur patiya surat
17	Open ground of Nilgiri circle, Limbayat surat.
18	Aaspass canal, Limbayat Surat.

UNITED NATIONS VOLUNTARY TRUST FUND ON CONTEMPORARY FORMS OF SLAVERY

NARRATIVE AND FINANCIAL REPORT

Before filling in the form, please read the guidelines of the Fund for the use of organizations.

Organizations are encouraged to submit the report and supporting documents electronically.

Information to be included in the narrative and financial report on the use of the grant of the Fund

The organization must provide information on all the points mentioned hereafter, following the order (max.10 pages)

A. BACKGROUND INFORMATION

To bring about sustainable change in extreme vulnerability of brick kiln workers through a process of mobilization and organization by

- Releasing workers from bondage: The workers will be released from bondage
- Pushing wage hikes and improvements in working condition: Wages will rise.
- Ensuring access to public services like education, health, and early child care: Service departments will initiate public services for workers.

Contemporary form of slavery: debt bondage

2. Geographical area covered in the project (country and location): Central Rajasthan around cities of Ajmer and Jaipur, India
3. Grant received from the Fund: US \$ 10,000/-
4. Period of implementation of this project (DD/MM/YY to DD/MM/YY): 01/01/2013 to 31/12/2013
5. Period covered by this report (01/07/2013 to 31/12/2013):

B. NARRATIVE REPORT

6. Beneficiaries of the grant: Please provide information about the victims assisted with the grant (number, gender, age and form of slavery).

The Prayas / project team provided legal assistance to brick kiln workers under debt bondage and non payment of wages. It got released 97 persons from debt bondage. It received 41 cases of non payment of cases and got Rs. 657,500/- in back wages for 231 workers.

Legal action (i) Bonded Labor : Brick kiln workers start are engaged through advance at the time of the recruitment. They are then not paid regular wages during the duration of the employment and expected to work for the whole season at nominal/ low wages. The workers get caught in a debt trap. The owners sometimes resort to violence to force workers to work. The workers filed applications with Prayas for release from bondage. Prayas facilitated release of 97 persons from debt bondage during the six month period. The details are given in tables below

Details of beneficiaries who were rescued from debt bondage in brick kilns

S.no	District	Number of Beneficiaries			Children's		Form of Slavery	Debt bondage Amount in rupees
		Male	Female	Total	Boy	Girls		
1	Ajmer	24	16	40	11	06	Debt bondage	285,000
2	Jaipur	02	06	08	01	05	Debt bondage	42,000
3	Bhilwara	26	23	49	10	10	Debt bondage	551,000
Total		52	45	97	22	21		878,000

7. Case description: Attach 5 detailed case descriptions of victims assisted with the grant. Please use the template provided in Annex I

Case

Bajrang Lal Bavri son of Viram Ram Caste Bavri resident of village Ravliawas tehsil Degana, district Nagaur, state Rajasthan India is 32 years old. He has been working in brick kilns since childhood. He has worked in brick kilns of Haryana and Punjab. He was last working in Hukmeshwar Brick Industry along with his wife Rameshwari and three children who help out with work. None of the children goes to school. The caste Bavri that Bajrang Lal belongs to is listed as a Scheduled Caste that denotes a low position on India's hierarchical caste system.

Bajrang said, 'I came to work in the Hukmeshwar Brick Industry located in village Mohami, tehsil and district Ajmer in the year 2010-11 with my family. I received an advance payment of Rs. 35,000/- by the brick kiln owner Pritam Bhati. I, along with my family, worked for six months at the kiln. When the final wage settlement was done at the end of the season, I ended with a negative balance of Rs. 15,000/-. I had to come back to the same kiln again next year in 2011-12. This year, after working for the whole year, I ended up with a negative balance of Rs. 28,000/-. The brick kiln owner refused to let me go and work elsewhere. I was forced to stay on the kiln and continue working. In the year, 2012-13 even after having worked for six months, the debt amount spiraled to Rs. 170,000/-. Victim was told about the organization by a fellow worker.

Finally on 26th February, Bajrang was able to leave the brick kiln along with his wife and two other workers and come to Ajmer to lodge a complaint with the authorities. The Project team took them to the Additional District Magistrate who talked to the workers. He ordered the Labor Department Officers and the local police to get the workers released from the brick kiln. The Government team reached the kiln at 3 pm in the afternoon. The workers immediately came to the team and asked to be rescued. The owner accepted that he beats up the workers, saying that it

is necessary to get work done. He said that he has outstanding debts over the workers and will not let them go unless his dues are settled. The Prayas/Project team then gave reference of the Bonded Labor System (Abolition) Act that prohibits the practice of bonded labor and declares all debts incurred as null and void. After discussions lasting four hours, the Government team was able to secure release of 22 workers and their children, including a total of 40 persons. All this time the owner kept threatening the workers and the Project team with dire consequences. The workers reached their homes the next day. Bonded debt amounting to US \$ 3400 was extinguished. The project team has visited the victim at their home. As the employer tried to threaten the workers again, complaint was filed with the District Authorities. The team will provide legal assistance to victim in future.

