



Annual Report

2018-2019

Centre for Integrated Development

Centre for Integrated Development





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MESSAGE FROM THE DIRECTOR DESK-

Dear Friends

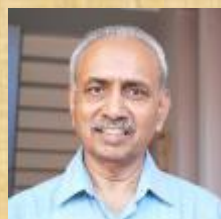
It gives me immense pleasure to present to you all Centre for Integrated Development's Annual Report of 2018-2019. The **27th year** of working hand in hand with the community at a grassroots level and dedicated commitment towards the upliftment of under privileged and vulnerable sections of the society. Staying true to our mission and objectives, we successfully executed several programmes spanning across 31 districts of Madhya Pradesh.

While the Annual Report spells out all the initiatives we undertook this year, I would like to share with you some of the high lights achieved by us in the year 2018-2019.

We successfully have completed all the deliverables proposed under the projects that we executed this year. We are happy to announce that this year we educate 340 children, more then 12000 adolescents fights from anaemia, more then 1500 beedi and kaleen works got government schemes, 4200 families adopt family planning. Our spectrum of work spanned from working at the grassroots to mainstreaming child labor into institutionalized education system to creating awareness amongst men and women from unorganized sectors about the irrighs and how they can avail their social security benefits, from running the railway help desk, family planning & sexual Reproductive health to working to wards reducing malnutrition and anaemia in 13 of the districts in Madhya Pradesh , from inclusive development of the disabled to capacitating the Front Line Workers to work effectively.

I would like to congratulate and thank the entire staff of CID for the Irun matched zeal, enthusiasm, passionate hardwork in achieving the goal meted under the projects they worked for. A sincere and heartfelt thanks to all the others who have been a part of research our journey, our board, volunteers and the communities we work with. We would also like to mention that our efforts would not have translated into effective action without the support of our funding agencies.

We are immensely optimistic about reaching out to more beneficiaries in the coming time. But, there is along journey that lies a head of us in achieving our vision. As they say, “there are miles to go before I sleep, miles to go before I sleep”.



Dr. Vijay Gupta
**Director Centre for Integrated
Development**



Our Vision

“A harmonious society free from discrimination, offering equity, equality and sustainable development”



Our Mission

CID aims to empower communities through awareness, participation and capacity building which lead to a society, based on equity and equality for sustainable development

CID's Supporters and Partners are the heartbeat of our organisation

act:onaid

cbm
together we can do more



terre des hommes
suisse







OUR CORPORATION WITH INSTITUTION

- **JIWAJI UNIVERSITY**
- **AMITY UNIVERSITY**
- **ICFAI UNIVERSITY**
- **IPS COLLAGE**
- **DR RAM MANOHAR LOHIYA, UNIVERSITY LUCKNOW**
- **NIRMA UNIVERSITY**
- **BUNDELKHAND UNIVERSITY**
- **SYMBIOSIS LAW COLLAGE HYDERABAD**
- **LOVELY PROFESSIONAL UNIVERSITY**
- **IIM INDORE**
- **BHARTIYA VIDHYA PEETH PUNE**
- **NMIMS MUMBAI**
- **MODY UNIVERSITY OF SCIENCE & TECHNOLOGY**
- **MAHATMA GANDHI LAW COLLAGE**