Organising Migrant Brick Kiln Workers in Andhra Pradesh to hike wages and eliminating bondage -Action Aid Hyderabad

Back-ground of the Implementing Agency: Prayas, Centre for Labor Research and Action (CLRA), is a voluntary organization, based in Chittorgarh district of southern Rajasthan. It works for social, political, and economical development of marginalized sections of society. The org established in 1979, Prayas, as its name suggests, is distinguished primarily by its evolving orientation. The main elements of the strategy have been awareness and mobilization at source and destination end, collective bargaining in the middle of the season, and policy advocacy with the state. Last one year Prayas have been working in Ranga reddy, and Medak districts of Telangana state. For Odisha migrant workers' wages hikes in destination and simultaneously work above issues in source areas different districts of western part of Odisha state.

Project back ground and description: Most of the brick-kiln workers are from Western Odisha. The workers are recruited through the local contractor/Sardars and employed under very exploitative conditions. The condition of brick-kiln workers has drawn attention of civil society for quite some time. The migrant workers do not get minimum wages as per the (Minimum Wages Act 1948) there has been no sustained movement on projectization of workers. Migrants came from Titlagarh, Muribahal, Nagamudna, Turikala, Belpara, and Khaprakhhol blocks of Balangir districts. The brick-kiln locations around Hyderabad are Ranga Reddy district of three (3) Mandals Quthbullapur, Maheshwaram, Ibrahimpatnam, Keesara and Turkhapally of eight (08) Villages, Medak district one (01) Mandal Jinnaram of ten (02) Villages. Nearly all the workers are seasonal migrants from Odisha. Laborers start migrating from home state in the month of October and work up to first rain fall in destination areas.

Rappid survey of brick-kiln families (workers) in project areas: A summary table shows that in December month -2013, we started survey in 8 villages of (Dundigal, Dommar Pochampally, Gandymyssamma, Tukuguda, Gowdawali Road, Nagloor, Kongarkollan, Raviryalla) Quthbullapur, Ibrahimpatnam, Maheshwaram mandals in Ranga Reddy district more or less 60 brick-kiln are located the above villages around 2636 Odisha workers are working. In 2 villages of (Annaram and Ex-servicemen colony) Jinnaram mandal, Medak district about 7 brick-kiln employers are running their business with the help of 406 Odisha workers including children. For more details of survey please find the [Annexure-1](#)



Investigating Incidence of Child Labor in Cotton Ginning Factories of Gujrat (Investigating and Advocacy)- ILRF



The group of trafficked children rescued by police

(Photograph for private circulation only as Indian law prohibits publication of photographs of children in need or in conflict with law)

Every year thousands of tribal children from South Rajasthan and North Gujarat are trafficked to cottonseed plots of North Gujarat for cross pollination work in the rainy season. The trafficking continued this year also. The Project interventions related to

- Documenting the incidence of trafficking
- Facilitate filing of cases in trafficking cases that came to light

- Advocacy with the media, state government and other statutory bodies bringing to light the incidences of child labor and demanding action

Incidence of Trafficking in 2014

It is to be kept in mind that it is not easy to document trafficking even though it takes place on a large scale. The parents who send out their children under economic compulsion do not readily admit to having sent them. The traffickers have become smart and use all sort of methods to cover their tracks. These include transporting children in the night, bribing the police stations that fall on the route, taking children by public transport where they merge with the normal passengers, and crossing the interstate border by foot through forest terrain. It is very difficult to visit the cottonseed plots during the season as the farmers do not allow access to any outsiders.

Because of logistical reasons, the Project focused on only one cluster of Maadri – Phalasia in Jhadol tehsil of the whole catchment from where children are trafficked. This forms roughly 10% of the total catchment. The Project adopted following methods to document trafficking of children

Household survey in source areas to find out children who have been trafficked: The Project volunteers got information from their areas about the children who had been trafficked. This information was shared with the District administration. A total of 14 child laborers from two panchayats in this cluster were detected to have been trafficked to cottonseed plots (List given in Annexure 1).

Intelligence provided to police about trafficking of children: Project functionaries kept a vigil on trafficking of children from the cluster of 40 villages around Maadri – Phalasiya from 24th July to 9th September. Police control room was constantly informed about the movement of children through calls to number 100. Project also maintained constant touch with police stations of Jhadol, Phalasiya, Babalwara, and Panarwa. In four cases, vehicles carrying children were intercepted by the state police through information provided by the Project volunteers. In a number of cases, the police responded slowly or did not respond at all. The details are given in the table below

Table 1: Information provided by Project to police on incidents of trafficking

<i>Sl.</i>	<i>Date</i>	<i>Information given</i>
1	24.7.14	Police control room informed about two jeeps trafficking children
2	28.7.14	Police control and CI given information that the jeep taking trafficked children will go at 1 pm in night
3	29.7.14	13 child workers rescued and case filed under section 370 (trafficking in persons)
4	30.7.14	Police control room (number 100) informed about trafficking of children
5	9.8.14	Police control room informed about trafficking of children
6		Police informed by phone about children travelling in a public transport bus. The children were deboarded.

Threat on life of Project activist: The Project activist who was assisting anti trafficking operations received a threat to his life. He was instrumental in getting a vehicle intercepted. The driver was arrested. The driver was an acquaintance of the Project activist. After he was released on bail, he told the Project activist that the police told him to run down the activist with his vehicle as he was giving a lot of trouble to the police by constant complaints to the police control room.

Involvement of police personnel in trafficking operations: The Project received reliable information that some police personnel were actively involved in trafficking operations. They were taking a commission for letting the vehicles carrying children pass through the inter-state border. This threat was shared with the top police officials. However after an assessment of threat perception, it was decided to scale down the anti trafficking operations of the Project as the threat was serious and the Project did not have the requisite strength on ground to tackle it.

However it must be also pointed out that not all police officials were corrupt. There were also officers who assisted in anti trafficking operations.

Details of trafficking cases filed by police in the current season: Project has details of four trafficking cases that were filed by police in the current season. One of these resulted from intelligence provided by the Project while the other was a result of police acting on its own.

Case 1

FIR No 227/14 under sections 23,26 JJ Act, 370 (s) IPC date 29.7.14, charge sheet at ACJ Jhadol

Accused 1. Laxman s/o Nana Kharadi r/o Manam, Panchayat Goran, tehsil Jhadol, Dist. Udaipur, Jeep Driver 2. Chokha s/o Nathu Tawad r/o Bhera, Panchayat Jekda, Tehsil Jhadol, Dist. Udaipur, Labor contractor

Case 2

FIR No. 232/14 date 1.8.14 charge sheet filed at ACJ court Jhadol on 10.10.14 under sections 23,26 JJ Act section 370 (4) IPC

Accused 1. Shankar s/o Kamla Katara resident of Richhawar, Panchayat Jekda, tehsil Jhadol

Child labor: Moti Ram s/o Ramesh Bhat age 8 years r/o Jekda, panchayat Jekda, tehsil Jhadol

Use of new anti trafficking section under Indian Penal Code: A new development this year has been imposition of Section 370 of IPC. For the first time in Indian jurisprudence, trafficking for wage labor has been brought within the purview of criminal jurisprudence by insertion of Section 370 in the year 2013. The Project has been demanding use of this section in trafficking cases. The two cases listed above are the first time that this section has been used in labor trafficking cases. The children rescued were produced before Child Welfare Committee set up under the Juvenile Justice Act (JJ Act).

Tribal seed farmers not paid properly: As more and more tribal farmers are lured by unscrupulous agents to take up seed farming, the last two years have seen a huge number of

defaults in payment. The cultivation of cottonseed is a complicated business. It is contract farming. The farmers are given foundation seed by the company and asked to undertake cultivation under close supervision by the company staff. There may be failure at this stage itself. The final produce is tested. If the germination rate of seeds falls beyond a certain level, the whole batch is rejected leading to high losses for the cultivator. Even when the seed is declared pass, the payment is made almost one year later.

The tribal farmers are not sophisticated enough to fully comprehend the process and understand the pitfalls at each step. The small size of the plot further led to an increase in number of intermediaries, each charging a commission. The last two years have seen a large number of farmers being told that their lots have failed. The fail proportion became very high. Even farmers whose sample had passed were not paid even one year after the harvest. After a large number of such complaints reached the Project, meetings were organized. The Project compiled the complaints and passed these on to the district administration. A sit in was also organized at the district collector office in Udaipur last year.

The Project pursued the cases with the seed companies also. A case was received against MNC Monsanto. Project wrote to the company's human rights wing about the default in payment to tribal farmers. The company responded. After protracted negotiations with the field officers and agents, the agent paid an amount of Rs. 1.5 lakhs to the seed farmers under pressure from company officials. However he later went back on the agreement and tried to file a police complaint against the tribal farmers.

Project has also tried to register a police complaint with the local police station. After advice from local police, the case was presented before the CID at the state level. A high ranking enquiry has been ordered.

Project estimates that from this cluster 7 to 8,000 children were trafficked.

Advocacy

Project undertook advocacy with the state at various levels with a view to seek its effective intervention leading to reduction in trafficking of children. It wrote letters, submitted memorandum, and organized public events like sit ins. All the data referred to in the previous section was shared with relevant authorities as soon as it was gathered. Media advocacy was also used to highlight critical issues. The departments contacted included District Collector Udaipur, Sub Divisional Officer Rishabhdeo and Jhadol, Inspector General Police Udaipur, local police, Rajasthan and Gujarat State Commissions for Protection of Child Rights.