2018-2019

**2018-
2019
Years
In
review**

Centre for Integrated Development is a leading humanitarian organization that

works **Child,
Adolescents,
Women, Health
& Empowerment**

IMPACT



EDUCATION

More than 462
Children
provided
Education in
this year



HEALTH & HYGIENE

Over 1500000+
people aware
about health
issues



LIVELIHOOD

2000+ Youth
Trained

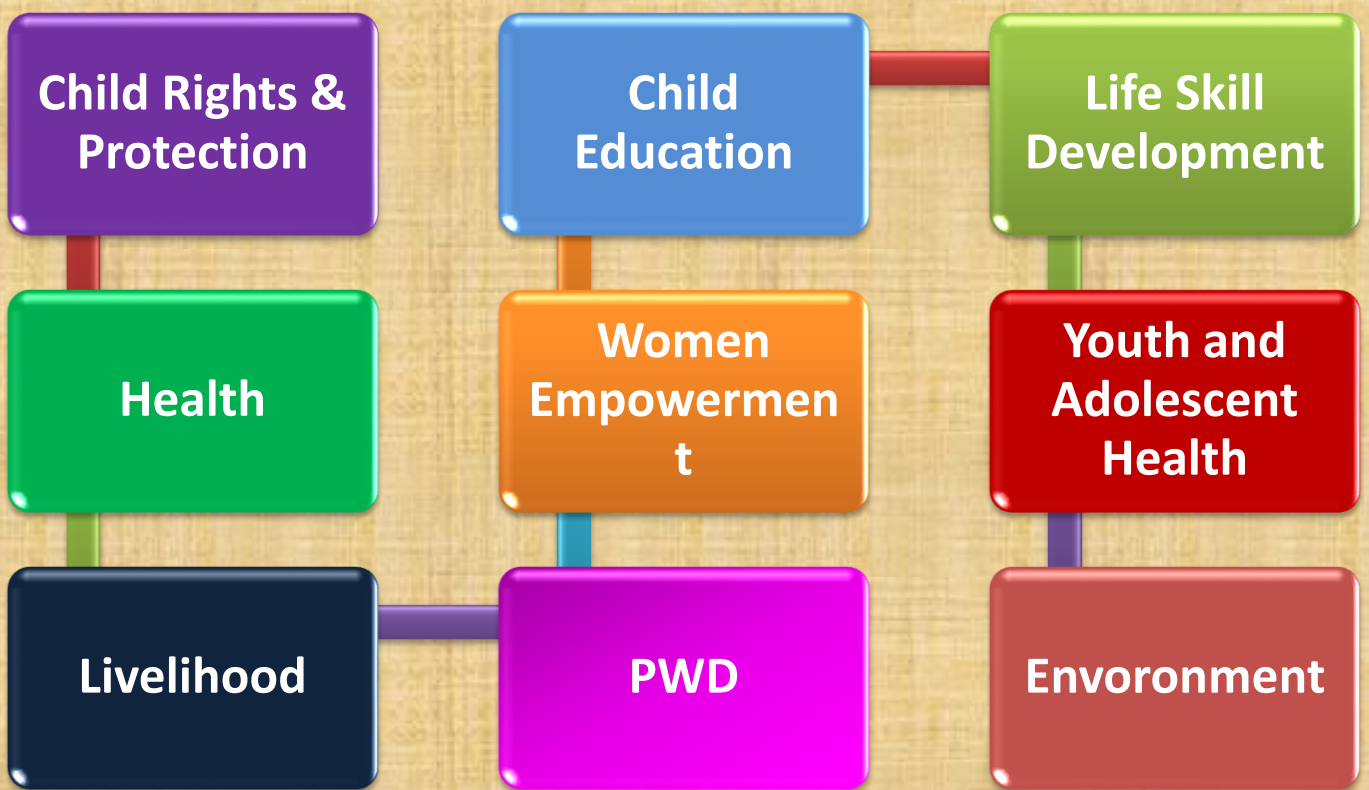
(Computer training,
Beauty parlor course
& Vocational
Training)



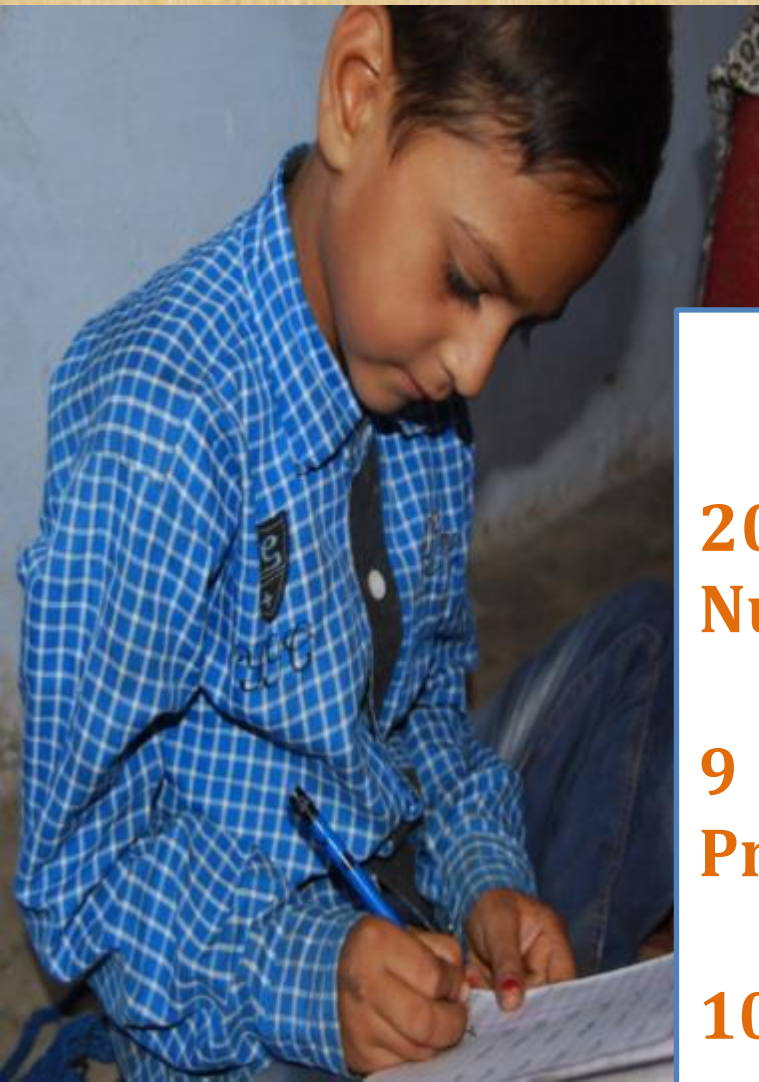
WOMEN EMPOWERMENT

Over the 5000+
Women and
Girls benefited

INTERVENTION OF CID



IN REVIEW



2018-2019 CID By the Numbers

9 31

Projects Districts

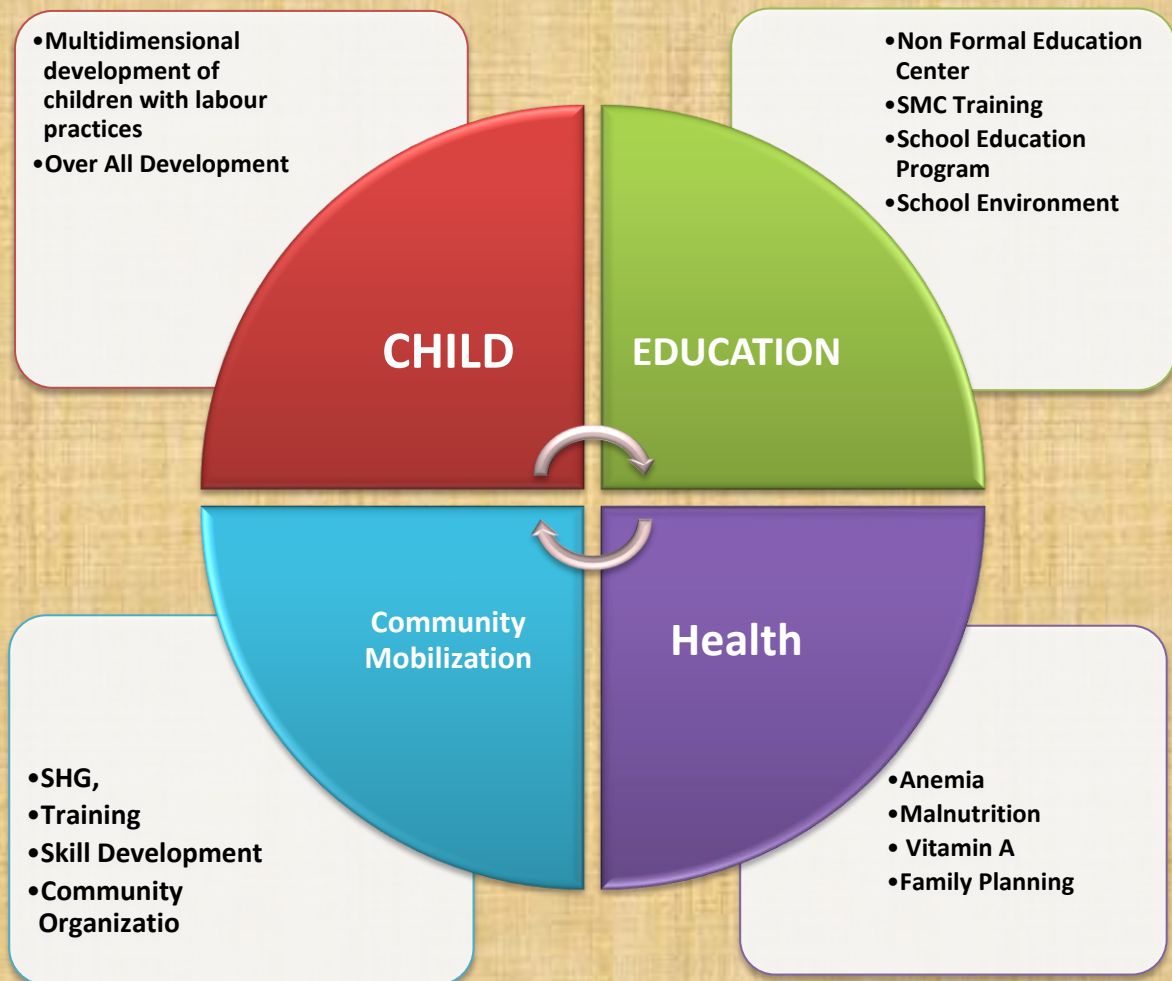
10,00,000+ Families

Our Presence



- | | | | |
|---------------|--------------|---------------|-----------------|
| 1- Morena | 9- Rajgarh | 17- Raisen | 25- Satna |
| 2- Gwalior | 10- Shajapur | 18- Sagar | 26- Umeria |
| 3- Bhind | 11- Ratlam | 19- Tikamgarh | 27- Dindori |
| 4- Sheopur | 12- Barwani | 20- Chatarpur | 28- Damoh |
| 5- Shivpuri | 13- Bhargon | 21- Damoh | 29- Sheedi |
| 6- Guna | 14- Khandwa | 22- Panna | 30- Narsimhapur |
| 7- Ashoknagar | 15- Rewa | 23- Seoni | 31- Datia |
| 8- Vidisha | 16- Agar | 24- Katni | |

CORE INTERVENTIONS OF CID





OVER VIEW OF CENTRE FOR INTEGRATED DEVELOPMENT

Multidimensional development of children with labour practices: In Gwalior District there are approx. 20-25 thousand child labours, most of them are working in various occupation and industries like Carpet, Stone Crushers, Bidi, Brick kilns, Automobiles, Hotel-Dhaba, Domestic help and Rag-picking etc. There is decline in Child labour number due to awareness in public, RTE, NGOs and community efforts and government schemes like scholarships to backwards and minority communities, Out of the total mentioned child labour population, 55% are Girl Child labors. Since the inception of CID, we focused on multi dimensional development of child so that they can easily come out from labour practices and understand their rights. This is the responsibility of society to insure rights of children to preserve their childhood. There are basic rights of the children were defined as Right to live, rights to development, Rights to participation and Rights to protection. CID focused on the determinants of these rights to fulfill the wholesome requirement of child rights.



Education: CID had long experience of imparting education through innovative and interesting manner, which helped us in bringing children from deprived communities like Child labour, street children, Girls and children from slums to our centers and integrated them in formal school. CID had trained experienced team of Teachers / **Education-Facilitators** and Supervisors to initiate education programs.



Community Mobilization: CID mobilizes community through organizing the leadership potentials into like-minded groups. CID has been instrumental in organizing 63 SHGs with more than 767 women members, 125 child clubs (Bal Panchyats) consisting of above 1300 children, 155 Community groups having 3500 active community members, 45 women groups having 650 members.