Putting pressure on seed companies: Seed companies are a key target of advocacy efforts. It has not been easy to put pressure on Indian seed companies who are not much bothered with public pressure. The Project tried to get the Rajasthan State Commission for Protection of Child Rights (RSCPCR) to take an initiative in this regard and write to the companies asking for their production data. However after an initial positive response, this did not materialize. The state commission felt that it would be over reaching its jurisdiction as most of the production data relates to state of Gujarat.

Use of Section 370: For the first time in Indian jurisprudence, trafficking for wage labour has been recognized as a crime in the year 2013. This happened by amendment in the Indian Penal Code (IPC) where section 370 was inserted defining Trafficking in person as a crime and punishable with lengthy imprisonment. The annual report of the last year describes the efforts made by the Project to invoke this section in trafficking cases. These efforts bore fruit as this year the section was invoked in both the cases that are documented in this report.

Executive Summary

Background:

Throughout the developing world, the most crucial days in a child's life are the days the child is from his/her born to 2 years, with close to millions of children dying every year on their age from first day of life to 2 years. Ironically 90 percent of all child deaths under the age five are caused by easily-preventable diseases (diarrhoea, pneumonia, neonatal disorders). More than 22 percent (i.e. one-fifth) of child deaths take place in India.

With the support of Avantha Foundation New Delhi, an Avantha Nutrition Fellow (ANF) Ms. Anju Kanwar Sisodia has been placed in the Chittorgarh district to complete her fellowship on nutritional status of Children. The main objective of this fellowship was to improve the quality and coverage of child health and nutrition services in selected geographical area. The fellowship is done in three strategic ways:

1. By building the capacity of Frontline Health Workers and their supervisors to effectively deliver Child Health and Nutrition interventions and services.
2. By increasing health and nutritional awareness among the community people, especially the family members and mothers.
3. By increasing health and nutritional awareness and promoting community based monitoring system to strengthen the accountability of Anganwadi Services and available health services in interventions area.

Intervention sites for fellowship:

The fellowship was carried out in Chittorgarh district of Rajasthan state. 8 villages of Ghatiyawali PHC were selected for the pre-situation analysis. Over the two year of fellowship micro level study and in-depth work at grassroots level has been carried out by ANF in 4 AWC of Gilund villages. In the remaining 4 villages various activities related to MCH.

Methodology:

During the fellowship, major methodology were adopted by ANF was: Tracking of malnourished children through various measurement tools, capacity building of frontline workers through meetings and training, awareness building among community peoples through FGD, meetings with mothers, counselling of mothers and family members of malnourished children, discussion and dissemination of current situation of malnourished children with concern government official. Interviews with frontline workers and community people have been done.

Post situation analysis design:

During the home visit ANF found 44 mothers from the intervention area i.e. 4 AWCs. Across the 4 AWCs from Gilund village, interviews of these 44 mothers have been done with the help of frontline workers. A questioner form was developed by Avantha Foundation for rapid appraisal, post situation analysis. Form is annexed with this report.

Key findings:**Progressive Result of Child (comparatively finding (started v/s still growth)**

Initially in the month of May 2014, the total children were 96 (51 were male and 45 were female), whereas after a year in the month of May 2015, there were 143 children (76 were male and 67 were female). As shown in TABLE No. 26, it can be noted that nutritional categories of these children are progressively changing from red to yellow and yellow to green category respectively.

Avantha Nutrition Fellowship Programme

Situation analysis

Situation Analysis (SA) Team:

SA team Involved in the situational analysis process are: ANF, supporting staff from Prayas and stakeholders like ANM, ASHA, AWW, Sarpanch, MO PHC and community peoples etc.

Site Selection:

During the discussion with supervisor it was planned to select two villages from each *Panchayat* of Ghatiyawali PHC. While selecting villages, vulnerable community was kept in mind and finally seven villages were selected in place of ten proposed villages. In these villages, vulnerable communities live more than other villages. The peoples do know about the government facilities but due to some reasons, they unable to take services of these government facilities.

Selected villages:

- | | | |
|---------------------|--------------------|-----------|
| 1. Ghatiyawali | 2. Netawal | 3. Gilund |
| 4. Bhatiyo ka kheda | 5. GharanaBarodiya | 6. Eral |
| 7. Beerghas | | |

Geographical Areas/Population:

In the selected villages total population is 14,6,27 and total households are 2,922. SC and ST population in these villages is high. The literacy rate of targeted group is very low.

Methods:

1. Focus group discussion with community; mother groups and village health, sanitation, drinking water and nutrition committee (VHSDWNC).
2. Interview with stakeholders beneficiaries from vulnerable community and service providers such as ANM, ASHA, AWW
3. Discussion with medical officer of PHC (Ghatiyawali).

Five focus group discussions were conducted with the community of the selected villages in which both male and female has participated. Three focus group discussions were conducted

with mother groups and semi-structured interviews with 10 AWW, 7 ASHA and 2 ANM are also conducted.