Imparting knowledge and information leading to adequate behavioural and attitudinal changes: CID imparts knowledge and information through trainings, orientations, meetings, and IPC and resource material development. CID imparts trainings to service providers such as ANM, ASHA, Anganwadi workers and Assistant Anganwadi workers.



PROJECT AT A GLANCE



Multi Sectoral Approach To Eradicate Child Labor



Improving And Sustaining The Coverage Of Vitamin A Supplementation Among Children NI



Child Line 1098



Reduction Of Malnutrition And Anemia In Madhya Pradesh



Empowerment Of Person And People Dependent On informal Economy



Child Desk, Railway Child Line



National Child Labor Project



Saksham Program: An Initiative For Empowerment Of People With Disability



Family planning - Sexual Reproductive Health



Program supported by:-TDH-Germany and Switzerland

Child labour is a stigma on Indian society many government programs are being roll out to address this issue. But these efforts are not adequate until society and civil society will not participate in its full swing. With having this view, CID committed to mitigate child labour in Gwalior district. Child labour detains development of children.

Community served: This project is basically served each and every community including the families from migrated labour section and Minority (Muslim) community which is found more in number in the affected area.

Intervention Area-: Urban and rural areas and slums of Gwalior District.

Objectives:

Eradication of Child labour by removing them from their workplace and providing support in area of education, health, better upbringing and developing better environment through community empowerment, awareness building and advocacy efforts”

Awareness Amongst Parents: During this project year various activities has been done towards the achievement of the result, all the project results were in focus, most of the results stated in LFA has been achieved, the first foreseen results was that the parents of the children are sensitized, through orientation and regular meetings parents were made aware about the child rights and the Right to Education. Parents are now better sensitized and refrain from sending their children to work, rather they are sending them to school and have increased the spending more than 600 Rs on their education.

Maintaining Regularity and Punctuality of Children: Children who had been admitted into formal school in past years were regular in the schools and making progress in their academics, Regular monitoring by visiting schools on regular basis was done to retain children schools, children will complete their essential education which will help in creating an educated, aware and sensitize cadre of youth which will give importance to the education of the children.

Strengthening the SMC on their awareness regarding Child Rights: School Management committees are the important part of the schools, when the work was started most of the SMCs were latent, the members in some SMCs were unaware about the provisions of right to education, about the rights of SMCs. Meetings with SMC members, liaising with the schools and education department have been made to make the dormant SMCs active. SMC members have been trained on the provisions of RTE. SMC members have become sensitized and aware about the importance of SMCs which reflects in the 30 demands placed by them, out of which 21 have been resolved in the financial year

Training on Child rights, Child Participation, Citizenship and gender issues: Community committees, Bal Panchayats and youth groups were capacitated on Child rights, Child Participation, Citizenship and gender issues. In this, the participation children has increased , children and youth have taken initiatives , placed demands, made conversations with the community people and local authorities regarding issues that the children face.

Improving the livelihood of the SHG members through skill development and inter-loaning: The first step was taken towards achieving the result was capacity building of the SHG members on group functioning and

the financial management of the group. Training of members commenced with the duty bearers of the groups, this has helped in making the activities of groups more organized. Steps towards income generation have taken by orienting the SHG members. In this training, members were oriented on how they can take benefits from the government schemes, what all skill trainings are available and how they can take benefit from them. Some women have also started their own businesses like goat farming, parlour, making “donapattal” (local bowls and plates made from recyclable paper), thus leading into positive income generation results.



Program Name- National Child Labor Project (NCLP)

Program Supported By :-Govt of India

National Child Labor Project (NCLP) is a central government scheme launched for the children under this project are withdrawn from hazardous occupations and then put into special schools in order to get mainstreamed into formal schooling system. These special schools in order to enable them to get mainstreamed into formal schooling system. These special schools provide non formal/bridge education, skilled/vocational training, mid-day meals, stipend @ rupees 450/month and healthcare facilities. This year we were able to mainstream 25 children into class five, out of which there were 15 boys and 10 girls. These children were withdrawn from labor activities like carpet weaving and carpentry. We also conduct six rallies in different parts of the city on generating mass awareness about prohibition of child labor.

National Child Labor Project

Program supported by:- Ministry of labour and development

Children are the torch bearer of the country and they have to be cared and nurtured properly. Child labour represents abuse of child rights and violation of national and international laws. For eradication of child labor Indian government initiated program named **National child labour Project** in 1988. CID is implementing this national project at local level to rehabilitate working children and to create awareness about child labor problem in public to prevent child labor.

Project location-: CID is running a **Child labour Education and Rehabilitation Centre** for the children in carpet weaving Situated at Awadpura (Gwalior).

Target Group and activities-: The child workers identified in the survey are put in the special schools and provided the following facilities:

- a) Non-formal/formal education
- b) Skilled/craft training
- c) Supplementary nutrition.
- d) Stipend
- e) Health care facilities through a doctor every month.

Achievement-:

There are 50 child labour at center comprises 16 boys and 34 girls which are being imparted education and occupational training to rehabilitate child labor through center. We provide 100 rupees per month stipend to every child for their further study after passing Primary Board Examination from CID's centre. Total 137 integrated in formal school after primary education.



People Dependent on Informal Economy (EC-PAI) is a project supported by the European Commission and Action Aid-India to support people dependent on informal economy such as construction workers, carpet weavers, beedirollers, domestic women worker sandstreet vendors. Under this project, information about various social security schemes is given to the beneficiaries, which has made them independent and confident to realize their rights and seek it from the concerned agency. This initiative has made the beneficiary lot self-sustainable when it comes to accessing the irrighs.



SAMARTH – Community Based Inclusive Development- Persons with Disabilities and their family have equal access to health, education, economic, social, political and entitlements through comprehensive community based rehabilitation and development programme. CID is working in two directions to ensure accessibility of persons with disability and their family members. Firstly CID generated awareness among community and persons with disability about their rights, entitlements and government services. CID focused on capacity building of DPO leaders, ISHG members and other community members so they can become capable to avail their rights by their own. On other hand CID sensitized service provider and office bearers on issues pertaining to Persons with disability and their community and try to build up coordination and networking. These efforts brought positive results, this year Health service provider recognized medical treatment needs of 233 community people (120 persons with disability) for availing medical services. 168 persons with disability improved their mobility and communication after receiving required assistive devices. After availing medical care 936 community members (454 persons with disability) are now able to live qualitative life with their community . Parents of Children Special Needs sensitized regarding importance of education in Children life later on 51 Children with special need (28 boys + 23 girls) got admission in schools and have accessed to education at their village school. Through project efforts 71 persons with disability and 79 community are now have regular and adequate income. DPOs leaders made efforts to solve issues of persons with disability and other community members. For this they submitted 114 applications at public hearing at collectorate office of Gwalior.

Community Based Inclusive Development of Persons with Disabilities

Program supported by:-CBM

Community Based Inclusive Development of Person with Disability to promote right and inclusion of person with disability in the community working closely with government and other stake holders.

Objectives

Person with disability have equal access to health, education, economic, Social, Political and entitlement through comprehensive community based rehabilitation and development program.

Interventional Area

Ghatigaon block of Gwalior district



CHILDLINE 1098 SERVICE

Program supported by:- Child-line Ministry Women and Child Development

Childline is the country's first 24-hour toll free Tele helpline for street children and children in distress. It operates in 366 cities/districts and 34 states/Union Territories, and functions through a network of 700 organizations across India. CID is running Childline in Gwalior since 2006. This year a total of 761 cases were handled by Childline, Gwalior. The nature of cases registered varied from missing children, shelter requirements, child marriage, restoration, child beggary, medical, emotional support and guidance, etc.

Through this project CID aims to ensure that every child who is vulnerable, neglected, marginalized and /or abused or exploited and in the need of protection and care, has access to the emergency helpline phone of the CHILDLINE 1098.