Process:

1. SA was done with the prior approval from community according to their convenient time, date and place with the help of Prayas supporting staff.
2. During SA, following issues were raised by the community, mother group and health service providers:
 - (i) Status of maternal health
 - (ii) Access to services specially for malnourished
 - (iii) Nutrition intake for children during the first 1000 days of birth
 - (iv) Opinion of participant's on above mentioned issue.

Challenges:

1. Due to agriculture work pressure people were not comfortable to sit together in discussion for long periods.
2. During home visits, most of the children were also in the field along with their mothers.

Findings, Conclusions & Observation:

1. Most of target families are nuclear families i.e. husband, wife and children.
2. Most families depend on agriculture and labor work.
3. Most of the families come under BPL categories but unable to access govt. schemes/facilities due to lack of awareness.
4. Transport facilities are very poor in interior villages and so they cannot take benefits despite of knowledge.
5. Agriculture activities are not economical due to insufficient and irregular rain falls.
6. Women are least on priority list with view point of nutritional intake and health facilities.
7. Services and facilities are not accessible due to lack of knowledge and awareness.
8. Sometime supplementary food provided by ICDS is collected but not used due to lack of knowledge of nutritional value.
9. Malnourished children's are mostly from ST/SC community.
10. Out of 27 malnourished children are male and rest females. It means 78% girls are malnourished.
11. Institutional delivery is common for first delivery after that they don't go for Institutional delivery. They presume risk in only first delivery.
12. Most of the deliveries are home deliveries except the first one due to various reasons including poverty, single families and social beliefs.
13. All relatives and good wishers visit the mother during the institutional delivery; tea-refreshment and food are provided by family which increases expenditure. This makes them think that institutional delivery is not affordable after the first delivery.
14. There is a common belief that if the first delivery is normal then no risk is associated with further deliveries.
15. There is a common belief women should not discuss their internal physical problems with anybody else and so they never discuss.
16. ANC card is made to get economical benefits but women are not aware for antenatal check up and vaccination schedule.

17. Most of the families have no bank account but Janai Surksha Yojna benefit is provided by cheque. Opening a bank account and clearing the cheque takes much more time so most of the time this amount was used for some other purposes rather than for the mother.

Findings From interview schedule:

1. Literacy level of women in the Bhil community found negligible. Among sample taken for interview out of 40 samples 25 were from Bhil community and they were found to be illiterate.
2. Most of Bhil families are dependent on wages.
3. Out of 40 samples for individual interview, 12 have single child, 15 have 2 children's and rest of them, more than two.
4. Out of 40 samples families only one family has toilet and rest defecate in open.
5. Most of the families use unfiltered water for drinking purpose also.
6. Registration of 50% pregnant women was done after four months of pregnancy while only 25 % got registered within 2 months of pregnancy.
7. Out of 40 selected pregnant, 11 were pregnant for the first time and the minimum age at first pregnancy was found 20 years.
8. Infant mortality recorded 15% among sample i.e. 6 out of 40.
9. Out of 40 interviewed mothers, 6 have gone through abortion.
10. IFA was distributed to all interviewed women but only 42% women have consumed it during their pregnancy.
11. Food intake by pregnant women was satisfactory as 60% were taking food three times rest twice in a day.
12. Milk, Ghee, Curd, Groundnut, Coconut, Rice was not eaten during pregnancy due to superstitions such as these food affect negatively on the fetus.
13. If the doctor has prescribed any protein powder than only women were drinking milk while mixing it assuming it as a medicine. In general, milk is not consumed during pregnancy.
14. Colostrums feeding were done in the case of institutional deliveries due to motivation of nursing staff, while in home delivery breast feeding was started after one to three days of delivery due to lack of knowledge and lack of awareness regarding colostrums.
15. Birth weight is taken in institutional delivery only. Out of 27 institutional deliveries, 2 birth weights recorded more than 3 kg.; while four birth weights recorded 1.5 kg.
16. Out of 40 breast feeding women 27 did not know the period for breast feeding.
17. Additional feeding is common in community especially in case when mothers think they are unable to produce sufficient breast milk for baby.
18. In case of home deliveries, children are not vaccinated. Out of 40, 7 children haven't got BCG (home delivery).
19. Most of families go to quacks (fake healer) for any treatment.
20. Timetable of the government dispensary/hospital is not suitable for interior village as it takes a long time to reach such hospital/dispensary.

Suggestion:

Suggestion given by the community

1. Govt. service providers should be available at the facilities round the clock.
2. Timetable of dispensary/hospital should be set such as peoples from interior villages can also reach during the allotted time.

Aim, Objectives and LFA

Aim:

To increase awareness and access to quality, affordable maternal and child health services and package of entitlements through a social determinates approach.

Objectives:

1. To find out barriers in accessing government scheme and facilities.
2. To improve the service delivery system of AWC, PHC, CHC etc.
3. To establish a community based monitoring system among the VHSNC to access the health care and nutritional services of government facilities.
4. Transfer of learning of the fellowship to the Government systems to enable them to do better and to establish more effective service system.