Intervention area:- Gwalior City

Objectives:-

- ❖ Ensure that every child who is vulnerable, neglected, marginalized and/or abused or exploited has access to the emergency helpline phone assisted of CHILDLINE through a nationally recognized telephone number i.e. 1098.
- ❖ Provide short stay home to those children who are in need of shelter because in Gwalior there is no any shelter home in Gwalior.
- ❖ Provide a platform of networking amongst organizations and to provide linkages to support systems, which facilitate the rehabilitation of children in difficult circumstances.
Work towards an active partnership with allied systems (such as the police, health, transport, education, shelter homes and such others) to protect the rights of children.S
- ❖ Build up a referral network of experts from the legal, medical, media, education and other relevant professions in each city to take up issues related to the child in need of care and protection.
- ❖ Legal from the experiences of CHILDLINE and the data generated and jointly determine strategies to reach out more effectively to children in need.



Reducing Malnutrition and Anemia in MP (Clinton Health Access Initiative, CHAI),

CHAI'S nutrition initiative for Madhya Pradesh aims to break the inter-generational vicious cycle of malnutrition. The goal of this project is to reduce the proportion of both anemic adolescent girls and pregnant women by 10 percent and to reduce the proportion of underweight children by 10 percent. This year we were able to train **17129** Aanganwadi workers and **12481** Asha Workers on how to curb Anemia, malnutrition, nutrition and infant young child feeding and Water and SanitationHygiene(WASH).And to make the project

sustainable, the ASHA and Aanganwadis (Asha Sahyogis and Supervisors respectively) were also trained in these training ensuring the continuity of the program even after the project terminates

Reducing malnutrition and Anemia in Madhya Pradesh

Program supported by:- Clinton Health Access Initiative (CHAI)

CID is joining forces with the Clinton health access initiative (CHAI) in an ambitious new effort to reduce malnutrition and anemia in 13 districts of Madhya Pradesh. The partnership aims to save the lives of thousands of children reducing anemia by 10 % till 2020

Intervention Area -: 13 district of northern MP.

Objective:-

- ❖ Practices zinc and oral rehydration therapy for diarrhea disease in rural community.
- ❖ Strengthening of the Gram Arogya Kendra as health rehabilitation centre.
- ❖ Support health department to regularize and monitor health status of rural area of MP.



Improving maternal nutrition by focusing Maternal IFA and Calcium supplementation programs in Gwalior and Morena district of Madhya Pradesh

Name of the Overall Programme

“Improving and sustaining the coverage of Vitamin A supplementation among children between the age of 9 month to 5 years in Madhya Pradesh”

Overall objective

Mortality among children 9-59 months old is to be reduced in MI supported districts.

Micronutrient deficiency is a serious public health problem and has been shown to increase the risk of morbidity and mortality, impair cognitive development and growth, and lower work productivity. Of all the micronutrient deficiencies, vitamin A deficiency has been recognized for many years as a significant public health problem. Where under five mortality is above 50 per 1000, a vitamin A deficiency problem can be assumed and a vitamin A supplementation (VAS) program should be implemented. The survival chances of children aged 6-59 months are dramatically increased by providing VAS, as their risk of mortality from measles is reduced by about 50%; from diarrhoea, by about 40%; and from the overall mortality by 23%. Along with Vitamin A; some other micronutrient like Zinc, Iron and Albendazole play an important role to save the children's lives. In order to address the malnourishment under 5 children; Centre for Integrated Development is sharing hand with Micronutrient Initiative India in Madhya Pradesh to promote essential micronutrient like Vitamin A and other micronutrients like Iron , zinc and Albendazole etc. This initiative have been launched in 6 targeted districts of Gwalior division-Gwalior, Morena, Datia, Bhind, Sheopur and Ashok Nagar from May 2015.

Program supported by:- (NI)

To reduce the anemia level among women iron folic acid (IFA) supplementation is one of the major public sector interventions. However, coverage of IFA supplementation is very poor. As per Rapid Survey of Children 2013-14 (RSOC) while 31% pregnant women received IFA only 23.6% pregnant women consumed IFA tablets for 100 or more days. The IFA supplementation across all age groups is part of the National Iron Plus Initiative (NIPI) guideline 2013. The Government of India in 2015 introduced Calcium supplementation among pregnant and