Log Frame:

For the purpose of intervention, ANF developed a log frame and done her intervention. LFA is annexed with this report.

Identification of malnourished children:

ANF carried out door to door survey to identify the children. ANF initially identified the 27 malnourished children's through measurement of body mass through MUAC scale, weight of children etc. Out of these identified 27 malnourished children, 6 are male and 21 are females. It means 78% girls found malnourished. Most of the malnourished children's are belongs to ST/SC community. All the families are unaware about the treatment of these children.

Counselling of family members: Counselling of mother: Tracking of children (0-2 years):

1. Shishu Vikas Chart (SVC), Weight Mid-Upper Arm Circumference (MUAC):



2. Meetings with mothers: Follow-up of children: Referral to MTC:

3. Facilitating the coordination among field level service providers:

SUSTAINABLE OPTION FOR UPLIFTING LIVELIHOOD (SOUL)

State level Jansanwad: Organized a meeting of State level Jansanwad on 10/10/2014 at Udaipur with soul partners. 14 participants were participated in the meeting from Dhariywad block. In Jansawad, the main discussion on Right to live and public welfare scheme by resource persons.

Workshop on Varmi Compost: Organized a workshop on Varmi compost with VAT members and farmers on 28/10/2014 at Jawahar Nagar 3. 40 participants were participated in the meeting. In the meeting participated as a resource person KVK Pratapgarh Dr. Balveer singh Baghela and given information like benefit by varmi compost and process of preparation of Vermin compost, organic agriculture, government scheme for farmers related to agriculture.

Workshop on Microplan with PRI and Vat members: Organized a meeting with PRI members and Vat members on 12/11/2014 at Rajiv Ghandhi Sewa Kendra, Jawahar Nagar. 47 participants were participated in this meeting. Issues were discussed related to Panchayat and its schemes like NREGA, pension, village development, Rashan Card etc. participated as a resource person kailash narayan agriculture department, Kanku devi Sarpanch.

Workshop with animal husbandry farmers: Organized a workshop with animal husbandry farmers on 13/11/2014 at Jawahar Nagar village. calibration with Godrej company. 7 female and 41 male total 48 participants were participated in the meeting. In the meeting many issues were discussed like livestock, milk production, animal breeding and government scheme for animal husbandry farmers.



Training of VATs Group: Organized 04 trainings in the 4 villages with the members of VAT in this quarter. The purpose to organise these trainings was, to aware the community people and VAT members for overall village development and how to take benefits of government schemes. The main objective to organise this training was to strengthening and capacity building of the VAT members related to village issue.

The other details of meetings are as follows:

Monthly Meeting of VATs: Regular meetings were organized for VAT members every month. 3 such meetings were organized during the reporting period. Many issues were discussed during the meetings like Soil testing, Electricity conection, Sustainable agriculture, vegetable

cultivation, vermin compost, commercial agriculture, preparation of organic medicines at local level.

Quarterly Meeting of VATs Federations: Quarterly meeting was organized for VAT Federation at Jawahar Nagar village on 13.12.2014. In 4 gram panchayat, 42 participants were participated. In the meeting it was discussed that how to strengthen the federation. Many issues were discussed during the meetings like Sustainable agriculture, vegetable cultivation, vermin compost, commercial agriculture, preparation of organic medicines at local level.



Quarterly meeting of SHG federation: A meeting of SHG federation was organised at Jawahar nagar village on 19.11.2014. 36 female and 11 male were participated in this meeting. Many issues were discussed during the meeting like women and child rights, government scheme such as Janani Suraksha Yojna, pension scheme, benefits to create the inter loaning systems among the SHGs.

Quarterly Meeting of VATs Federations: Organized Quarterly 2 meeting in the 2 villages with the members of VAT. The purpose to organize these meeting was, to aware the community people and VAT members for overall village development and how to take benefits of government schemes. The main objective to organize this training was to strengthening and capacity building of the VAT members related to village issue.



Quarterly meeting of SHG federation: A meeting of SHG federation was organised every month. Many issues were discussed during the meeting like vegetable cultivation, Varmi Compost, women and child rights, government scheme such as Janani Suraksha Yojna, pension scheme, benefits to create the inter loaning systems among the SHGs.

Workshop on Kitchen Nutrition cultivation: A workshop was organised with 15 farmers from our intervention area. These 15 participants were selected from 10 villages on a random basis and who showed their interest to cultivate the Kitchen Gardening. During the meeting around 750 lemon plants were distributed. This meeting was organised at Pratapgarh on dated 9-10 December 2014.

Workshop with animal husbandry farmers: Organized a workshop with animal husbandry farmers on 17/12/2014 at Dhariyawad. In the meeting many issues were discussed like livestock, milk production, animal breeding and government scheme for animal husbandry farmers. During the meeting around 5 male goats (Sirohi Nasl) were distributed by animal husbandry Department.

Workshop on organic agriculture by Varmi Compost: Organized a workshop on Varmi compost with VAT members and farmers on 21/02/2014 at Jawahar Nagar. 37 participants were participated in the meeting. In the meeting participated as a resource person KVK Pratapgarh Dr. Madanlal & Dr. Yogesh Kalodiya given information like benefit by varmi compost and process of preparation of Vermin compost, organic agriculture, government scheme for farmers related to agriculture.



Workshop on Microplan with PRI and Vat members: Organized a meeting with PRI members and Vat members on 18/02/2014 at Rajiv Gandhi Sewa Kendra, Jawahar Nagar. 72 participants were participated in this meeting. Issues were discussed related to Panchayat and its schemes like NREGA, pension, village development, Rashan Card etc. participated as a resource person kailash narayan agriculture department, Kanku devi Sarpanch.

Monthly Meeting of VATs: Regular meetings were organized for VAT members every month. 3 such meetings were organized during the reporting period. Many issues were discussed during the meetings like Soil testing, Electricity connection, Sustainable agriculture, vegetable cultivation, vermin compost, commercial agriculture, preparation of organic medicines at local level.



District level Jansanwad: Organized a District level Jansanwad on sustainable and organic farming with Govt. officers on 25/11/2014 at pratapgarh. 315 participants were participated in the meeting. In the meeting many issues were discussed like Sustainable agriculture, vegetable cultivation, vermin compost, organic farming and preparation of organic medicines at local level. In the meeting participated as a resource person collector, D.F.O and other govt. Officers.



Vegetable cultivation and organic medicine activities:

Two Days workshop: Organized a District level workshop on Horticulture farming on 9-10/12/2014 at KVK pratapgarh. 15 participants were participated in the meeting. In the meeting 750 lemon plants distributed by KVK to 15 farmers. Given to 50 plants per person.

SHG:

Total SHG- 11 Account opened- 10 2 SHG in process

Challenge and problem

- Community engagement in Farming work and Engagement in labour work.
- Consumption of liquor is very common habit of male community peoples.
- Too many taboos and doubts are there among the farmers for organic compost.
- Many SHGs which was formed by AWC are defaulter of Bank. Due to this our project staff facing too many difficulties to create new SHGs in the intervention area.

Tribal Self Rule Initiative (TSRI)

- The TSRI seeks to encompass all the Scheduled Areas of Rajasthan through extensive capacity building and networking activities. TSRI involves taking up intensive work on community mobilization and organization building in selected blocks of *Amod, Dhariyawad and Pratapagrh* blocks of Pratapgarh dist and provide networking and capacity building support. Advocacy and lobbying for policy intervention is the integral part of this programme. It enthusiastically acts
- upon the issues, which has vital affects on the life of tribal's. PESA Act passed by the central government in the year 1996 gives all the power to the *Gaon Sabha* (Village Assembly). And in order to avail all the powers, *Gaon Ganrajya* should be announced that is the village should declare itself as republic whereby the works in a particular village be decided by the villagers and not by the government bodies. Prayas is actively involved in making the villagers aware about this Act and helps them in establishing Tribal Self Rule in their villages and thus declaring it as republic. The rationale behind establishing self-rule or self governance in tribal village is to stop any intervention from the outside world in their otherwise peaceful and just governance of the village as per PESA.



Asha For Education

Prayas considers universalization of education as an integral step in empowerment of people. Education is a powerful tool that fosters critical thinking and discussion on issues concerning people's own lives. Prayas began its work in education with the creation of adult education centers and soon spread to providing schools for children. Prayas believes that educational material used and the teaching methods used must be specially developed to suit the local needs. Prayas works to inculcate scientific temper in the children along with developing genuine integers for knowledge and learning.

Education plays an integral role in designing the life of human beings. Every single human being should be fortunate to access it. India has defined education as a right to its citizens. Prayas undertook the noble task of educating tribal girls in *Bhadesar* village of Chittorgarh district of Rajasthan, under the project ASHA for Education.

Objectives

To educate the tribal girls a school was established in *Amarpura* village under the name of

AADHAR SHILA AAWASIYA VIDHAYALA on 15th November 2008. The girls who are orphan brought to this school and provided with an elementary education with resident and food facilities. Since then it has faced myriad difficulties to keep school running. It's a challenge to keep the girls in the school. Girls often escape and ran to their homes. But with the continuing

AAWASIYA VIDHALAYA.

In this area people do not believe in education. They refuse to send their child to school even if the school provides free education. To mobilize people Prayas with the parents whose daughter are studying in ADHAR VIDHAYLYA organize meeting, focusing on the importance of girl child education, with community people to motivate them to send their daughters to school. The teaching is through standard books relative to grade. For 5th grade girls subjects are Hindi, English, Mathematics and Environment science. In Hindi and English grammar is taught to

girls. Focus is on how to make sentences in both the languages, poetry, leave letters etc, addition, subtraction in Math's are taught to girls. To make the girls able to pass 3rd and 4th grade, basic skills like reading books, reciting poems, writing and speaking typical words, in English and Hindi, counting, addition, subtraction up to 100 and table from 2 to 15 were taught to them.