lactating women. Calcium supplementation has the potential to reduce adverse gestational outcomes, in particular by decreasing the risk of developing hypertensive disorders during pregnancy, which are associated with a significant number of maternal deaths and considerable risk of preterm birth, the leading cause of early neonatal and infant mortality.¹ Currently, Center for Integrated Development is partnering MI for implementation of the Vitamin A program in 6 districts of Gwalior division. Since, CID already developed good rapport with district administration and District Health and ICDS department, therefore this platform can be utilized to implement Maternal nutrition program as well with existing trained human resources already hired by CID. Under the MI supported “Right Start” program, CID will provide support to improve the coverage and consumption of IFA and Calcium supplementation and promote nutrition counseling to reduce anemia among pregnant and lactating women. This is the opportunity for CID to implement the maternal nutrition program in **2 districts (Gwalior and Morena)** of Madhya Pradesh for a period of eight months starting from August 2018 to March 2019.

Family Planning & Sexual Reproductive Health

Family planning and sexual reproductive health basically two aspects of society. In Madhya Pradesh the fertility rate is 2.8. In MP population rate is increasing by each passing day, especially in tribal areas and small villages In every year 45000 (estimate) women die in India due to complications of pregnancy and child birth, that means 174 maternal deaths per 100000 live births. In India people having Lack knowledge about contraceptives (temporary and permanent). Only 49% of married use a modern methods of contraceptives and 13% f married women have an unmet need for family planning. So now a days high rates of unwanted pregnancy and unsafe abortion.

In Madhya Pradesh unsafe abortions are still common. Adolescents and women bear a disproportionately high burden of both unsafe abortion and un wanted pregnancies. Married adolescents in india have a particularly high unmet overall contraceptives need i.e. 22%. In one of the top five largest states in india by population- Madhya Pradesh – only 7.5% of currently married adolescents use a modern contraceptives.



Program supported by:- Clinton Health Access Initiative (CHAI)

CID is joining Clinton Health Access Initiative (CHIA) in an ambitious new effort to family planning and sexual reproductive health in 4 District of MP.

Intervention Area :- 4 district + 21 MPV Districts of MP.

Objective:-

- ❖ Awareness about the family planning
- ❖ Capacity Building
- ❖ System Strengthening
- ❖ Demand Generation
- ❖ Supply Chain Strengthening

Child Help Desk-

Program supported by:- Child-line Ministry Women and Child Development

Childline is the country's first 24-hour toll free Tele helpline for street children and children in distress. It operates in 366 cities/districts and 34 states/Union Territories, and functions through a network of 700 organizations across India. CID is running Childline in Gwalior railway station since 2018. This year a total of 215 cases were handled by Railway Childline, Gwalior. The nature of cases registered varied from missing children, shelter requirements, child marriage, restoration, child beggary, medical, emotional support and guidance, etc.

Through this project CID aims to ensure that every child who is vulnerable, neglected, marginalized and /or abused or exploited and in the need of protection and care, has access to the emergency helpline phone of the CHILDLINE 1098.

Intervention area:- Railway Station Gwalior



Objectives:-

- ❖ Ensure that every child who is vulnerable, neglected, marginalized and/or abused or exploited has access to the emergency helpline phone assisted of CHILDLINE through a nationally recognized telephone number i.e. 1098.
- ❖ Provide short stay home to those children who are in need of shelter because in Gwalior there is no any shelter home in Gwalior.
- ❖ Provide a platform of networking amongst organizations and to provide linkages to support systems, which facilitate the rehabilitation of children in difficult circumstances.
Work towards an active partnership with allied systems (such as the police, health, transport, education, shelter homes and such others) to protect the rights of children.S
- ❖ Build up a referral network of experts from the legal, medical, media, education and other relevant professions in each city to take up issues related to the child in need of care and protection.
- ❖ Legal from the experiences of CHILDLINE and the data generated and jointly determine strategies to reach out more effectively to children in need.

An initiative towards Awareness of health & Hygiene in adolescent and child health care

An independent programme is run by CID at PHC Lukwasha Kolaras. In this programme CID makes awareness on very important issued like wise Anaemia, Malnutrition, Menstrual Health, diarrhea, Importance of Education, Vaccination, and Immunization in 13 Villages of Lukwasha Block.

Intervention Area -: 13 Village of Lukwasha Block



High Lights of the Year-