Hindi alphabets and counting in math's etc. Besides this, they are also engaged in handcraft skills, exercises, cultural programs etc.

Achievements so far:

As Adharshila has completed its three years, a glance on its journey since 2008- In the year, 58 girls were brought to the school. Out of which 3 girls left the school and 15 girls passed the 5th grade. They got registered to Kasturba Gandhi Vidhyala.



Ensuring sexual & Reproductive Health Rights through Application of Law

The project seeks to ensure sexual and reproductive health services to citizens through application of law. It began from 1st January 2015 and the activities carried out are as follows:

State level consultation:

A state level consultation of Rajasthan was held in the campus of Rajasthan State Institute of Health and Family Welfare at Jaipur. It was attended by the representatives of the state Government, lawyers, academic organizations, donor organizations and from the voluntary organizations. Discussions were held on the status of sexual and reproductive health in the state, general interpretation of fundamental rights especially the right to life in its extended definition of right to life with dignity and all basic necessities met which also includes right to quality care including sexual and reproductive health.

Fact findings:

During the course of three months ending 31st March 2015, attempts were made to identify persons who were subjected to denial of sexual and reproductive health services and as a result experienced adverse consequences such as deaths, disability, severe financial losses leading to indebtedness. There were instances of maternal and new borne deaths, failure of female sterilizations, death during sterilizations and hysterectomies being conducted on women without any strong and definitive indications.

The table below provides data about the work being done.

S. No.	State	Number of instances identified	Fact findings done
1	Rajasthan	24	16
2.	Bihar	20	19
3.	Arunachal Pradesh	1	2
4.	Madhya Pradesh	25	23

Based on the fact finding reports, representations through the affected persons or her family members have been sent to the relevant authorities to resolve the grievances. In instances of sterilization failure, there is scheme of compensation of Rs. 30,000.00 through Family Planning Indemnity Scheme, but it came to notice many such women did not receive any benefit of it essentially because nobody brought the scheme in their notice. Prayas under this project is creating awareness on maternal health, reproductive health and hygiene, safe abortion, care of new borne, reproductive and sexually transmitted diseases and on HIV/AIDS.

National Forum on Universal Access to Free Medicines and Free Diagnostics: Complexities and Prospects

The two days national forum on “Universal Access to Free Medicines and Free Diagnostics: Complexities and Prospects” was held on 21st-22nd January 2015 at India International Centre, New Delhi. The forum forged constructive deliberations around the subject based on the following objectives :

- Analyse different characteristics of current policy framework/s for access to essential medicines and medical investigations nationally and in different regions of the country.
- Examine dimensions of access to medicines such as National List of Essential Medicines (NLEM), branding, multi-ingredient drugs, pricing and Intellectual Property Rights (IPR) which influence universal access to medicines

- Reflect on emerging new policy developments and understand how they could impact on universal access to medicines, treatment and overall health care with special reference to the proposed National Health Assurance Mission, Free Medicines and Investigation Schemes by the national government.
- Provide a forum to different states of the country to learn from the experiences of other especially from states that have schemes to provide free medicines and facilities of medical investigations.

The forum marked amalgamation of senior representatives of health departments from different states as well as representatives from development agencies and civil society organizations to deliberate on issues vital for ensuring universal access to essential medicines. The forum was jointly organised by Jan Swasthya Abhiyan (JSA), Oxfam India and Prayas and marked participation by about 100 participants from diverse backgrounds. This included JSA groups from about 15 states, civil society organisations/networks, government representatives from the states as well as centre including Ministry of Health and Family Welfare (MoHFW) and Department of Pharmaceuticals, representatives from development agencies such as WHO, UNICEF, human and health rights experts/activists as well as academicians, lawyers and journalists from across the country. Participation from Indian Medical Association (IMA) added further to the list. The forum thus had a diverse group of participants which paved way to some very interesting discussions and brainstorming around the whole subject.

One of the major objectives of the forum was to bring on board government officials from different states, both, which are already executing free medicines scheme, and those which are yet to begin planning on the lines/have plans in the pipeline and to forge dialogues among them. The forum thus had participation from the General Manager of Kerala Medical Services Corporation Ltd.(KMSCL), Additional Director Karnataka Drugs Logistics and Warehousing Society (KDLWS), Senior Manager Tamil Nadu Medical Services Corporation (TNMSC), Managing Director Rajasthan Medical Services Corporation (RMSC), Director Public Health Govt. of Madhya Pradesh, and Senior Advisor, Directorate of Health Services, Uttarakhand. Representatives from MoHFW and Department of Pharmaceuticals further added to the list of government representatives.